



Los Angeles Harbor College  
2021 - 2022



**LewerMark**  
Student Insurance

International Student  
Health Insurance  
Plan Brochure

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## **Program Managed and Administered by:**

**The Lewer Agency, Inc.** *(the "Program Manager")*

9900 W. 109th St., Suite 200 | Overland Park, KS 66210 | 1(800) 821-7710

## **Underwritten by:**

**SiriusPoint International Insurance Corporation** *(the "Company")*

UK Branch | 20 Fenchurch Street, 4th Floor | London EC3M 3BY, UK

**Policy Number: LM-203322**

# IMPORTANT CONTACT INFORMATION

## LEWERMARK CUSTOMER SERVICE



For questions regarding benefits or claims status, contact:

- Toll Free: **1 (800) 821-7710** (Monday–Friday, 8:00 a.m. to 5:00 p.m. Central Time)
- Chat with us at: [www.lewermark.com](http://www.lewermark.com)
- Email us at: [lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)
- Your school webpage: [www.lewermark.com/lahc](http://www.lewermark.com/lahc)
- The Lewer Agency, Inc. | Student Insurance | 9900 W 109th St., Suite 200 | Overland Park, KS 66210



## MY STUDENT SUPPORT PROGRAM (My SSP)

The My Student Support Program is designed to help international students face the challenges of balancing school, adjusting to a new culture and adapting to their other responsibilities.

- Download: FREE “My SSP” app from your device’s app store today
- Web: [myssp.app](http://myssp.app)
- Toll Free: **1 (866) 743-7732**
- Phone: **001-416-380-6578** (If calling outside of North America)
- Available 24/7



## LEWERMARK NURSE LINE

Our LewerMark Nurse Line provides you with free access to speak with a nurse regarding your health questions or concerns anytime day or night.

- Toll Free: **1 (866) 549-5076**
- Available 24/7



## SCHOLASTIC EMERGENCY SERVICES

Students, staff or parents should contact Scholastic Emergency Services if there is a life-threatening emergency or illness.

- Toll Free: **1 (877) 488-9833** (Toll free inside the USA)
- Phone: **1 (609) 452-8570** (If calling outside of the USA)
- Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)
- Web: [www.assistamerica.com/students.aspx](http://www.assistamerica.com/students.aspx)
- Reference Number: **01-AA-LEW-05034**
- Available 24/7



## PPO NETWORK

To locate doctors and facilities within the Aetna network, visit:

- Web: [https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site\\_id=passport](https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=passport)



## TELADOC

Teladoc is a convenient and affordable option that allows students to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of their medical issues.

- Download: FREE **TELADOC** app from your device’s app store today
- Web: [www.teladoc.com](http://www.teladoc.com)
- Toll Free: **1 (800) 835-2362**
- 24/7/365 access

# MY STUDENT SUPPORT PROGRAM (My SSP)



## Tailored Support for International Students

The My Student Support Program is designed to help international students face the challenges of balancing school, adjusting to a new culture and adapting to their other responsibilities. Connect 24/7 for free, confidential mental health and wellbeing support for international and study abroad students.



### My Student Support Advisors can help anytime, anywhere with:

- Adapting to new cultures
- Being successful at school
- Relationships with friends and family
- Stress, sadness, loneliness and more

### My SSP offers:

- Confidential short-term professional counseling support at no additional cost to you
- Real-time and appointment-based support available
- Multiple languages available\*
- Support available via live chat, telephone, and video sessions

\*24/7 support in English, Spanish, French, Mandarin, and Cantonese plus many other languages available upon request for appointment-based support

### Contact My SSP 24/7

Toll Free: 1(866) 743-7732

Calling outside US: 001-416-380-6578

### Download the My SSP App!

[myssp.app](http://myssp.app)



## TELADOC



### Quality Care + Convenience

Teladoc provides your students with 24/7/365 access to U.S. board-certified doctors by phone. Teladoc is a convenient and affordable option that allows students to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of their medical issues – including:



- Sinus problems
- Allergies
- Respiratory infection
- And more!
- Bronchitis
- Cold and flu symptoms
- Ear infection

### Contact TELADOC 24/7

1(800) 835-2362

Call toll-free 24 hours, 365 days a year

### Download the TELADOC App!

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



## LEWERMARK NURSE LINE

### Medical Help Line for International Students

Our LewerMark Nurse Line features friendly, experienced, Registered Nurses who can help you decide what your best choices are, and are available day or night. They can assist you with any health issues or questions, and can provide general health and wellness information.



**Both the call and the service are free and available 24 hours, 365 days a year. In addition, translator services are available in 200 languages.**

## CONTACT LEWERMARK NURSE LINE

**1(866) 549-5076**

Call toll-free 24 hours, 365 days a year  
In case of emergency, call 911

## When should I think about going...

### TO THE STUDENT HEALTH CENTER OR URGENT CARE

- Colds, Coughs, and Sore Throats
- Earaches
- Minor Cuts
- Potential Muscle / Ligament Strain
- Sunburn / Minor Cooking Burn
- Itchy Skin/ Rashes
- Fever / Flu
- Sexually Transmitted Diseases
- Pregnancy Testing
- Problems with Urination

### TO THE EMERGENCY ROOM

- Loss of Consciousness
- Intolerable / Uncontrollable Pain
- Shortness of Breath
- Chest Pain / Pressure
- Poisoning
- Major Injuries
- Severe / Worsening Insect Bite or Allergic Reaction
- Unable to Move
- Severe Bleeding
- Deep Cuts requiring stitches
- Broken Bone

*Note: LewerMark does not offer medical advice. This information is presented to help international students better understand the U.S. health care provider and delivery system. In all situations, you should rely on your own best judgement in choosing when and where to receive health care services.*

# SCHOLASTIC EMERGENCY SERVICES (SES)

## Service Arrangement for Emergency Situations

Students, staff and/or parents should contact Scholastic Emergency Services if there is a life-threatening emergency or illness. Scholastic Emergency Services is a service-arranger, not insurance, so please contact them first as they cannot reimburse for any services you pay for or use. SES will not pay for services on a reimbursement basis, so you must contact them immediately.



**If you call 911 for a medical emergency, your next phone call should be to Scholastic Emergency Services.** They will make all arrangements for you to provide for the following:

- Assistance Finding a Provider
- Translation Assistance
- Medical Evacuation or Transportation
- Critical Care Monitoring
- Compassionate Family Visit
- Medical Trauma Counseling
- Prescription Assistance
- Emergency Message Transmission
- Repatriation or Return of Mortal Remains

**IMPORTANT:** You must call SES prior to using any of the above services

### CONTACT SES 24/7

**1 (877) 488-9833** (Toll free inside the USA)

**1 (609) 452-8570** (If calling outside the USA)

Reference Number: **01-AA-LEW-05034**

# HOW TO PRINT AN ID CARD

To print an ID card, go to [www.lewermark.com](http://www.lewermark.com) and at the top of the page, under **My Account**, click **Student**.

Using the drop-down menus, select your state and school.

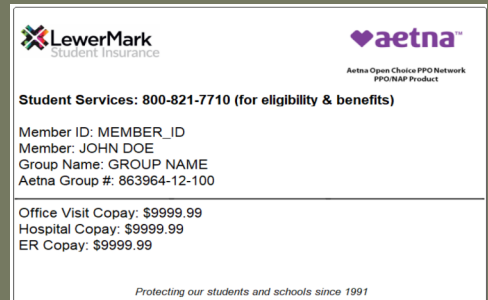
Once you are at the login screen, your user name is your student ID number, and the default password is your date of birth (mmdyyy).  
*For example, July 8, 1998 would be 07081998.*

Click the menu icon in the upper left-hand corner and select **Online ID Card**.

Download to print or save your card electronically.

Note: If you are a returning student who has logged into your online account before, you may have changed your password from your date of birth. Use that password instead.

If you are unable to retrieve your Insurance card, please call LewerMark at **1(800) 821-7710, Option 2**.



# HOW TO FIND A DOCTOR

Go to [www.lewermark.com](http://www.lewermark.com) and select **Resources**. Select **Find a Doctor or Pharmacy**, and then **Find an Aetna Provider**. Enter your **Postal Code** and the mile range. Select **Primary PPO Network**. Then choose the type of provider you're looking for - **Physician, Hospital, Urgent care center, Lab and Radiology** or **All providers**. You can then sort the results alphabetically or by distance.



Start Search Here

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Traveling? You can change your location after you select your plan

**Look within**

25 Miles

0 Miles 100 Miles

**Search**

Select a Plan

Enter plan name to narrow list below, e.g. **Managed Choice**

**Medical Plans**

- Passport to Healthcare® Primary PPO Network
- Passport to Healthcare® Secondary PPO Network

**Continue**

# WHAT IS A CLAIMS QUESTIONNAIRE?

You may receive a questionnaire in the mail after you visit the doctor or go the hospital. This is called a Claims Questionnaire. When we receive your claim for a medical condition or an accident, we use it to find out more information in order to process your claim. A sample questionnaire is shown below:

## CLAIMS QUESTIONNAIRE



**Important: An incomplete questionnaire could result in the delay of processing your claim.**

Administered by: The Lewer Agency, Inc.

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Name of school: \_\_\_\_\_ Insurance I.D. Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Please fill out one of the two options below:**

### If your claim was a result of an injury, please complete the following:

How did your injury or accident occur? (Answer below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was injury the result of participation in Intercollegiate College Sports?  Yes  No If yes, which sport? \_\_\_\_\_

If no, was injury the result of participation in Intramural/Club Sports?  Yes  No If yes, which sport? \_\_\_\_\_

Was your injury the result of a car accident?  Yes  No If yes, please attach a copy of the official police report and your drivers license.

Date of injury or date your symptoms were first noticed: \_\_\_\_\_

**- OR -**

### If your claim was a result of sickness, please complete the following:

Have you ever been treated for this condition before?  Yes  No

If yes, when were you first seen or treated by the doctor for this condition? \_\_\_\_\_

List all medications that you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other insurance (school insurance, travel insurance, auto insurance, spouse's insurance)?  Yes  No

If yes, have you filed a claim?  Yes  No

List the insurance company's name, address, phone number and policy number(s):

**To fill out a full Claims Questionnaire, please go to: [www.lewermark.com/claim-forms](http://www.lewermark.com/claim-forms) and submit.**

### Notice and Proof of Claim - Timely Filing Requirement

Written proof of loss must be given to the Program Manager within 90 days after the date of loss or as soon as thereafter as reasonably possible. Notice should include the name of the Covered Person, the Participating School's identifying number, and the Covered Person's contact information including, address, email address, and any other necessary information that may be reasonably required. If services are rendered on consecutive days, such as for a hospital confinement, the date of loss will be considered the last date of service. The Program Manager will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to the Program Manager within one one-year after the date of service. If a claim was timely filed originally, but the plan's Program Manager requested additional documentation, the healthcare provider has up one-year to submit the requested information.

# SCHEDULE OF BENEFITS

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***This Policy is intended to be read in its entirety. To understand all the conditions, exclusions, and limitations applicable to its benefits, please read all the policy provisions carefully. Only those benefits elected by each Participating School and shown on its Schedule of Benefits will apply to its enrolled Eligible Covered Students.***

The Company has appointed the Program Manager to administer the Policy on its behalf. References to the Program Manager throughout this Policy include the Company where appropriate. Any notice delivered to the Program Manager shall be considered received by the Company.

**The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. The benefits summarized in this Schedule of Benefits may be subject to definitions, exclusions and provisions. Please read each benefit description section for full details.**

## **Eligible Covered Students**

Non-United States Citizens traveling outside their Home Country, who has his or her true, fixed and permanent home and principal establishment outside of the United States, and holds a current and valid passport, while actively engaged in educational or research activities. You are “actively engaged” in educational or research activities if you are one of the following:

1. a legal resident of a country other than the United States, its territories, or possessions;
2. is enrolled and actively engaged in Full-Time Studies;
3. has not been granted permanent residency status in the United States, its territories, or possessions; and
4. holds and continually maintains an F-1, J-1, M-1, Q-1 or other approved category of student visa or immigration status.

A Covered Student ceases to be attending classes on a full-time basis, and, therefore, upon graduation, the Covered Student and his or her Covered Dependents, if any, become ineligible for coverage under the Plan. However, the Covered Student may be entitled to continued coverage after graduation if one of the following exceptions apply:

1. The Covered Student is approved for OPT and, on that basis, qualifies for continued coverage under the terms of this Policy document; or
2. The Covered Student qualifies for Extended Coverage because they have graduated, are returning to their Home Country, and applied for Extended Coverage as required by this Policy document.

## **Optional Practical Training**

An eligible Optional Practical Training student with the applicable F-1 visa may be considered eligible for coverage for no longer than twelve months from the date the student is approved for OPT while he or she is participating in Optional Practical Training work which is directly related to the major area of study. STEM OPT extension students are eligible for a maximum of twenty-four months coverage from the date the student is approved for OPT.

Optional Practical Training students who fail to maintain Optional Practical Training eligibility or who have transitioned to H-1B status will no longer be eligible for coverage.

## SCHEDULE OF BENEFITS (CONTINUED...)

The Policy provides different levels of benefits and copayments depending on where the Covered Person chooses to receive care or whether or not he or she uses the services of a Participating Provider. A Covered Person is free, however, to use the provider of his or her choice. The following benefits are available, per Covered Person, up to the amounts shown.

<b>POLICY BENEFITS – PER COVERED STUDENT</b>	
Policy Year Maximum Benefit	\$400,000
Lifetime Maximum Benefit per Covered Injury or Covered Sickness	\$400,000
Annual Deductible- Applies to all Covered Benefits except to Prescription Drugs, Wellness Benefit(s) and Medical Treatment received at Student Health Centers	\$150
Policy Out-of-Pocket Expense Maximum	\$6,000
Pre-Existing Condition Benefit – First six months of continuous coverage	\$5,000

<b>COPAYMENTS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Student Health Center	\$0	N/A
Office Visit	\$20	\$20
Hospital	\$100	\$100
Hospital Emergency Room	\$100	\$100

<b>COINSURANCE (applies to all Covered Benefits)</b>	
In-Network Provider	100% of Allowed Charge
Out-of-Network Providers	80% of Reasonable and Customary Expenses

<b>COVID-19 COVERAGE</b>
Treatment for COVID-19 (coronavirus) is covered.
Medically necessary, diagnostic testing for the coronavirus is covered. Not subject to Copay or Deductible.
<b>COVID-19 VACCINE</b>
The COVID-19 (coronavirus) vaccine is covered up to \$100 per policy year. Not subject to Copay or Deductible.

After the Covered Person satisfies the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term.

Satisfaction of the Policy Out-of-Pocket amount will not apply to outpatient prescription drugs expenses. Copayment and Coinsurance will continue to apply to the Prescription Drugs Benefits received on an outpatient basis.

## SCHEDULE OF BENEFITS (CONTINUED...)

### PRESCRIPTION DRUG BENEFITS

Dispensed by a Student Health Center	100% of each 30-day supply
Dispensed by a Participating Network Pharmacy	60% of each 30-day supply
Dispensed while Inpatient at a Hospital	100%
Prescription Drug Benefit Maximum	None

With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30-day supply.

### CONTRACEPTIVE BENEFITS

#### At Student Health Centers and In-Network Providers

#### Out-of-Network

Prescription Contraceptives - Oral	100% of each 30-day supply	Not covered
Prescription Contraceptives - Select non-oral	50%	Not covered

There is no coverage for intrauterine devices (IUDs) or birth control implants and the procedures related to the placement and/or removal of such.

Payments toward the Prescription Drug Out-of-Pocket Expense Maximum will not count toward satisfying the Policy Out-of-Pocket Expense Maximum.

**Don't forget to bring your ID card when you  
visit the doctor or the pharmacy!**

## SCHEDULE OF BENEFITS (CONTINUED...)

COVERED BENEFITS	In-Network	Out-of-Network
Hospital Room and Board at Semi-Private Room Rate	100%	80%
Intensive Care Unit (Average Charge)	100%	80%
Urgent Care	100%	80%
Outpatient Medical Care and Supplies	100%	80%
Pregnancy Benefits	100%	80%
Laboratory, X-Ray, and Diagnostic Examinations	100%	80%
Professional Ground or Air Ambulance for Emergency Services	100%	100%
Infusion Therapy Benefit	100%, up to a maximum of \$10,000 per policy year	80%, up to a maximum of \$10,000 per policy year
Renal Dialysis/Hemodialysis Benefit	100%, up to a maximum of \$10,000 per policy year	80%, up to a maximum of \$10,000 per policy year
Medical Treatment of a Mental Condition	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Medical Treatment of Alcoholism or Drug Dependency	Inpatient – Aggregate maximum of 30 days per policy year Outpatient – Aggregate maximum of 30 visits per policy year	
Wellness Benefit (Not subject to Copay or Deductible)	100% up to a Maximum Benefit of \$500 per policy year	
Cystic Acne Treatment	100%	80%
STD Testing (with symptoms present)	Included in the Wellness Benefit	80%
Physiotherapy Expense Benefit – Inpatient	100%	80%
Physiotherapy Expense Benefit – Outpatient (Only when prescribed in writing by a Physician)	100% of the Preferred Allowance for up to a maximum of 20 visits for each of: <ul style="list-style-type: none"> <li>• physical therapy</li> <li>• acupuncture</li> <li>• chiropractics</li> </ul>	80% of URC for up to a maximum of 20 visits for each of: <ul style="list-style-type: none"> <li>• physical therapy</li> <li>• acupuncture</li> <li>• chiropractics</li> </ul>
Home Country Coverage Benefit	\$1,500 per policy year	
Club/Intramural/Recreational Sports Benefit	100%	80%
Intercollegiate Sports Benefit Per Policy Year	Not covered	
Self-Inflicted Injury Benefit	Not covered	
Elective Abortion	Up to \$1,000 per policy year	
Dental Injury Benefit	Up to \$2,500 per policy year	
Palliative Treatment of Dental Pain Benefit	Up to \$500 per policy year	
Continuation Benefit	Available up to a maximum of 13 weeks or up to a Maximum Benefit of \$10,000, whichever is reached first	
Medical Evacuation Benefit	Up to \$50,000 of Reasonable Expenses	
Repatriation Benefit	Up to \$25,000 of Reasonable Expenses	

## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

Applies only to covered students; terminates at age 65. Does not apply to spouses or dependents.

Principal Sum: \$10,000

Loss must occur within 90 days of the covered accident

INSURED STUDENT'S COVERED LOSS	AD&D BENEFIT
Accidental Death	100% of the Principal Sum
Brain Death	100% of the Principal Sum
Loss of Both Hands	100% of the Principal Sum
Loss of Both Feet	100% of the Principal Sum
Loss of Entire Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand and One Foot	100% of the Principal Sum
Loss of One Hand and Entire Sight of One Eye	100% of the Principal Sum
Loss of One Foot and Entire Sight of One Eye	100% of the Principal Sum
Loss of Speech and Hearing (both ears)	100% of the Principal Sum
Quadriplegia (total Paralysis of both upper and lower limbs)	100% of the Principal Sum
Paraplegia (total Paralysis of both lower or upper limbs)	50% of the Principal Sum
Loss of One Hand	50% of the Principal Sum
Loss of One Foot	50% of the Principal Sum
Loss of Entire Sight of One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (both ears)	50% of the Principal Sum
Hemiplegia (total Paralysis of upper and lower limbs on one side of body)	50% of the Principal Sum
Uniplegia (total Paralysis of one lower or upper limb)	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

If, within 90 days from the date of an Accident or Injury covered by the Policy, the Covered Student suffers from a Covered Loss, We will pay the percentage of the Principal Sum set opposite the loss in the table above. If the Covered Student 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 Covered Student. The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit.

Benefits are payable if such Injury occurs while the Covered Student is covered under the Policy.

# COVERED MEDICAL EXPENSES

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We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Copayment, Coinsurance, Policy Period, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident and Sickness Medical Expense Benefits are only payable:

1. for the Preferred Allowance or Usual, Reasonable and Customary Charges incurred after the Copay has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Student;
3. for Eligible Expenses incurred within 365 days after the date of the Eligible Expense.

No benefits will be paid for any expenses incurred that are in excess of the Preferred Allowance or Usual, Reasonable and Customary Charges.

Eligible Medical Expenses include the following expenses as further indicated in the Schedule of Benefits or elsewhere in this policy:

1. **Medical Treatment**
2. **Hospital Admission Expenses:** Charges for each hospital admission.
3. **Outpatient Pre-Surgical Testing benefit:** Charges for Medically Necessary Pre-surgical testing.
4. **Nursing Services:** Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
5. **Skilled Nursing Facility (SNF):** A SNF confinement must take place within 14 days from a hospital discharge and must represent care for the same condition which required hospitalization that lasted a minimum of three days. Care may not be custodial in nature (e.g., care which could be performed at home). The facility may not be primarily a place which provides general care for the aged.
6. **Hospice Care Benefit:** Charges for a maximum of 14 days of:
  - a. nursing care by a Registered Nurse or any of the following who are under the direct supervision of a Registered Nurse: a Licensed Practical Nurse, a Licensed Vocational Nurse, or Public Health Nurse;
  - b. physical therapy and speech therapy when rendered by a licensed therapist;
  - c. medical supplies, including drugs and the use of medical appliances;
  - d. physician's services; and
  - e. services, supplies, and treatments deemed Medically Necessary and ordered by a licensed Physician.
7. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
8. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
9. Diabetes Coverage that includes medical supplies, equipment and education for diabetes care for all diabetics.
10. **Hospital Room & Board Benefit:** We will pay charges for the **Average Semiprivate Charge** for each day of the Hospital Stay. In computing the number of days payable under this benefit, the date of admission will be counted. Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
11. **Intensive Care Unit Benefit:** We will pay charges for each day of Intensive Care Unit confinement. This payment is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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12. **Hospital Miscellaneous Expense Benefit:** We will pay for services, supplies and charges during a Hospital Stay. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
13. **Surgeon (In or Outpatient) Benefits:** We will pay charges for:
  1. A Physician, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure.
  2. A Physician, for assistant surgeon duties up to the Maximum Benefit shown in the Schedule of Benefits.
14. **Pre-Admission Testing Benefit:** We will pay benefits for charges for Medically Necessary Pre-admission testing.
15. **Anesthesia Benefit:** We will pay benefits for Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
16. **Day Surgery Miscellaneous Benefit:** We will pay Day Surgery Miscellaneous benefits for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an outpatient basis.
17. **Diagnostic X-Ray and Laboratory Benefit:** We will pay the benefit if the Covered Student requires diagnostic x-ray and/or laboratory examinations and services due to a Covered Loss, up to the Maximum Benefit Amount per covered Injury or Sickness indicated in the Schedule of Benefits. Outpatient x-ray services and laboratory tests are limited to the amount shown in the Schedule of Benefits.
18. **Ambulance Benefit:** When, by reason of Injury or Sickness, a Covered Student requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay a Benefit Amount up to a Maximum shown in the schedule (if any), within the metropolitan area in which the Covered Student is located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition.  
  
Air transportation is covered when Medically Necessary because of a Medical Emergency or if the Covered Student is in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.
19. **Physician Visit Benefit (Inpatient):** We will pay charges by a Physician for other than pre- or post-operative care for in-Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Visit In-Hospital.
20. **Physician Visit Benefit (Outpatient):** We will pay charges by a Physician for office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Office Visits.
21. **Consultant Physician Benefit:** If, by reason of Injury or Sickness, a Covered Student requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Eligible Expenses incurred.
22. **Radiation/ Chemotherapy Therapy Expense Benefit:** We will pay the Covered Percentage for the Eligible Expenses incurred by a Covered Student for drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as:
  1. the drug is ordered by a Physician for the treatment of a specific type of neoplasm;
  2. the drug is approved by the FDA for use in antineoplastic therapy;

## COVERED MEDICAL EXPENSES (CONTINUED...)

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3. the drug is used as part of an antineoplastic drug regimen;
  4. current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and
  5. the Physician has obtained informed consent from the patient for the treatment regimen that includes FDA approved drugs for off-label indications.
23. **Infusion Therapy:** We will pay the Eligible Expenses, up to the policy year maximum shown in the schedule of benefits, if any, for infusion therapy prescribed and administered by a licensed Physician.
24. **Renal Dialysis/Hemodialysis:** We will pay the Eligible Expenses, up to the policy year maximum shown in the schedule of benefits, if any, for Renal Dialysis/Hemodialysis prescribed and administered by a Physician.
25. **Post-Mastectomy Coverage:** We will pay the Covered Percentage for a Medically Necessary mastectomy which may also include coverage of the following:
- a. physical complications during any stage of the mastectomy, including lymphedemas;
  - b. reconstruction of the breast;
  - c. surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
  - d. two external breast prostheses.

Eligible Expenses for the above are payable on the same basis as Eligible Expenses for any other surgery. This coverage will be provided in consultation with the attending Physician and the patient.

26. **Emergency Room Benefit:** We will pay this benefit if the Covered Student requires Emergency Room treatment due to a Covered Loss resulting directly and independently of all other causes from a covered Injury or Sickness.
- Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office. Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.
27. **Coronavirus Disease 2019 (COVID-19) Benefit:** We will pay the Covered Percentage for Medically Necessary diagnostic testing, Medical Treatment, vaccinations, and booster vaccinations related to the COVID-19 coronavirus or any variants of interest, concern, or high consequence.
28. **Self-Inflicted Injury Benefit:** We will pay for charges, up to the Maximum Benefit Amount shown in the Schedule of Benefits related to Medical Treatment required as the result of an intentionally self-inflicted injury or sickness, suicide, or attempted suicide, while sane or insane.
29. **Allergy Treatment:** We will pay for Covered Expenses for Medically Necessary treatment of allergies, as diagnosed and prescribed by a Physician.
30. **Wellness Medical Expense Benefit:** We will pay for any combination of the following up to the Wellness Benefit Maximum: routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, COVID-19 coronavirus diagnostic testing which is not Medically Necessary, and tuberculosis tests.
31. **Maternity and Pre-Natal Care Benefit:** We will pay the Covered Percentage of Eligible Expenses for maternity and pre-natal care including prenatal visits, two ultrasounds per pregnancy (unless more are Medically Necessary), and post-delivery inpatient Hospital care for a mother in accordance with the guidelines recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, which is 48 hours following a vaginal delivery or 96 hours following a caesarean section. A decision to shorten the length of stay may be made by the attending Physician in consultation with the mother.

To be considered eligible for Pregnancy Benefits, conception must have occurred following the Effective Date of the Covered Person's coverage and the Covered Person's coverage cannot have terminated for any reason. If the

## COVERED MEDICAL EXPENSES (CONTINUED...)

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Covered Person is eligible for Pregnancy Benefits, benefits will be payable on the same basis as Covered Expenses for any other Covered Sickness.

This Policy does not provide coverage for care services provided by birth doulas, companions, or birth supporters who assist a woman before, during and/or after childbirth, or for planned childbirth deliveries at home.

### **Newborn Infants – Sick Baby Care**

A newborn child of a Covered Person will automatically be entitled to coverage as if a Covered Dependent for 30 days from the moment of birth only for Covered Expenses incurred which are due directly to an Injury or Sickness which exists at birth, up to a Maximum Benefit of \$50,000.

33. **Emergency Dental Expense Benefit:** We will pay charges related to the Medical Treatment of Sound Natural Teeth damaged as the result of a Covered Injury. This benefit does not cover damage to previously decayed teeth caused by chewing or biting. Only expenses for Emergency dental treatment to Natural Teeth will be reimbursed.
34. **Elective Abortion Benefit:** We will pay benefits as described in the Schedule of Benefits for expenses related to the procedure for an elective abortion, provided that conception occurred after the Effective Date of the insured's coverage under the Policy. If the insured experiences complications from the procedure, the Covered Expenses will be assessed the same as any other Medical Treatment.
35. **Home Country Coverage Benefit:** We will pay benefits as described in the Schedule of Benefits for Eligible Expenses incurred in the Covered Student's Home Country related to an Injury or Sickness which occurred, was diagnosed, and treated outside the Covered Student's Home Country during the period of coverage providing that the Covered Student remains on the Participating School's I-20, for a maximum of 90 days on an approved vacation term.
36. **Physiotherapy Expense Benefit:** We will pay benefits as described in the Schedule of Benefits for eligible Physiotherapy expenses incurred by the Covered Student. We will pay Preferred Allowance or Usual, Reasonable and Customary expenses as stated in the Schedule of Benefits. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Eligible Expenses during any one period of individual coverage.

For the purpose of this section, **Physiotherapy** means charges for physiotherapy if recommended by a Physician for the treatment of a specific Injury or Sickness or following hospitalization and administered by a licensed physiotherapist as an outpatient. Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, acupuncture, or any form of physical therapy. Physiotherapy expenses do not include massage therapy services unless performed by a licensed physical therapist or chiropractor who is operating within the scope of his or her license.

37. **Durable Medical Equipment:** If, by reason of Injury or Sickness, a Covered Student requires the use of Durable Medical Equipment, We will pay the Covered Percentage of the Eligible Expenses incurred by a Covered Student for purchase or rental of such Medically Necessary Durable Medical Equipment. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date.

We do not pay for the replacement of Durable Medical Equipment.

**Durable Medical Equipment** means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of an Injury or Sickness; and
4. can be used in the home without medical supervision.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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Even when ordered or prescribed by a Physician, Durable Medical Equipment does not include: computers, tablets, computer applications or software used in association with communication aides, internet or phone services used in conjunction with communication devices, air purifiers, air conditioners, heating pads, cold therapy units, whirlpool bathing equipment, sun and heat lamps, exercise devices, lifts, such as seat, chair or van lifts, wigs, or items typically available without a prescription (such as compression bandages or shoe inserts).

38. **Outpatient Prescription Drug Benefit:** We will pay the Eligible Expenses, subject to the Coinsurance Percentage shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

The Prescription Drug must be dispensed for the outpatient use by the Covered Student:

1. On or after the Covered Student's Effective Date; and
2. By a licensed pharmacy provider.

This benefit includes injectable drugs and other drugs administered in a Physician's office or other outpatient setting.

39. **Extension of Accident and Sickness Medical Benefits – Continuation Benefits:** For Eligible Expenses incurred, while Hospital confined, as indicated in the Schedule of Benefits for a covered Injury or Sickness for which a Covered Student has a continuing claim on the date his or her coverage terminates. Benefits payable under this provision will terminate if a Covered Student becomes covered, for the covered Injury or Sickness for which benefits were continued, under any other medical coverage Continuation Benefits are available only to Plan Participants.

40. **Mental or Nervous Disorder Expense Benefit:** If a Covered Student requires treatment for a Mental or Nervous Disorder, We will pay for such treatment as follows:

### Benefits for Inpatient Hospital Confinement

When a Covered Student requires Hospital Confinement for treatment of a Mental or Nervous Disorder, We will pay the Covered Percentage of the Eligible Expenses, up to the maximum duration set forth in the Schedule of Benefits, if any, incurred for such Hospital Confinement.

Such confinement must be in a licensed or certified facility, including Hospitals.

### Benefits for Outpatient Services

We will pay the Covered Percentage of the Eligible Expenses, up to the maximum number of visits set forth in the Schedule of Benefits, if any, incurred for the outpatient treatment of Mental or Nervous Disorder.

The Mental or Nervous Disorder must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary.

Outpatient treatment and Physician services include charges made by an outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law.

**Biologically Based Mental Sickness** means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness.

We will pay the Covered Percentage of the Eligible Expenses incurred for treatment of biologically based mental Sickness, including but not limited to:

1. Schizophrenia;
2. Schizoaffective disorder;
3. bipolar affective disorder;
4. major depressive disorder;

## COVERED MEDICAL EXPENSES (CONTINUED...)

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5. specific obsessive-compulsive disorder;
6. delusional disorders;
7. obsessive compulsive disorders;
8. attention deficit hyperactivity disorder;
9. anorexia and bulimia; and
10. panic disorder.

41. **Alcohol and Drug Abuse Expense Benefit:** If a Covered Student requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

### Benefits for Inpatient Hospital Confinement

When a Covered Student is confined as an inpatient in a Hospital or a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay the Covered Percentage of the Eligible Expenses, up to the maximum duration set forth in the Schedule of Benefits, if any, incurred for such Hospital Confinement.

Such Confinement must be in a licensed or certified facility, including Hospitals.

### Benefits for Outpatient Services

We will pay the Covered Percentage of the Eligible Expenses, up to the maximum number of visits set forth in the Schedule of Benefits, if any, incurred for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health.

**Detoxification Facility** means a facility that provides direct or indirect services to an acutely Intoxicated individual to fulfill the physical, social and emotional needs of the individual by:

- a. monitoring the amount of alcohol and other toxic agents in the body of the individual;
- b. managing withdrawal symptoms; and
- c. motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.

42. **Emergency Medical Evacuation, Medical Repatriation and Return of Remains**

**Medical Evacuation Benefit:** Subject to prior approval from the Program Manager or its authorized representative, for reasonable expenses related to the air evacuation of an injured or sick Covered Student (and a Health Care Provider or Escort if such is directed by the attending Physician) to the Covered Student's home country or country of regular domicile, provided the air evacuation:

1. is upon the attending Physician's written certification;
2. results from a covered Injury or Sickness; and
3. **does not occur prior to the benefit approval.**

**Repatriation Benefit:** Subject to prior approval from the Program Manager or its authorized representative, for reasonable expenses incurred in connection with the preparation and transportation of the body of a deceased Covered Student to his or her place of residence in his or her home country. This benefit does not include transportation expenses of any person accompanying the body.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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43. **Cyber Risks Endorsement (Personal Accident & Illness):** Any benefits for Injury or Sickness caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations, and exclusions of this Policy.

44. **Extended Coverage Benefit:** Benefits under this Policy are available beginning on the Effective Date and ending upon the Expiration Date.

However, an Extended Coverage Benefit can provide no more than 30 days of additional coverage to certain students of the Participating School, specifically to:

1. newly-enrolled students prior to the beginning of their very first terms of study with the Participating Organization, or
2. Covered Students who have completed their final terms of study in the United States and are preparing to return to their home countries.

### **For Newly-Enrolled Students**

To be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. a newly-enrolled student must have enrolled in Full-Time Studies at the Participating School, and
2. all premiums must be paid.

Coverage under the Extended Coverage Benefit will become effective on the later of:

1. up to 30 days prior to the beginning of the term, or
2. for arriving students, the date the qualifying, newly-enrolled and arriving student arrives in the United States prior to classes, or
3. for transfer students, the termination date of the student's prior Insurance coverage through the previous educational institution.

### **For Covered Students Concluding their Studies**

To be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. the Program Manager must receive the request for Extended Coverage prior to the Termination Date of the Covered Student's coverage as defined in the Termination Date of Insurance section, and
2. all premiums must be paid.

Coverage under the Extended Coverage Benefit will terminate on the earlier of:

1. 30 days following the Covered Student's graduation or completion of an educational program, or
2. the date he or she departs the United States.

### **Important Information about the Extended Coverage Benefit**

This Extended Coverage Benefit is subject to all other applicable policy terms, conditions, exclusions, and limits, including any applicable pre-existing condition limitation.

### **Extended Coverage for Short-Term Programs**

In the event the Covered Student's entire program of study is less than 60 days, the applicable Extended Coverage Benefit will be limited to seven days. All other Extended Coverage Benefit provisions will apply as indicated herein.

45. **Palliative Treatment of Dental Pain Benefit:** We will pay benefits as described in the Schedule of Benefits for expenses related to emergency palliative dental treatment necessary for the relief of pain of Natural Teeth.

## EXCEPTIONS AND EXCLUSIONS

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Unless specifically provided for elsewhere under the Policy, the Plan does not provide benefits, nor is any premium charged, for any Medical Treatment not expressly indicated in the Eligible Expense section or for any Medical Treatment which is excluded, excepted, or limited in this Policy.

For further clarity, please note that the Plan does not provide benefits, nor is any premium charged, for:

1. Medical Treatment received due to a Pre-Existing Condition or complication thereof in excess of benefits provided elsewhere in this coverage. Medical Treatment for covered Pre-Existing Conditions will be payable under the Policy after the Covered Student's coverage has been in force for six consecutive months. However, a pregnancy which originated prior to the Covered Student's Effective Date of Coverage will not be covered under the Policy.
2. Medical Treatment which is not Medically Necessary, as defined in the Policy;
3. Medical Treatment which:
  - a. is provided by individuals affiliated with, employed by, or retained by the Participating School, including its athletic department and charges for Sports Psychology, unless the Medical Treatment is provided in a Student Health Center by its providers;
  - b. is normally provided without charge by an Immediate Family member of the Covered Person;
  - c. is payable under individual automobile insurance (except for no-fault auto insurance); or
  - d. is not charged or for which no payment would be required if the Covered Person did not have this Insurance.
4. Medical Treatment required for any covered Injury or Sickness incurred while the Covered Student is engaged in an occupation (whether paid or unpaid) and which is covered under any occupational benefit plan or any Worker's Compensation or similar employer's liability law;
5. Charges which are in excess of the Preferred Allowance or Usual, Reasonable and Customary charges, whichever applies, or to the extent the Covered Student received any discount, credit, or reduction due to an agreement with the provider;
6. Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, except that the Policy will cover these expenses if the need for such results directly from an Injury or covered eye surgery;
7. Intrauterine devices (IUDs) and birth control implants, including any procedures related to the placement and/or removal of such;
8. Any elective or preventive surgery, including any Medical Treatment required to prepare for or recover from the surgery or procedure. Examples of excluded surgeries or procedures include, but are not limited to: sterilization procedures; sex transformation surgery or the reversal thereof; breast reductions or enlargements (including those for the treatment of benign gynecomastia); circumcisions; correction or treatment of a deviated septum; or, cosmetic, plastic, reconstructive, or restorative surgery;
9. 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.
10. Medical Treatment for injuries sustained in practice for or participation in intercollegiate sports in excess of benefits provided elsewhere in this coverage, if any;
11. Medical Treatment for Injury or Sickness sustained while taking part during the or the commission or attempt to commit an assault, felony, or other illegal action, or that occurs while being engaged in an illegal occupation.
12. War or any act of war, declared or undeclared, or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution;
13. Medical Treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline, in excess of benefits provided elsewhere in the coverage, if any;
14. Any charges, in excess of benefits provided elsewhere in the coverage (if any), for Injury or Sickness arising from the Covered Person's:
  - a. Intoxication
  - b. Use of any drugs or medication:
    - i. Not prescribed to him or her;

## EXCEPTIONS AND EXCLUSIONS

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- ii. Intentionally taken in any amount other than the dosage recommended by the manufacturer; or
    - iii. Intentionally taken for any purpose other than that prescribed by a Physician.
  - c. Use of illegal narcotics;
  - d. Doing any of the following, whether sane or insane:
    - i. Intentionally self-inflicted action or Injury;
    - ii. A suicide or attempted suicide; or
    - iii. Actual or attempted self-destruction.
15. Medical Treatment received in connection with the teeth, gums, jaw, or structures directly supporting the teeth; myofascial pain; or temporomandibular joint dysfunction in excess of benefits provided elsewhere in the coverage, if any;
16. Medical Treatment for Injuries sustained while practicing for or participating in professional sports; or while participating in hazardous or adventure sports of any kind, including but not limited to hoverboard usage, hang gliding, skydiving, parachuting, vehicle racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper equipment or guides, luge, motocross, Moto-X, ski jumping, off-piste or off-trail skiing or snowboarding, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class IV difficulty;
17. Medical Treatment for injury or sickness sustained by reason of a motor vehicle or motorcycle accident
  - to the extent that benefits are payable or paid by any other valid and collectible insurance (including any automobile or any other insurance coverage purchased by the Covered Person or an involved third-party) whether or not claim is made for such benefits,
  - if the Covered Student was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
  - if the Covered Student was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
  - if the Covered Student was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
18. Charges incurred for Surgery or treatments which are Experimental/Investigational, or for research purposes or for Compound, Specialty, or Experimental drugs;
19. Transcutaneous Electrical Nerve Stimulation (TENS) units;
20. Medical Treatment for infertility, obesity (including bariatric surgery and anorectics) acne (in excess of benefits provided elsewhere in the coverage, if any), alopecia (loss of hair), or excessive sweating (hyperhidrosis);
21. Lab specimen handling and delivery fees or after hours and weekend facility fees (unless related to Emergency Services);
22. Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;
23. Medical Treatment for the diagnosis and testing for or related to any learning disability or Medical Treatment related to any previously known Congenital Condition, whether or not the Covered Person has previously sought treatment for the condition;
24. Private-duty nursing services and Custodial Care;
25. Expenses incurred for an Injury or Sickness which occurred before the Covered Person's Effective Date or after the Expiration Date shown in the Schedule of Benefits or incurred after the date of termination of coverage;
26. Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any;

## EXCEPTIONS AND EXCLUSIONS

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27. Covered Student being exposed to the utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction, 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.

# DEFINITIONS

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Unless separately defined herein, wherever used in the Policy:

**Accident** means an unforeseeable event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for that Covered Student.

**Application** means the Covered Student's Application for inclusion under the Master Policy.

**Area** means the location where the medical care or supplies are given within a region large enough to get a cross section of providers of medical care or supplies, as determined by the Program Manager.

**Average Semiprivate Charge** means (1) the standard charge by the Hospital for semiprivate room and board accommodations, or the average of such charges where the Hospital has more than one established level of such charges, or (2) 80% of the lowest charge by the Hospital for single bed room and board accommodations where the Hospital does not provide any semiprivate accommodations.

**Close Relative** means the spouse, children, siblings, parents, and aunts and uncles of a Covered Person.

**Coinsurance** means the percentage of Eligible Expenses for which the Covered Person is responsible for a specified covered service after the copay, [Deductible], if any, has been met. Coinsurance is separate from and is not a part of the Copayment.

**Company** means SiriusPoint International Insurance Corporation. Also hereinafter referred to as We, Us and Our.

**Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system, or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

**Congenital Condition** means a disease or physical abnormality present at or before birth, regardless of cause.

**Copayment** means a specified charge that the Covered Student is required to pay when a medical service is rendered. Copayment is separate from and is not part of the Coinsurance.

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

**Covered Dependent** When coverage for dependents is indicated on the Participating School's application and on the Schedule of Benefits, **Covered Dependent** means any dependent of a Covered Student who meets all of the following eligibility criteria:

1. is the Covered Student's lawful spouse, or unmarried child who is under age 19 and is a full-time student unless disabled;
2. resides with the Covered Student;
3. is enrolled for coverage under the Policy at the same time the Covered Student enrolls;
4. has a current passport and visa (non-domiciled United States Citizen – passport only); and
5. is temporarily outside his or her home country or country of regular domicile as a nonresident alien in the United States.

A dependent child includes a Covered Student's natural child; step-child; adopted child; or a child placed for adoption which means the assumption and retention of a legal obligation for the total or partial support of a child in anticipation of the adoption of such child. In cases where a Covered Student places a child for adoption, the child's association with the Covered Student is considered terminated upon the termination date of such legal obligation.

A person cannot be a Covered Student and a Covered Dependent at the same time.

A Covered Student's dependent child who is born in the United States will be considered a dependent who may be considered eligible for coverage if Dependent coverage is indicated in the Educational Institution's application for coverage.

A Covered Student's disabled, unmarried dependent child may continue to be a Covered Dependent beyond age 19 if all of the following, additional conditions are met:

1. The child became disabled before reaching age 19;
2. The child is incapable of self-sustaining employment because of developmental disability or physical handicap and is chiefly dependent upon the Covered Student for support and maintenance;
3. The Covered Student remains insured under this Policy;
4. The child's premiums must be paid on time and in full;

## DEFINITIONS (CONTINUED...)

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5. Within 30 days of the child reaching age 19, the Covered Student furnishes a Statement of Disability to the Program Manager, the approval of such statement is required for the child to continue eligibility; and
6. The Covered Student provides satisfactory proof to the Program Manager of the child's disability and dependent status when requested. Such proof shall be without cost to the Company or the Program Manager. The Program Manager will not ask for proof more often than once a year after the two-year period following the child's attainment of age 19.

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

**Covered Person** means a Covered Student and any of his or her Covered Dependents if and only if coverage for dependents is included in the Participating School's application for coverage as approved by the Program Manager.

**Covered Person's Effective Date** means the date on which the Covered Student or Covered Dependent becomes entitled to coverage under the terms of this Policy.

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

**Cyber Act** means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof, involving access to, processing of, use of, or operation of any Computer System.

**Cyber Incident** means any error or omission or series of related errors or omissions involving access to, processing of, use of, or operation of any Computer System; or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use, or operate any Computer System.

**Deductible** means the amount that the Covered Person must pay out-of-pocket before benefits may be payable under the Policy, as set forth in the Schedule of Benefits.

**Eligible Expense(s)** means the Preferred Allowance or Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Student for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Policy is in force.

**Emergency** means an Injury or Sickness for which the Covered Person 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 layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health to 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 to be seriously impaired; or
- A body organ or part to be seriously damaged.

**Emergency Services** means covered inpatient and outpatient Medical Treatment that is furnished by a provider who is qualified to furnish the services, and that is needed to evaluate or stabilize an Emergency medical condition. Reimbursement for Emergency Services shall not be denied solely on the grounds that services were performed by a noncontracted provider.

**Experimental/Investigational:** A drug, device, or Medical Treatment will be considered Experimental/Investigational if:

- The drug or device cannot lawfully be marketed without approval of the United States 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, or Medical Treatment states or indicates that the drug, device, or Medical 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 Treatment or the patient informed consent document utilized with the drug, device or Medical 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 shows that the drug, device or Medical Treatment is the subject of ongoing Phase I or Phase II clinical trials; is the research, experimental study, or investigational arm of on-going 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 shows that the prevailing opinion among experts regarding the drug, device, or Medical 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.

## DEFINITIONS (CONTINUED...)

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**Full-Time Studies** means the enrollment and active participation in at least the minimum number of credit hours in which an international student must be enrolled and actively attending classes in the United States per the terms of the applicable student visa. Full-Time Studies includes participation in no more than one online or television course per term; any online or television coursework in excess of one course per term does not count toward fulfilling the full-time status requirement for eligibility. Home study and correspondence courses do not count toward fulfilling the full-time status requirement for eligibility.

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

**Home Country** means the country where a Covered Student has his or her true, fixed, and permanent home and principal establishment and holds a current and valid passport.

**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 the long-term treatment of drug addiction, alcoholism, or Custodial Care.

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

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;
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.

**Immediate Family** means a Covered Student's Spouse, domestic partner, Civil Union Partner, parent (includes stepparent), child(ren) (includes legally adopted or stepchild(ren)), brother, sister, grandchild(ren), or in-laws.

**Injury** means bodily harm which:

- results independently of disease or bodily infirmity;
- is caused by an Accident that occurred after the Effective Date of a Covered Person's coverage under the Policy; and
- is sustained while the Policy is in force as to the Covered Person.

All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

## DEFINITIONS (CONTINUED...)

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

**Insurance** means the coverage 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.

**Intercollegiate Sports** means participation in a sports program or competition (including but not limited to involvement in any game, match, exhibition, scrimmage, practice, sanctioned training activity, joint practice, or tryout) in which the athletes compete competitively with other universities or colleges and which may or may not be regulated by a collegiate athletic association.

**Intramural Sports** means participation in sports organized and played within a university or college or within a local, formalized league.

**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 Covered Person is located at the time of an incident.

**Investigational.** See Experimental.

**Maximum Benefit** means the largest total amount of Eligible Expenses the Company will pay for the Covered Person as shown in the Schedule of Benefits.

**Medical Emergency** means the sudden onset of a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson reasonably expect that the absence of immediate medical attention could reasonably be expected to result in:

- placing the health of the afflicted person in serious jeopardy;
- serious impairment to the person's bodily functions;
- serious dysfunction of any bodily organ or part; or
- serious disfigurement.

**Medical Treatment** means any and all medical care, treatment, services, supplies, procedures, or drugs that may be administered to a Covered Person to address a sickness or injury.

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

1. required, necessary, and appropriate for the diagnosis or treatment of an Injury or Sickness;
2. prescribed or ordered by a Physician or furnished by a Hospital;
3. performed in the least costly setting required by the condition; and
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.

Purchasing or renting 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 Covered Person or his or her 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; or
- involves a service, supply, or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- 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.

We retain the right to determine whether a Medical Treatment is Medically Necessary.

## DEFINITIONS (CONTINUED...)

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**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, that, on the date the Medical Treatment is rendered to a Covered Person, was listed as a Mental Disorder in the most recent edition of the International Classification of Diseases.

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

**Network Provider** means a Physician, Hospital, or other healthcare provider who has contracted to provide specific medical care at negotiated prices.

**Outpatient** means a Covered Person who receives care in a Hospital or another institution, including ambulatory surgical center, convalescent/Skilled Nursing Facility, or Physician's office, for an Injury or Sickness, but who is not confined and is not charged for room and board.

**Out-of-Pocket Maximum** means the maximum dollar amount the Covered Person is responsible for paying during a Policy Term. After the Covered Person satisfies 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 paying accumulated Deductibles (if any), Coinsurance and Copayments. Penalties and amounts paid above the Preferred Allowance or 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 School** means the educational institution or other organization that has elected to offer coverage to through submission of a completed application for coverage which includes participation in the Trust, completed a Participation Agreement, has been approved by the Company to sponsor coverage under the Policy, and for which coverage has become effective and has not terminated.

**Participation Agreement** means the agreement completed by a Participating School for Insurance under the Master Policy.

**Physician** means a legally licensed practitioner of the healing arts who is practicing within the scope of his or her physician's license while performing a particular service which is covered under the Policy. For the sake of clarity, Physician includes Nurse Practitioners. Physician does not include:

- a practitioner of chiropractic, naturopathic, naprapathic, or alternative medicine;
- any Covered Person;
- a Close Relative of a Covered Person; or
- an individual residing at the same legal residence of the Covered Person.

**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.

**Covered Student** means a person eligible for coverage as identified in the Enrollment/Application, for whom proper Premium payment has been made when due and who:

1. is a legal resident of a country other than the United States, its territories, or possessions;
2. is enrolled and actively engaged in Full-Time Studies;
3. has not been granted permanent residency status in the United States, its territories, or possessions; and
4. holds and continually maintains an F-1, J-1, M-1, Q-1 or other approved category of student visa or immigration status.

A person may not be covered as a Covered Dependent and a Covered Student at the same time. For avoidance of confusion, upon graduation, a Covered Student ceases to be attending classes on a full-time basis, and, therefore, upon graduation, the Covered Student and his or her Covered Dependents, if any, become ineligible for coverage under the Plan. However, the Covered Student may be entitled to continued coverage after graduation if one of the following exceptions apply:

1. The Covered Student is approved for OPT and, on that basis, qualifies for continued coverage under the terms of this Policy document; or
2. The Covered Student qualifies for Extended Coverage because they have graduated, are returning to their Home Country, and applied for Extended Coverage as required by this Policy document.

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

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

**Policyholder** means the entity to which the Policy is issued. The Policyholder is shown in the Schedule of Benefits.

## DEFINITIONS (CONTINUED...)

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

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition for which, during the lookback period immediately prior to the Covered Person's Effective Date, he or she, or his or her Immediate Family Member on behalf of the Covered Person:

1. received (or was recommended to receive) a test, examination, or Medical Treatment for a condition which:
  - a. first manifested itself;
  - b. worsened;
  - c. became acute; or
  - d. 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.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through taking Prescription Drugs or medicine and which remains treated or controlled without any adjustment or change in the required prescription throughout the lookback period before the Covered Person's Effective Date.

A Pregnancy which originated prior to the Covered Person's Effective Date under the Policy is considered a Pre-Existing Condition.

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

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

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

**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 Sickness or disease which is contracted and causes loss while the Policy is in force as to the Covered Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Medical Treatment will be considered part of the original 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 toward the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

**Spouse** means lawful spouse, domestic partner, or Civil Union Partner, if not legally separated or divorced.

**Student Health Center** means an ambulatory care facility affiliated or contracted with a Participating School that, at a minimum, maintains a staff consisting of a nurse director/nurse practitioner, staff Nurses, and either a staff Physician or an arrangement with a Physician to perform office visits or engage in a collaborative practice arrangement with a mid-level provider at the center. In the event a Participating School does not otherwise have a Student Health Center, the Participating School may request permission from the Program Manager to designate a Walk-In Pharmacy Clinic to be treated as a Student Health Center for the purposes of this Policy.

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

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

**Terrorism** means an act or series of acts, including but not limited to the use and/or threat of force or violence by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), committed for political, religious or ideological purposes, including any intention to influence any government and/or to put the public in fear for such purposes.

**Third Party** means a person or entity other than the Covered Person, the Policyholder, the Participating School, or the Company.

## DEFINITIONS (CONTINUED...)

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**Usual, Reasonable and Customary (URC)** 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.

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

**Usual, Reasonable and Customary Charges, Fees or Expenses, as used in the Policy to describe expenses,** means the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

**Utilisation of Nuclear, Chemical or Biological weapons of mass destruction** shall mean the use of:

- any explosive nuclear weapon or device;
- the emission, discharge, dispersal, release or escape of any of the following, if it is capable of causing incapacitating disablement or death amongst people or animals:
  - fissile material emitting a level of radioactivity, or
  - any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins); or
  - any solid, liquid or gaseous chemical compound, when suitably distributed.

**Walk-In Pharmacy Clinic** means a clinic which is set-up inside a larger retail operation, such as a pharmacy or retail store, and which provides basic care for minor injuries and illnesses, and may provide vaccinations, immunizations, annual physicals, health screenings, and diagnostic tests.

**We, Our, Us** means SiriusPoint International Insurance Corporation.

**You, Your, Yours, He or She** means the Covered Person who meets the eligibility requirements of the Policy and whose Insurance under the Policy is in force.

# ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS

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## Policy Effective Date (“Effective Date”)

The Company agrees to provide the Insurance benefits described in this Policy in consideration for the Policyholder’s application, the Participating School’s application, and the payment of all premiums when due. The Policy will become effective on the first day of the Policy Term shown in the Policy’s Schedule of Benefits.

## Participating School’s Coverage Effective Date

The Insurance coverage becomes effective for the Participating School on the later of the first day of the Policy Term or the date requested on the Participating School’s application and shown on the Participating School Schedule of Benefits, subject to payment of premiums due.

## Eligibility

A student of the Participating School is eligible for Insurance under this Policy when he or she meets the definition of an Eligible Covered Student shown in the Schedule of Benefits.

## Effective Date for Covered Students

Provided we have received the required premium, coverage for a Participating School’s Covered Students will become effective:

1. on the first day of the school term for which coverage is applied if the individual became an Eligible Covered Student on the first day of the school term and applied within the first 30 days of the school term;
2. on the first day the individual became an Eligible Covered Student if such day is after the first day of the school term, and enrollment was made within 30 days of becoming an Eligible Covered Student;
3. on the first day an Eligible Covered Student suffered an involuntary loss of other coverage if such day is after the first day of the school term, and enrollment was made within 30 days of such loss of coverage;
4. on the first day of the next school term if enrollment was requested more than 30 days after becoming an Eligible Covered Student or after an Eligible Covered Student suffers an involuntary loss of other coverage; or
5. under special circumstances, the effective date determined by the Company for all similarly situated eligible persons.

Coverage will not become effective for a student if the student is not actively engaged in Full-Time Studies for at least the first 31 days of each school term, unless the student is unable to attend class due to an acute sickness or injury.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met and authorizes the Program Manager to do so on its behalf. If and whenever the Program Manager discovers that the Policy eligibility requirements have not been met and no claims have been paid, the Company’s only obligation is to refund premium. No refund will be made if the individual has filed a claim against the coverage during the then-current term.

## Effective Date for Dependents

If dependent coverage has been included on the Participating School’s application and approved by the Program Manager, and provided Premium has been received by the Program Manager in accordance with the Policy provisions, the Effective Date of Coverage for the Covered Dependent of a Covered Student will be determined in the following order:

1. the date the Covered Student’s coverage begins;
2. if a dependent child is born, adopted, or placed for adoption after the Covered Student’s coverage begins, the date of child’s birth, adoption, or placement for adoption, if enrollment was made within 30 days of such event;
3. for dependents joining a Covered Student’s family through marriage or other court decree while the Covered Student is covered under the Policy, on the first day of the first month following the dependent’s initial eligibility date;
4. if a dependent did not qualify at the time the Covered Student was enrolled under the Policy, on the first day of the first month following the date the dependent first meets the definition of an “Covered Dependent”, if enrollment is made within 30 days of the date the dependent first met the definition of Covered Dependent;

## ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS (CONTINUED...)

5. if at the time the Covered Student was enrolled under the Policy the dependent had other coverage, on the first day that dependent suffers an involuntary loss of other coverage if the dependent meets the definition of Covered Dependent and enrollment is made within 30 days of loss of his or her other coverage;
6. on the first day of the next school term if enrollment is made more than 30 days after: (1) the dependent meets the definition of Covered Dependent or (2) where applicable, after the dependent meets the definition of Covered Dependent and suffers an involuntary loss of other coverage; or
7. under special circumstances, the effective date determined by the Company for all similarly situated eligible persons.

Coverage for a dependent cannot become effective prior to the Effective Date of Coverage for the Covered Student.

See the Extended Coverage Benefit for additional information.

**Newborn Infants - Sick Baby Care:** A newborn child of a Covered Person will automatically be considered a Covered Dependent for 30 days from the moment of birth only for Covered Expenses incurred which are due directly to an Injury or Sickness, which exist at birth up to a maximum benefit of \$50,000.

**[Newborn Infants - Well Baby Care:** A newborn child of a Covered Person who is not entitled to coverage under the "Newborn Infants – Sick Baby Care" provision above will be entitled to covered Well Baby Care if: (1) notice of the child's birth is provided to the Program Manager within 30 days from the date of the birth; (2) the Program Manager received the required Premium; and (3) the Well Baby Care expenses are incurred before the child is discharged from the Hospital or the date the child is 7 days old, whichever is earlier. Covered Expenses for newborn Well Baby Care include: (a) Hospital room and board (or nursery) charges after birth, (b) routine Physician visits while Hospital confined after birth; and (c) circumcision while Hospital confined.]

### Termination of Coverage

Insurance under this Policy will automatically terminate for a Covered Person on the earliest of the following dates (the "Termination Date"):

1. the date the Participating School's coverage under the Policy terminates;
2. the last day of the period for which premium has been timely paid according to Policy provisions (refer to the Premium provision);
3. the date the Covered Person is no longer eligible for coverage;
  - a. For avoidance of confusion, a Plan Participant is no longer enrolled and actively engaged in Full-Time Studies upon graduation, and, therefore, upon graduation the Plan Participants and his or her Covered Dependents, if any, become ineligible for coverage under the Plan. However, the Plan Participant may be entitled to continued coverage after graduation if one of the following exceptions applies:
    - i. The Plan Participant is approved for OPT and, on that basis, qualifies for continued coverage under the terms of this Policy document; or
    - ii. The Plan Participant qualifies for Extended Coverage because they have graduated, are returning to their Home Country, and applied for Extended Coverage as required by this Policy.
4. the date requested by the Covered Person and approved by the Participating School in writing that is no sooner than 5 days after the date the Program Manager receives written notice. Any unearned premium will be returned, but returned premium will only be for the number of full months remaining in the unexpired term of coverage;
5. the date the Covered Person departs the United States for his or her home country or country of regular domicile; or
6. the date the Medical Benefit Maximum applicable to the Covered Person has been exhausted.

See the Extended Coverage Benefit section for additional information.

# **ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS (CONTINUED...)**

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## **Breaks in Coverage**

If, at any time, a Covered Person's coverage terminates for any reason, he or she will no longer be eligible for benefits under the Policy. If, at a later date, the student meets the Policy's eligibility requirements and becomes a Covered Student, he or she will be required to satisfy any applicable Pre-Existing Condition requirements before once again becoming eligible for benefits. For the sake of clarity, a student who undergoes a break in coverage during the course of her Pregnancy will not be considered eligible for Pregnancy Benefits for that specific Pregnancy.

## **Scope of Coverage**

Benefits are payable under the Policy for Eligible Expenses incurred by a Covered Person for the items stated in the Schedule of Benefits. Benefits will be payable to either the Covered Person or the Service Provider for Eligible Expenses incurred outside the Covered Person's Home Country.

Under no circumstances will the Company pay for charges in excess of Preferred Allowance or Usual, Reasonable and Customary charges. If the charge incurred exceeds the Preferred Allowance or Usual, Reasonable and Customary charges, the amount by which the claim exceeds those amounts will not be recognized as an Eligible Expense. All charges will be deemed incurred on the date the services or supplies giving rise to the expense or charge are rendered or obtained.

We will provide the benefits described in the Policy to all Covered Persons who suffer a Covered Loss which:

1. Is within the scope of the DESCRIPTION OF BENEFITS provisions; and
2. Occurs while the person is a Covered Person under the Policy.

## IMPORTANT NOTICES

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The Company agrees to insure the eligible international students of each accepted Participating School against losses covered under the Accident and Sickness Policy (the "Policy") subject to its provisions, exceptions, and exclusions. The persons eligible to be insureds are those described in the Eligibility section of the Policy.

This Insurance coverage is issued in consideration of timely payment of the required Premium and the statements set forth in the application for the Policy and each Participating School's application, each of which is attached to and made part of the Policy.

Coverage shall begin on the first day of the Coverage Term shown in the Participating School's application and on its Schedule of Benefits but will in no event begin prior to the first day of the Policy Term for the Policy. Coverage shall continue in effect until the last day of the Coverage Term so long as premiums are paid when due, unless the coverage is otherwise terminated as provided in the Policy. If the coverage is terminated, the Insurance ends on the date to which Premiums have been paid.

### Important notices regarding the Patient Protection and Affordable Care Act (PPACA)

This Insurance is not subject to, and does not provide certain Insurance benefits required by, PPACA. The Insurance benefits are stated in the Policy and each Participating School's Schedule of Benefits.

PPACA requires U.S. citizens and certain U.S. residents to obtain PPACA-compliant Insurance coverage unless they are otherwise exempt from PPACA. In certain circumstances, penalties may be imposed on U.S. citizens and residents who do not maintain PPACA compliant Insurance coverage or who cease to qualify for exemption. Each Covered Person should consult a licensed, qualified attorney or tax professional to determine if PPACA's requirements applies to him or her.

This Insurance is not a substitute for PPACA-compliant medical coverage. Lack of Minimum Essential Coverage may result in an additional payment with a Covered Person's taxes.

**The Policy provides limited benefits and is not intended to cover all medical expenses. Please read it carefully. The Policy is nonparticipating.**

No action at law or in equity may be brought to recover on the Policy before the end of 60 days and after proof of loss has been provided in writing, as required by the Policy. No such action may be brought after three years from the time written proof of loss is required to be given.

This Insurance has been placed with an insurer that is not licensed by the state of Michigan. In case of insolvency, payment of claims may not be guaranteed.

### Service of Legal Process

Subject to and without limiting, expanding, superseding, modifying or waiving any of the foregoing terms contained in this Section, pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or his successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of a Covered Person arising out of this Insurance. Such process may be submitted specifically to the Commissioner of Insurance for the Michigan Department of Insurance and Financial Services, 530 W. Allegan Street, 7th Floor, Lansing, MI 48933, or the Superintendent, Commissioner, or Director of Insurance of the state in which the Covered Person resides. Further, the Company hereby designates and appoints John P. Dearie, Jr., Esq., Edwards & Angell, LLP, 750 Lexington Avenue, New York, New York 10022, as its attorney-in-fact and agent for service of process to whom the said officer or Commissioner is authorized to mail or serve any such process or a true copy thereof.