

# Pioneer Elite Plan Summary

Accident and Sickness Insurance Plan for International Student Athletes



**Underwritten by:**  
Allied World Assurance Company (Europe) dac

**Policy Number:**  
19AW1017

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## Notice

For further information on this Plan, visit [www.intlstudentprotection.com](http://www.intlstudentprotection.com).

Please keep this Plan Summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Allied World Assurance Company (Europe) dac. The Policy will prevail in the event of any discrepancy between this Plan Summary and the Policy.

**Note:** This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

## Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through the Participating Organization or by calling toll-free at **(877) 738-5787** or by visiting <https://coverage2u.com/privacy-policy/>.

# Important Contact Information and Resources



## Plan Administration

### Enrollment, Eligibility, & Waivers

International Student Protection  
P.O. Box 350919  
Brooklyn, New York 11235  
**(877) 738-5787**  
[www.intlstudentprotection.com](http://www.intlstudentprotection.com)  
Monday–Friday, 9:00 a.m. to 6:00 p.m. Eastern Time

### Benefits & Claims

For questions regarding benefits or claims status, contact the claims and benefits administrator at the number listed.

**(800) 476-4802**  
Monday–Friday, 7:00 a.m. to 8:00 p.m. Eastern Time

For submitting claims, complete the claim form, provide a copy of the provider billing statement(s) (HCFA or UB), and mail or fax to the following address within 90 days.

Administrative Concepts, Inc.  
994 Old Eagle School Road, Suite 1005  
Wayne, Pennsylvania 19087  
Fax: **(610) 293-9299**



## PPO Network

To locate PPO Physicians and facilities, visit the website, or call the number listed.

First Health  
[www.myfirsthealth.com](http://www.myfirsthealth.com)  
**(800) 226-5116**



## Pharmacy Benefits Manager

Prescription benefits are provided by Express Scripts. To locate a pharmacy, visit their website, or call the number listed.

Express Scripts  
[www.express-scripts.com](http://www.express-scripts.com)  
**(800) 400-0136**



## Non-Insurance Travel Assistance Services

Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.

Scholastic Emergency Services  
**(877) 488-9833** (in the U.S.)  
Call collect +1 **(609) 452-8570** (outside U.S.)  
Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)  
Reference Number: 01-SES-SUM-08123  
Available 24/7/365



# General Information

## Eligibility

### Students

All international students and scholars under the age of 65 with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities. International students enrolled in and attending classes on a full-time basis in a high school, undergraduate school, graduate school and English as a Second Language program are eligible to enroll.

OPT participants, Dual Citizens or permanent residents of the United States are not eligible.

The Company maintains its right to investigate student status, attendance records and Visa/Passport status to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

### Dependents

Students may also insure their eligible Dependents (see *Dependent* definition in the **Insurance Definitions** section). A Plan Participant's Dependent(s), as applicable, are eligible on the latest of the date:

1. The Plan Participant is eligible, if the Plan Participant has Dependents on that date; or
2. The date the person becomes a Dependent.

If the Plan Participant is in a Class of Eligible Persons and is also eligible as a Dependent, He or She may be Covered only once under the Policy. In no event will a Dependent be eligible if the Plan Participant is not eligible. A person may not be covered as a Dependent and a Plan Participant at the same time.

### Newborn Children Coverage

Coverage for a newborn Child will begin from the moment of birth. The Plan Participant must give notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate upon the expiration of the initial 31-day period.

## Enrollment

### Students

Visit [www.coverage2u.com](http://www.coverage2u.com) to enroll online with a credit card.

### Dependents

Eligible Dependents must be enrolled with the student, or within 31 days of birth, adoption, or marriage (proof of date of life event may be requested). Failure of the student to enroll for Dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. Dependents must be enrolled in the same term in which the student is enrolled. Dependents who have been approved for permanent residency are not eligible.

Students or Scholars who wish to enroll their eligible Dependent(s) may enroll through the online portal located at [www.coverage2u.com](http://www.coverage2u.com), using a credit or debit card. For questions regarding student or Dependent enrollment, please contact International Student Protection at **(877) 738-5787**.

## Terms of Coverage

### Plan Effective Date

The Plan is effective at 12:01 a.m. on July 1, 2020.

### Plan Participant's Effective Date

Coverage becomes effective 12:01 am on latest of:

1. the effective date of the plan; or
2. the date the enrollment form and premium are received by the underwriting company or its designated representative; or
3. the date requested on the enrollment form.

### Plan Termination Date

The Plan terminates at 11:59 p.m. on June 30, 2021.

### Plan Participant's Termination Date

Coverage terminates at 11:59 p.m. on the earliest of:

1. the last date which premium is paid; or
2. the date the plan participant is no longer eligible; or
3. the date of entry into active duty military service.

Dependent coverage will not be effective prior to that of the student or extend beyond that of the student. Eligibility requirements must be met each time premium is paid to continue coverage.

We do not send termination or enrollment notices. It is the Plan Participant's responsibility to enroll in coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to enroll in coverage.

### Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 364 days per policy period.

## General Information (continued)

### Insurance Costs and Important Dates

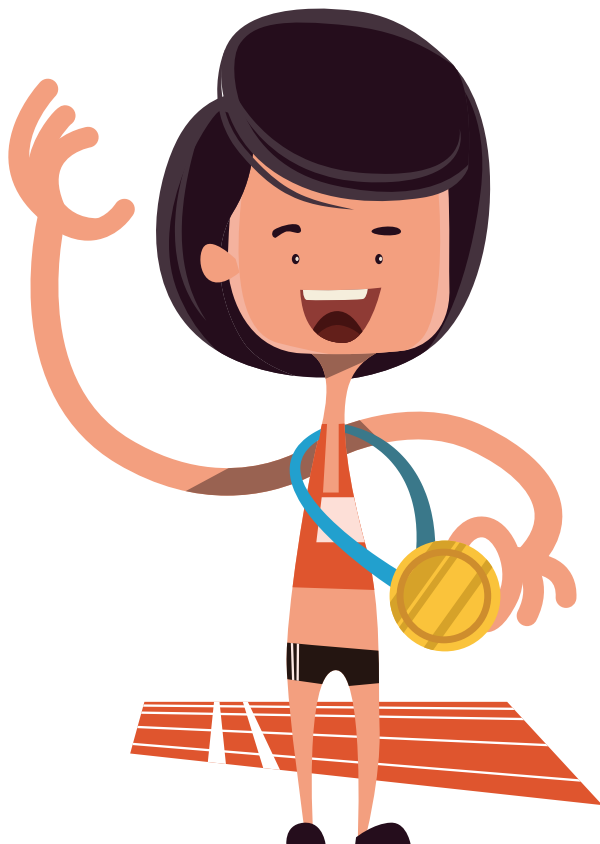
Rates are effective 07/01/2020 to 06/30/2021. Rates include medical insurance premium and administrative fees.

Sports Benefit	\$ 10,000	\$ 15,000	\$ 20,000
Rate Tier	Monthly Rate		
Age 29 and Under	\$ 169	\$ 207	\$ 248
Age 30-65	\$ 223	\$ 262	\$ 308
Dependent (Spouse)	\$ 596	\$ 644	\$ 719
Dependent (Each Child)	\$ 570	\$ 616	\$ 689

Minimum Purchase requirement is three (3) months. Application fee of \$15 will be added at time of purchase. Full premium payment is required at time of enrollment.

### Extension of Benefits after Termination

If a Plan Participant is Hospital Confined on the Termination Date, benefits will continue to be paid until the earlier of either discharge from the Hospital they are confined to or until the Maximum Benefit has been paid, whichever occurs first. In no event will benefits continue beyond 90 days after the Termination Date of coverage.



### Premium Refunds

There are no premium refunds, except when the Plan Participant leaves school and permanently returns to his or her Home Country or enters the armed forces of any country in which case a pro rata refund (for the number of full months remaining in the term) will be issued only upon request and only if there are no claims on file. If eligible for a refund \$25 early termination fee will be applied.

### ID Card

Once you are enrolled in the plan, you will receive an e-mail notifying you that your ID card is available and to log in or create an account at [www.coverage2u.com](http://www.coverage2u.com) to download your id card. No other ID card will be mailed to you.

**Carry your ID card with you at all times!** You will need your card when you visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

### Pre-Existing Conditions

Pre-Existing conditions are not covered under this plan of insurance. However, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for six (6) months under the same ISP insurance plan.

### Primary Medical Expense

If an Injury or Sickness to the Plan Participant results in his/her incurring Eligible Expenses for any of the services on the Schedule of Benefits, We will pay the applicable benefit, subject to any applicable Deductible Amount, Copay and Coinsurance Percentage.

Such benefits will be paid on a primary basis, regardless of any other coverage the Plan Participant may have.

# Seeking Medical Care

If you experience an Injury or Sickness:

1. You should go to the campus health center first, where the staff will either treat you or refer you to an off-campus provider.
2. If you need to seek medical treatment off-campus, using PPO providers that are part of the **First Health Network** could decrease your costs. For a complete listing of PPO physicians, hospitals, and other facilities, visit [www.myfirsthealth.com](http://www.myfirsthealth.com).
3. In case of an Emergency, go to the nearest hospital or call **911**.
4. If it is not an Emergency but you need to seek medical treatment right away, using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses.
5. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from Administrative Concepts, Inc., detailing what the insurance paid and what is your responsibility to pay. If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(800) 476-4802**. **Do not ignore any medical bills you receive.**
6. If your provider bills you directly or asks you to pay up front, you will need to submit a claim. Please visit [www.visit-aci.com/Default.aspx](http://www.visit-aci.com/Default.aspx) and select **Member Resources** for information about how to submit a claim.

## Campus Health Center

School on-campus health services are available to most members. The campus health center offers limited services for no or low cost to students. For other services, students must pay up front and then submit a claim for reimbursement by the insurance. Please contact your campus health center for further details. **Note that filing a claim does not guarantee reimbursement.**

## Preferred Provider Organization



This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through **First Health Network**. If you need to see a provider, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO physician or facility, you will pay less money out-of-pocket.

Network access provides benefits nationwide for Eligible Expenses incurred at 80% of the Preferred Allowance (PA) when treated by network providers (PPO). Benefits are provided worldwide for Eligible Expenses incurred at 60% of Usual, Reasonable, and Customary Expenses (URC) when treated by out-of-network providers.

Preferred Providers have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. The Plan Participant should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when he or she makes an appointment for services. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility. Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. If you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website.

## Prescriptions/Medications

The Pharmacy Benefits Manager (PBM) is Express Scripts.

Prescriptions filled at an Express Scripts pharmacy will be paid at 100% after Copay. Copay applies per prescription or refill, subject to dispensing limits. Copay applies to each 30-day supply. You must pay in full for prescriptions filled at an Out-of-Network pharmacy, then submit a claim for reimbursement. Some local Express Scripts pharmacies include CVS, Rite Aid, Safeway, Vons, Walgreens, and Walmart. To locate an Express Scripts pharmacy, call **(800) 400-0136** or visit [www.express-scripts.com](http://www.express-scripts.com).

# Filing a Claim

## If your provider files the claim on your behalf:

1. The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per Accident or Sickness. You can find the Claim Forms under **Member Resources** on our Claims Administrator's website at [www.visit-aci.com/Default.aspx](http://www.visit-aci.com/Default.aspx).
2. You will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

**If the provider does not file a claim directly with the insurance company on your behalf**, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

1. Download a claim form from [www.visit-aci.com/Default.aspx](http://www.visit-aci.com/Default.aspx) under the **Member Resources** section and fill it out completely.
2. Include your policy number (as shown on your ID card) on the claim form.
3. Attach bills for X-rays, lab charges, etc.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

Administrative Concepts, Inc.  
994 Old Eagle School Road, Suite 1005  
Wayne, Pennsylvania 19087  
Fax: **(610) 293-9299**

**Keep copies of all the documents you submit.** If you have questions about claims, contact Administrative Concepts at **(800) 476-4802** or [claims@visit-aci.com](mailto:claims@visit-aci.com).



# Plan Benefits

## Schedule of Insurance Benefits

The Company will pay for the Eligible Expenses listed below, after the applicable Copays, up to the following limits.

	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Lifetime Maximum</b>	Unlimited	
<b>Maximum per Policy Year (per Plan Participant)</b>	Unlimited	
<b>Maximum per Sickness or Injury</b>	\$500,000	
<b>Intercollegiate Sports Activity Benefit Maximum (per Sickness or Injury)</b>	Options of \$10,000, \$15,000, or \$20,000	
<b>Deductible</b>	\$350 per Plan Participant, per Policy Period	
<b>First Initial Treatment Period</b>	30 days	
<b>Coinsurance</b>	80% of PA	60% of URC
<b>Maximum Out-of-Pocket Limit (per Policy Period)</b> Excludes copays, deductibles, and non-covered charge.	\$5,000 per Individual \$10,000 per Family	N/A
<b>Benefit Period</b>	Policy Termination	
<b>Pre-Existing Condition Limitation</b>	Six (6) Month Waiting Period	

Unless otherwise indicated, Eligible Expenses are paid at the coinsurance percent for Medically Necessary services and supplies, and includes the expenses shown above, subject to the limitations and exclusions indicated. Charges in excess of URC are the responsibility of the Plan Participant. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers.

BENEFIT COVERAGE	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Hospital Room &amp; Board Benefit</b>	80% of PA subject to a \$150 copay (maximum allowable for newborn hospital is \$3,000)	60% of URC of the Semi-Private Room Rate subject to a \$250 deductible (maximum allowable for newborn hospital is \$1,500)
<b>Intensive Care/Cardiac Care Unit Benefit</b>	80% of PA	60% of URC
<b>Hospital Miscellaneous Expense Benefit</b>	80% of PA	60% of URC
<b>Surgeon (In or Outpatient) Benefits</b>	80% of PA	60% of URC
<b>Pre-Admission Testing Benefit</b>	80% of PA	60% of URC
<b>Anesthesia Benefit</b>	80% of PA	60% of URC
<b>Day Surgery Miscellaneous Benefit</b>	80% of PA	60% of URC
<b>Diagnostic X-Ray and Lab Benefit</b>	80% of PA (MRI, PET, and CT Scans subject to a \$100 copay)	60% of URC (MRI, PET, and CT Scans subject to a \$250 copay)
<b>Ambulance Benefit</b>	80% of PA	60% of Actual Charges
<b>Physician Visit Benefit (Inpatient)</b>	80% of PA	60% of URC
<b>Physician Visit Benefit (Outpatient)</b>	80% of PA subject to a \$25 copay Waived at the Student Health Center	60% of URC subject to a \$50 deductible

(CONTINUED)



## Plan Benefits (continued)

BENEFIT COVERAGE (CONTINUED)	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Consultant Physician Benefit (Outpatient)</b>	80% of PA subject to a \$25 copay	60% of URC subject to a \$50 deductible
<b>Radiation/Chemotherapy Benefit</b>	80% of PA	60% of URC
<b>Emergency Room Benefit</b>	80% of PA subject to a \$150 copay Waived if admitted	60% of URC subject to a \$250 deductible Waived if admitted
<b>Wellness Medical Benefit</b>	Not covered	Not covered
<b>Urgent Care Facility Expense</b>	80% of PA subject to a \$25 copay	60% of URC subject to a \$25 deductible
<b>Pregnancy</b> Conception must occur while covered under the Policy.	80% of PA	60% of URC
<b>Therapeutic Termination of Pregnancy Benefit</b>	80% of PA	60% of URC
<b>Emergency Dental Expense Benefit (Injury Only)</b> Up to a maximum of \$2,500	80% of PA	60% of URC
<b>Physiotherapy Expense Benefit (Inpatient)</b>	80% of PA	60% of URC
<b>Physiotherapy Expense Benefit (Outpatient)</b> Chiropractic Care up to a maximum of \$5,000; 30 visits per Policy Period.	80% of PA subject to a \$25 copay	60% of URC subject to a \$50 deductible
<b>Durable Medical Equipment Expense</b> Braces and Appliances up to a maximum of \$5,000 per Policy Period.	80% of PA	60% of URC
<b>Emergency Medical Evacuation/Repatriation Expense Benefit</b>	100% of Actual Expenses	
<b>Return of Mortal Remains Expense Benefit</b>	100% of Actual Expenses	
<b>Emergency Medical Reunion</b>	Up to a maximum of \$2,500	
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL & DRUG ABUSE EXPENSE BENEFIT	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Inpatient Expense</b> Up to a maximum of 30 days.	80% of PA	60% of URC
<b>Outpatient Expense</b> Up to a maximum of 30 visits.	80% of PA subject to a \$25 copay	60% of URC subject to a \$50 deductible
PRESCRIPTION DRUG EXPENSE BENEFIT	EXPRESS SCRIPTS PHARMACY	OUT-OF-NETWORK PHARMACY
<b>Covered Percentage</b> Based on a 30-day supply per prescription.		
Generic	\$20 copay	\$20 deductible
All Other	\$50 copay	\$50 deductible
Contraceptives	\$15 copay	\$15 deductible

(CONTINUED)

## Plan Benefits (continued)

### Accidental Death & Dismemberment Benefit

If, within one (1) year from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers from a Covered Loss listed below, The Company will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Plan Participant.

The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit.

Benefits are payable if such Injury occurs during the course of time the Plan Participant is covered under the Policy.

**Principal Sum:** \$10,000

**Time Period for Loss:** 365 days

For Loss of:	Benefit Percentage of Principal Sum
Loss of Life	100%
Loss of Both Hands, Both Feet, or Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot, One Hand and Entire Sight of One Eye, One Foot and Entire Sight of One Eye, or Speech and Hearing (both ears)	100%
Loss of One Hand, One Foot, Entire Sight of One Eye, Speech, or Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%



# General Insurance Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane. Applies to Accidental, Death & Dismemberment only.
2. War or any act of war, declared or undeclared.
3. Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request.
5. Voluntary, active participation in a riot or insurrection.
6. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
7. Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
8. For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician.
9. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
10. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy.
11. Treatment of acne.
12. Charges which are in excess of Usual, Reasonable and Customary charges.
13. Charges that are not Medically Necessary.
14. Charges provided at no cost to the Plan Participant.
15. Expenses incurred for treatment while in Your Home Country.
16. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.
17. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by the Policy.
18. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant.
19. Duplicate services actually provided by both a certified nurse, midwife and Physician.
20. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits.
21. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
22. Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for six (6) months under the same Participating Organization.
23. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident.
24. Pregnancy or childbirth, except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of a Plan Participant (except for complications arising there from); unless specifically covered by the Policy.
25. Drug, treatment or procedure that promotes conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
26. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes.
27. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain.
28. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Plan Participant is covered under the Policy, and rendered within six (6) months of the Accident; unless specifically covered by the Policy.
29. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless specifically covered by the Policy.
30. Weak, strained or flat feet, corns, calluses, or toenails.
31. Private-duty nursing services.
32. The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
33. Expenses payable under any prior policy which was in force for the person making the claim.
34. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
35. For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary.
36. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual.
37. Travel in or upon:
  - a) A snowmobile;
  - b) A water jet ski;
  - c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d) Any off road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation or competition. Unless the Hazardous Activity Benefit is purchased.
38. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; solo diving; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
39. Rest cures or custodial care.
40. Weight reduction programs or surgical treatment of obesity.
41. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness).
42. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household; or
  - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f) An ultra light, hang gliding, parachuting or bungee-cord jumping.Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
43. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
44. Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.

# Insurance Definitions

The following important definitions apply to this Plan. The male pronoun includes the female whenever used. Please see the Policy for a complete list of definitions.

**Accident** means an unforeseeable event which:

1. Causes Injury to one or more Plan Participants; and
2. Occurs while coverage is in effect for the Plan Participant.

**AIDS** means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

**Benefit Period** means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Caregiver** means an individual employed for the purpose of providing assistance with activities of daily living to the Plan Participant or to the Plan Participant's Immediate Family Member who has a physical or mental impairment. The Caregiver must be employed by the Plan Participant or the Plan Participant's Immediate Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**Child** means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

**Child Caregiver** means an individual providing basic childcare service needs for the Plan Participant's minor children under the age of 18 while the Plan Participant is on the Trip without the minor children. The arrangement of being the Child Caregiver while the Plan Participant is on the Trip must be made 30 or more days prior to the Scheduled Departure Date.

**Civil Union Partner** means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits that are afforded a spouse. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms 'marriage' or 'married' or variations thereon. The term spouse or dependent includes civil union couples whenever used.

**Class** means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

**Coinsurance** means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

**Company** means Allied World Assurance Company (Europe) dac. Also hereinafter referred to as We, Us and Our.

**Complications of Pregnancy** means a condition which:

- When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy; or
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy will not include:

- False Labor;
- Occasional spotting;
- Physician prescribed rest during the period of pregnancy;
- Morning Sickness; and
- Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

**Contraceptive Devices** include one IUD every two years (including removal), diaphragms, and cervical caps.

**Contraceptive Drugs** include oral contraceptives (combined estrogen and progestin and progestin-only), NuvaRing, Depo Vera and Ortho Evra.

**Copayment** means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

**Cosmetic Surgery** means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

**Covered Accident** means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

**Covered Loss or Covered Losses** means an accidental death, dismemberment, Sickness or other Injury covered under the Policy and indicated on the Schedule of Benefits.

**Custodial Care** means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

**Deductible** means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Policy. It applies separately to each Plan Participant.

**Dentist** means a legally licensed physician of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

**Dependent** means a Plan Participant's:

1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner.
2. unmarried Children under age 26.

The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the two-year period following the age limitation.

**Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must:

1. intend to be life partners;
2. be at least the age of consent in the state in which they reside; and
3. be mentally competent to contract.

Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Economy Transportation** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Plan Participant purchased for the Plan Participant's Trip.

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## Insurance Definitions (continued)

**Elective Treatment and Procedures** means any Medical Treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by the Company to be research or experimental or that is not recognized as a generally accepted medical practice.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Policy is in force.

**Emergency/Emergency Treatment** means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment 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 a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

**Experimental/Investigational** means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

**Extended Care Facility** means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

**He, His, and Him** includes "she", "her" and "hers."

**Health Care Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. Automobile no-fault coverage (unless prohibited by law).

**Home Country** means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and holds a current and valid passport and to which he or she has the intention of returning.

**Home Health Care** means nursing care, treatment and Daily Living Services provided in the Plan Participant's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant's Immediate Family Member or other persons residing with the Plan Participant without causing undue hardship;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

Home Health Care consists of, but shall not be limited to, the following:

- Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.
- Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
- Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Plan Summary if the Plan Participant had remained in the Hospital.

**Hospital** means an institution licensed, accredited or certified by the State that:

1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4. Has a staff of one or more licensed Physicians available at all times;
5. Provides organized facilities for diagnosis, treatment and surgery, either:
  - a) on its premises; or
  - b) in facilities available to it, on a pre-arranged basis;
6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7. Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

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## Insurance Definitions (continued)

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is an Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Host Country** means any country other than the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and holds a current and valid passport.

**Immediate Family** means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

**Immunizations** include flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Inpatient** means a Plan Participant who is confined in an institution and is charged for room and board.

**Insurance** means the coverage that is provided under the Policy.

**Intensive Care Unit** means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Intoxicated** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

**Natural Teeth** means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

**Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

**Non-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant's responsibility.

**Occurrence** means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

**Outpatient** means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Sickness or Injury, but who is not confined and is not charged for room and board.

**Outpatient Surgical Facility** means a surgical or medical center which has:

1. permanent facilities for surgery;
2. organized medical staff of Physicians and registered graduate Registered Nurses;
3. is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law.

**Out-of-Pocket Maximum** means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Copays. Penalties and amounts above the Usual, Reasonable and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Participating Organization** means any organization which elects to offer coverage by completing a Participation Agreement and that has been approved by the Company to sponsor coverage under the Policy.

**Participation Agreement** means the agreement completed by a Participating Organization for insurance under the Master Policy.

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## Insurance Definitions (continued)

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

**Physical Therapy** means any form of the following administered by a Physician:

1. physical or mechanical therapy;
2. diathermy;
3. ultra-sonic therapy;
4. heat treatment in any form; or
5. manipulation or massage.

**Plan Participant** means a Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a Non-U.S. Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Policy.

**Policy** means the document, the Master Application of the Policyholder and the Participating Organization and any end endorsements, riders or amendments that will attach during the Period of Coverage.

**Policy Period** means the period of time following the Policy's Effective Date, as shown on the Schedule of Benefits.

**Policyholder** means the entity shown as the Policyholder in the Schedule of Benefits.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the six (6) month period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant or their Traveling Companion, or Immediate Family Member who is scheduled or booked to travel with the Plan Participant:

1. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
2. took or received a prescription for drugs or medicine.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Eligible Expenses.

**Pregnancy** means the physical condition of being pregnant, including Complication of Pregnancy.

**Prescription Drugs** means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

**Registered Nurse** means a licensed registered professional Registered Nurse (R.N.).

**Rehabilitation Facility** means a non-residential facility that provides therapy and training rehabilitation services at a single location in a coordinated fashion, by or under the supervision of a physician pursuant to the law of the jurisdiction in which treatment is provided. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy. The facility may be either of the following:

1. A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or
2. A free standing facility.

**Service Provider** means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Skilled Nursing Facility** means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

**Spouse** means lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.

**Substance Abuse** means alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure** means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Third Party** means a person or entity other than the Plan Participant, the Policyholder, the Participating Organization or the Company.

**Transportation Expense** means the cost of Medically Necessary conveyance, personnel, and services or supplies.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

**We, Our, Us** means Allied World Assurance Company (Europe) dac..

**You, Your, Yours, He or She** means the Plan Participant who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

# Subscription Agreement

I hereby apply to be a Plan Participant of Fairmont Specialty Trust (the “trust”) and to participate in the insurance coverage extended by certain underwriters at Allied World Assurance Company (Europe) dac (“the insurers”) to Plan Participants under the trust (the “coverage”). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurers as underwriters of the coverage is as provided in the master policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the Plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together “representations & warranties”). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby

undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney’s fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney’s fees) occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States’ Patient Protection and Affordable Care Act (“PPACA”). PPACA requires certain United States citizens or United States residents to obtain PPACA compliant health insurance, or “minimum essential coverage.” PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on United States residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this Plan meets any obligations you may have under PPACA. This Plan is not designed to cover United States residents and citizens. This Plan is not subject to guaranteed issuance or renewal.





# Emergency Medical Evacuation, Medical Repatriation, and Return of Remains

When a Plan Participant suffers a loss of life for any reason or incurs a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:
  - a) one-way Economy Transportation;
  - b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or
  - c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.
3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence or to the place of burial.

## Emergency Medical Reunion Benefit

When a Plan Participant is traveling alone and is hospitalized for more than seven (7) days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Plan Participant to the location where the Plan Participant is hospitalized. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals up to the maximum stated in the Schedule of Benefits.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

# Global Emergency Services

The following description of the Scholastic Emergency Services Program has been included in this Plan Summary for the convenience of the student and in no way affects the coverage provided by the International Student Insurance Plan described herein. Scholastic Emergency Services is not insurance. It does not pay for transportation or medical costs. Global emergency services are provided by Scholastic Emergency Services (SES), an Assist America partner, and is not provided or underwritten by Allied World Assurance Company (Europe) dac.

## About SES

Scholastic Emergency Services (SES) is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150 km) away from home or campus, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus.

One simple phone call to the number on your SES identification card will connect you to a state-of-the-art Operations Center, worldwide response capabilities, experienced crisis management professionals, and air and ground ambulance service providers.

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus. SES is not insurance; rather it is a provider of global emergency services. SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the Policy limits of your health coverage.

## Key Services

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Repatriation of remains
- Prescription assistance
- Compassionate visit
- Care of minor children
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more...

All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by your school's program administrator and/or the fulfillment material provided by SES.

## How to Access Services

If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call the SES Operations Center at **(877) 488-9833** (inside USA), **+1 (609) 452-8570** (outside USA), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Please download an ID card from [www.coverage2u.com](http://www.coverage2u.com) on your school page and carry it with you at all times.

Please provide the following information when you call:

- Your name, telephone number, and relationship to the patient
- Patient's name, age, gender, reference number, and school
- Name, location, and telephone number of hospital or treating physician if applicable
- Reference Number **01-SES-SUM-08123**

## Conditions

SES will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

SES will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local physicians and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. SES is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control of SES. SES is not responsible or liable for any malpractice committed by professionals rendering services to a member.

## Complaints

In the event that You are dissatisfied and wish to make a complaint You can do so to the Complaints team at:

Administrative Concepts, Inc.  
994 Old Eagle School Road, Suite 1005  
Wayne, Pennsylvania 19087  
Fax: **(610) 293-9299**

It is Our intention always to supply a first-class standard of service and should You remain dissatisfied and are unable to resolve the situation, or You wish to make an enquiry regarding this insurance You may contact Us at the following address:

Allied World Assurance Company (Europe) dac  
3 Georges Quay Plaza  
Georges Quay  
Dublin 2  
Ireland  
Tel: + 1 **(441) 278-5400**  
Email: [AWE.Complaints@awac.com](mailto:AWE.Complaints@awac.com)

## Authorized Representation

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact International Student Protection at **(877) 738-5787** or [info@intlstudentprotection.com](mailto:info@intlstudentprotection.com).

## Privacy Notice & Consent

To provide our services as an administrator, Administrative Concepts, Inc. will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by Administrative Concepts, Inc., and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, subcontractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by Administrative Concepts, Inc. and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to:

Jon Peiffer, Privacy Officer  
Administrative Concepts, Inc.  
994 Old Eagle School Rd Suite 1005  
Wayne, Pennsylvania 19087  
Fax: **(610) 293-9299**

Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end. Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.

More information about how we use your personal information is set out in our Privacy Notice which can be found at:

[www.visit-aci.com/MemberRes.aspx](http://www.visit-aci.com/MemberRes.aspx)

Click **PRIVACY**, and choose Privacy Notice arrow.

You can also request a copy of our Privacy Notice by contacting:  
[claims@visit-aci.com](mailto:claims@visit-aci.com)

If there are any discrepancies between this document and the Policy, the Policy will govern.

## Accident and Sickness Insurance Plan for International Student Athletes

This Plan Summary provides a brief summary of the ISP plan contained within. All benefits provided are subject to the definitions, limitations, exclusions and other provisions within the policy. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to the policy. Product is not available in every by state. If any conflict should arise between the contents of this brochure and the respective policies, the terms of the policy will govern in all cases.

If you have international students coming to the U.S. or a group of students traveling abroad and you do not see a plan that meets your needs, please contact us to design a customized group insurance plan based on your School's requirements.

### ISP PLANS ARE OFFERED BY:

Relation Insurance Services  
12121 Wilshire Boulevard, Suite 1001 Los Angeles, California 90025  
(877) 738-5787 / CA License No. 0G55426  
[info@intlstudentprotection.com](mailto:info@intlstudentprotection.com)

[www.intlstudentprotection.com](http://www.intlstudentprotection.com)