

Whitman College  
2022 - 2023



International Student  
Insurance Plan  
Brochure



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

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

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

## **Underwritten by:**

**Crum & Forster SPC** (*the “Company”*) **for and on behalf of ITI SP**

### **Notice**

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

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

### **Privacy Statement**

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 821-7710.

**Policy Number: LM-226623-691**



# 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/whitman](http://www.lewermark.com/whitman)
- The Lewer Agency, Inc. | Student Insurance | 9900 W 109th St. Suite 200 | Overland Park, KS 66210



## 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



## 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



## INTERNATIONAL STUDENT SUPPORT PROGRAM\*

The International 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



## TOGETHERALL\*

The TogetherAll Online Community is designed to provide a safe and anonymous place for students to get online peer support. Registered mental health practitioners are on hand 24/7 to keep the community safe.

- Web: <https://account.v2.togetherall.com/register/student>
- 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)

*\*These services are not insurance and are not affiliated with Crum & Forster, SPC*

## LEWERMARK NURSE LINE\*

### Medical Help Line for International Students

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 MYNURSE 24/7

**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

### 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

*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.*

*\* These services are not insurance and are not affiliated with Crum & Forster, SPC.*

### 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)



### MY STUDENT SUPPORT PROGRAM (My SSP)\*



### Tailored Support for International Students

The International 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.



Help is available from a network of qualified professionals for no additional charge

LifeWork’s International 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

Students can connect with an Advisor who:

- Speaks their language
- Understands their culture
- Keeps their information confidential
- Is available 24/7 and at no cost to the student

1(866) 743-7732

001-416-380-6578

(If calling outside of North America)

Download the My SSP App!

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



\*These services are not insurance and are not affiliated with Crum & Forster, SPC.

## Online Community Support

Togetherall is a safe, online community to share feelings anonymously and get support to improve mental health and wellbeing. In the community people support each other, safely monitored by licensed and registered mental health practitioners.



**Register with Togetherall today!**

<https://account.v2.togetherall.com/register/student>

## 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**

*\*These services are not insurance and are not affiliated with Crum & Forster, SPC.*

# 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 username is your student ID number, and the default password is your date of birth (mmddyyyy). *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**.

	 <small>Aetna Open Choice PPO Network PPOINAP Product</small>
<b>Student Services: 800-821-7710 (for eligibility &amp; benefits)</b>	
Member ID: 123456789 Member: Student Group Name: LEWERMARK UNIVERSITY Aetna Group #: 123	
Office Visit Copay: \$20 Hospital Copay: \$50 ER Copay: \$100 Deductible: \$0 Out of Pocket Max: \$3000 <small>Protecting our students and schools since 1991</small>	
<b>Aetna Provider Services: 800-414-0596</b>	
<b>Submit Medical Claims to Aetna PPO:</b> Electronic Payer ID: 00000 P.O. Box 981543 El Paso, TX 79998-1543	
Elixir Pharmacy Services: 800-771-4648 RX BIN: 000000 RX PCN: 000000 RX GROUP #: 00000000	
<small>Talk to a Mental Health Counselor 24/7: 866-743-7732 Talk to a Doctor 24/7: 800-835-2362 Scholastic Emergency Services: 877-488-9833 inside USA or 609-452-8570 outside USA</small>	
<b>Note: this card does not guarantee coverage.</b> <small>Underwriter: SiriusPoint International Corporation</small>	

# 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. 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.**



# SCHEDULE OF BENEFITS

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The Company 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.

## **ELIGIBLE PERSONS:**

Eligible Person means a registered and enrolled student of a Participating School who is all of the following:

1. a legal resident of a country other than the United States, its territories, or possessions;
2. 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.

United States citizens and residents are not eligible for coverage.

For avoidance of confusion, upon graduation, a Covered Person is no longer actively engaged in educational or research activity. Accordingly, upon graduation, the Covered Person is no longer an Eligible Person and his or her covered Dependents, if any, become ineligible for coverage under the Plan. However, the Covered Person (but not his or her covered Dependents, if any) may be entitled to continued coverage after graduation if one of the following exceptions apply:

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

A person may not be covered as a Dependent and a Covered Person at the same time.

## **Visiting Faculty and Scholars**

This section applies exclusively to individuals holding an Exchange Visitor non-immigrant visa, otherwise referred to as a J1 visa.

J1 visa holders who possess and maintain current passports and valid J1 visa status may be considered for coverage under this Policy if engaged in educational activities with the Participating Organization.

J1 visa holders will be considered Eligible Persons. As an Eligible Person, J1 visa holders will have access to all Policy benefits and limits and will be subject to all exceptions and exclusions indicated herein. In addition, in compliance with Department of State requirements, insured J1 visa holders who exhaust the stated Policy Year Maximum Benefit will have access to additional J1 medical benefits of \$100,000 per accident or sickness. These additional J1 medical benefits will be subject to all policy terms, internal benefit limits, exceptions, and exclusions.

## **Optional Practical Training**

An Optional Practical Training ("OPT") student with the applicable F-1 visa may be considered eligible for coverage for no more than twelve months from the date the student is approved for OPT while he or she is participating in OPT work directly related to the student's 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.

OPT students who fail to maintain OPT eligibility or who transition to H-1B status will no longer be eligible for coverage.

## **Accident & Sickness Medical Expense Benefits**

A Covered Person is free to use the provider of his or her choice. However, the Policy provides different levels of benefits and copays depending on where the Covered Person chooses to receive care or whether or not he uses the services of a Participating Provider. Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.

## SCHEDULE OF BENEFITS (CONTINUED...)

POLICY BENEFITS – PER COVERED PERSON	
Policy Year Maximum Benefit	\$250,000
Lifetime Maximum Benefit per Injury or Sickness	\$250,000
Annual Deductible Per Covered Person	None
Out-of-Pocket Expense Maximum Per Covered Person	\$3,000
Pre-Existing Condition Benefit – First six months of continuous coverage  (Pre-Existing Pregnancy Coverage: Benefits for expenses associated with a Pregnancy conceived prior the Effective Date of Coverage will be limited to the Pre-Existing Benefit maximum)	\$2,500

COPAYS	In-Network	Out-of-Network
Student Health Center or CVS Minute Clinic	\$0	-
Office Visit	\$20	\$20
Hospital	\$100	\$100
Hospital Emergency Room	\$100	\$100

COINSURANCE	
In-Network Provider	100% of Preferred Allowance
Out-of-Network Providers	80% of Usual, Reasonable & Customary (URC) Charges

PRESCRIPTION DRUG BENEFITS	In-Network
Dispensed by a Student Health Center	100% of each 30-day supply
Dispensed by a Participating Network Pharmacy	50% of each 30-day supply
Administered while Inpatient at a Hospital, including those administered in a Hospital Emergency Room	100%
Prescription Contraceptives - Oral	100% of each 30-day supply dispensed by a Student Health Center or In-Network Provider
Prescription Contraceptives – Non-Oral (No coverage for intrauterine devices (IUDs) and birth control Implants nor the procedures related to placement and/or removal of such.)	50% dispensed at Student Health Center or an In-Network Provider
With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30-day supply, until the stated Prescription Drug Benefit Maximum, if any, has been met.	

## SCHEDULE OF BENEFITS (CONTINUED...)

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**Out-of-Pocket Maximum** means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term. The Out-of-Pocket Maximum is met by the payment of accumulated Deductible, Coinsurance and Co-pays. Penalties and amounts 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.

### NOTES:

- We do not pay benefits for the amount of Eligible Expenses You pay as Your Coinsurance or Co-pay amount.
- **Eligible Expenses** will be paid under the Inpatient benefits for Surgery or the Outpatient benefits for Surgery, but not both for the same or related procedure.

### NETWORK PROVIDER ARRANGEMENTS

Network contracted providers and some walk-in clinics have agreed to accept special reduced reimbursement rates for treatment rendered to Covered Persons. This Policy will pay 100% of these negotiated rates for eligible services provided by these providers. The Covered Person will be responsible for all out-of-pocket expenses exceeding the benefits provided by this Policy.

**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 Benefit	100% of the Preferred Allowance	80% of the Semi-Private Room Rate
Intensive Care Unit Benefit	100% of the Preferred Allowance	80% of URC
Surgeon (In or Outpatient) Benefits	100% of the Preferred Allowance	80% of URC
Assistant Surgeon Benefit	100% of the Preferred Allowance	80% of URC
Anesthesia Benefit	100% of the Preferred Allowance	80% of URC
Preadmission Testing	100% of the Preferred Allowance	80% of URC
Diagnostic X-Ray and Lab Benefit	100% of the Preferred Allowance	80% of URC
Ambulance Benefit	100% of the Preferred Allowance	100% of URC
Physician Visit Benefit – In or Outpatient	100% of the Preferred Allowance	80% of URC
Outpatient Nursing Services	100% of the Preferred Allowance	80% of URC
Radiation/Chemotherapy Benefit	100% of the Preferred Allowance	80% of URC
Intercollegiate Sports Benefit	Not covered	Not covered
Emergency Room Benefit	100% of the Preferred Allowance	80% of URC
Infusion Therapy Benefit	100% of the Preferred Allowance up to a maximum of \$10,000 per policy year	80% of URC up to a maximum of \$10,000 per policy year
Renal Dialysis/Hemodialysis Benefit	100% of the Preferred Allowance up to a maximum of \$10,000 per policy year	80% of URC up to a maximum of \$10,000 per policy year
Mastectomy Coverage Benefit	100% of the Preferred Allowance	80% of URC
Wellness Benefit (Maximum Benefit of \$250 per policy year) (Not subject to Copay)	100% of Eligible Expenses, up to the Maximum Benefit for Wellness	
Maternity and Pre-Natal Care Expense Benefit (Conception must occur while covered under the Policy)	100% of the Preferred Allowance	80% of URC
Newborn Infant – Sick Baby Care (Maximum Benefit of \$50,000) (Coverage limited to first 30 days of life)	100% of the Preferred Allowance	80% of URC
Newborn Infant – Well Baby Care (expenses incurred while hospitalized after birth)	Not Covered	Not Covered
Allergy Treatment Benefit (Medically Necessary treatment of allergies as diagnosed and prescribed by a Physician)	100% of the Preferred Allowance	80% of URC
Emergency Dental Benefit up to a maximum of \$2,500	100% of the Preferred Allowance	80% of URC
Palliative Treatment of Dental Pain Benefit	Not covered	Not covered
Elective Termination of Pregnancy	Up to \$1,000 per policy year	
Home Country Coverage	Up to \$1,500 per policy year	



## SCHEDULE OF BENEFITS (CONTINUED...)

COVERED BENEFITS	In-Network	Out-of-Network
Mental and Nervous Conditions – Inpatient for Biologically Based Mental Sickness (30 days maximum)	100% of the Preferred Allowance	80% of URC
Mental and Nervous Conditions – Outpatient for Biologically Based Mental Sickness (30 visits maximum)	100% of the Preferred Allowance	80% of URC
Alcohol and Drug Abuse – Inpatient (30 days maximum)	100% of the Preferred Allowance	80% of URC
Alcohol and Drug Abuse – Outpatient (10 visits maximum)	100% of the Preferred Allowance	80% of URC
Skilled Nursing Facility	100% of the Preferred Allowance	80% of URC
Hospice Care (14 day maximum)	100% of the Preferred Allowance	80% of URC
Miscellaneous Expense Benefit	100% of the Preferred Allowance	80% of URC
Self-Inflicted Injury Benefit	100% of the Preferred Allowance up to a maximum of \$10,000 per policy year	80% of URC up to a maximum of \$10,000 per policy year
Inpatient Physiotherapy Benefit	100% of the Preferred Allowance	80% of URC
Outpatient Physiotherapy Benefit: Must be prescribed in writing by a Physician. Maximum of 20 visits.	100% of the Preferred Allowance	80% of URC
Durable Medical Equipment Expense Benefit: (Must be prescribed in writing by a Physician)	100% of the Preferred Allowance	80% of URC
Acupuncture and Chiropractic Benefit: Must be prescribed in writing by a Physician. Combined maximum of 12 outpatient visits for acupuncture and/or chiropractic care. Maximum of \$50 per visit.	100% of the Preferred Allowance	80% of URC
Medical Evacuation Benefit	Up to \$50,000 of Reasonable Expenses	
Repatriation Benefit	Up to \$25,000 of Reasonable Expenses	
Continuation Benefit	Available up to a maximum of 13 weeks or up to a Maximum Benefit of \$10,000, whichever is reached first	
Extended Coverage Benefit	Can provide additional coverage of up to 30 days to Plan Participants who are newly-enrolled students or who have completed their final terms of study.	
Treatment for COVID-19 (coronavirus) is covered. Medically necessary, diagnostic testing for the coronavirus is covered.	100% of the Preferred Allowance	80% of URC
The COVID-19 (coronavirus) vaccine is covered up to \$100 per policy year.	100%	

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

Applies only to Covered Persons; does not apply to spouses or dependents. Coverage terminates at age 65.

Principal Sum: \$10,000  
 Time Period for Loss: 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 Person suffers a Covered Loss, We will pay the percentage of the Principal Sum set opposite the loss in the table above. If the Covered Person 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 Maximum Benefit Amount shown in Schedule of Benefit.

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

**Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint.

**Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

**Loss of speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of hearing** means total and permanent loss of hearing in both ears which cannot be corrected by any means.

**Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**Severance** means the complete separation and dismemberment of the part from the body.

**Paralysis** means loss of use, without Severance, of a limb. This loss must be determined by a Physician to be complete and not reversible

# COVERED MEDICAL EXPENSES

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We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to Copay, Coinsurance Factors, 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 Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses submitted within 365 days after the date of the Medical Treatment that is the basis for the expense.

No benefits will be paid for any expenses that exceed 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:** for diagnosis and Medical Treatment by a Physician or a Registered Nurse.
2. **Hospital Admission Expenses.**
3. **Outpatient Pre-Surgical Testing.**
4. **Nursing Services:** Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional Nurse.
5. **Skilled Nursing Facility:** This benefit provides care and/or services at a Skilled Nursing Facility. The care and/or service must be directed toward the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

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. SNF 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;
  - b. care provided by a licensed practical Registered Nurse, a vocational Registered Nurse, or a public health Registered Nurse who is under the direct supervision of a Registered Nurse;
  - c. physiotherapy when rendered by a licensed therapist;
  - d. medical supplies, including drugs and the use of medical appliances;
  - e. physician's services; and
  - f. services, supplies, and treatments deemed Medically Necessary and ordered by a licensed Physician.
7. **Miscellaneous Additional Benefits:**
  - a. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
  - b. Charges for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
  - c. Diabetes coverage that includes medical supplies, equipment and education for diabetes care.

# COVERED MEDICAL EXPENSES (CONTINUED...)

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## ADDITIONAL BENEFITS

### **1. Hospital Room & Board Benefit:**

We will pay charges for the **Average Semiprivate Charge** for each day of the Hospital Stay, up to the Maximum Benefit Amount shown in the Schedule of Benefits. Hospital Room and Board expenses 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, provided, the expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation. Hospital room and board expenses do not include personal services of a non-medical nature.

### **2. Intensive Care Unit Benefit:**

We will pay charges for each day of Intensive Care Unit confinement, up to the Maximum Benefit Amount shown in the Schedule of Benefits. This payment is in lieu of payment for Hospital room and board charges for those days and includes nursing services.

### **3. Hospital Miscellaneous Expense Benefit:**

We will pay for services, supplies and charges during a Hospital stay, up to the Maximum Benefit Amount shown in the Schedule of Benefits. Miscellaneous services include services and supplies such as: operating room cost; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services and supplies; 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.

### **4. 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.
2. A Physician, for assistant surgeon duties up to the Maximum Benefit Amount shown in the Schedule of Benefits.

### **5. Pre-Admission Testing Benefit:**

We will pay benefits for charges for pre-admission testing.

### **6. 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.

### **7. Day Surgery Miscellaneous Benefit:**

We will pay benefits for services and supplies related to surgery provided on an outpatient basis, such as: operating room costs; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services and supplies.

### **8. Diagnostic X-Ray and Laboratory Benefit:**

We will pay the benefit if the Covered Person requires diagnostic x-ray and/or laboratory examinations and services due to a Covered Loss, up to the Maximum Benefit 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.



## COVERED MEDICAL EXPENSES (CONTINUED...)

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### 9. Ambulance Benefit:

When, by reason of Injury or Sickness, a Covered Person requires use of an Ambulance in a Medical Emergency, We will pay the Covered Percentage of the Eligible Expenses up to the maximum shown in the Schedule of Benefits, if any, for transportation within the metropolitan area in which the Covered Person is located at that time the service is used. Ambulance Service means transportation by a vehicle designed, equipped and used only to transport the sick and injured from home or the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest facility that can provide the covered service appropriate to the condition.

Air Ambulance transportation is covered when Medically Necessary because of Medical Emergency. If the Covered Person is in a rural area, Air Ambulance Transportation to the nearest metropolitan area will be considered an Eligible Expense. Air Ambulance Transportation means air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

### 10. Physician Visit Benefit:

- **Inpatient:** We will pay the Covered Percentage of the Eligible Expenses for Physician in-Hospital visits, other than pre- or post-operative care, up to the Maximum Benefit Amount, if any, shown in the Schedule of Benefits for Physician's Visit (Inpatient).
- **Outpatient:** We will pay the Covered Percentage of the Eligible Expense for Physician office visits, up to the Maximum Benefit Amount, if any, shown in the Schedule of Benefits for Physician's Benefits (Outpatient).
- **Consultant Physician:** If, by reason of a Covered Person's Injury or Sickness an attending Physician deems the services of a Consultant or Specialist necessary for the purpose of confirming or determining a diagnosis, and orders those services, We will pay the Covered Percentage of the Eligible Expenses incurred.

### 11. Radiation/ Chemotherapy Therapy Expense Benefit:

We will pay the Covered Percentage of Eligible Expenses incurred by a Covered Person 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 treatment of a specific type of neoplasm;
2. the drug is approved by the FDA for use in antineoplastic therapy;
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 Covered Person for the treatment regimen that includes FDA approved drugs for off-label indications.

### 12. Infusion Therapy Benefit:

We will pay the Covered Percentage of 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.

### 13. Renal Dialysis/Hemodialysis Benefit:

We will pay the Covered Percentage of 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.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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### 14. Mastectomy Benefit:

We will pay the Covered Percentage of Eligible Expenses for a Medically Necessary mastectomy which may also include coverage of the following:

1. physical complications during any stage of the mastectomy, including lymphedemas;
2. reconstruction of the breast;
3. Surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
4. 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 Covered Person.

### 15. Emergency Room Benefit:

We will pay the Covered Percentage of Eligible Expenses if the Covered Person 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.

### 16. 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.

### 17. Self-Inflicted Injury Benefit:

We will pay the Covered Percentage of Eligible Expenses, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Medical Treatment required as the result of an intentionally self-inflicted Injury or Sickness, suicide, or attempted suicide, while sane or insane.

### 18. Allergy Treatment Benefit:

We will pay the Covered Percentage of Eligible Expenses for Medically Necessary treatment of allergies, as diagnosed and prescribed by a Physician.

### 19. Wellness Medical Expense Benefit:

We will pay for any combination of the following, up to the Wellness Benefit maximum shown in the Schedule of Benefits: routine physical examination or examination for participation in sport; gynecologic health screenings; routine baseline or screening mammograms; prostate and/or colorectal examinations and related laboratory tests; annual health checkups; immunization antibody testing; 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.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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### **20. Maternity and Pre-Natal Care Benefit:**

We will pay the Covered Percentage of Eligible Expenses for Pregnancy coverage, 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 eligible for Maternity and Pre-Natal Care 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 Person is eligible for Maternity and Pre-Natal Care Benefits, benefits will be payable on the same basis as Eligible Expenses for any other covered Sickness.

This Policy does not provide coverage for 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.

### **21. Newborn Infants – Sick Baby Care:**

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

### **22. Pre-Existing Pregnancy Benefit:**

Any expense associated with a Pregnancy conceived prior to the Covered Person's Effective Date of Coverage will be limited to the "Preexisting Condition Benefit" coverage maximum shown in the Schedule of Benefits, if any, even if the child is born after the waiting period.

### **23. Elective Termination of Pregnancy Benefit:**

We will pay Eligible Expenses, up to the policy year maximum shown in the Schedule of Benefits, related to the procedure for an elective termination of pregnancy. If the Covered Person experiences complications from the procedure, the Eligible Expenses will be assessed the same as any other Medical Treatment.

### **24. Emergency Dental Expense Benefit:**

We will pay the Covered Percentage of Eligible Expenses, up to the maximum benefit shown in the Schedule of Benefits, for charges related to Medical Treatment of Natural Teeth damaged as result of an 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.

### **25. Home Country Coverage Benefit:**

We will pay benefits as described in the Schedule of Benefits for Eligible Expenses incurred in the Covered Person's Home Country related to an Injury or Sickness which occurred, was diagnosed, and treated outside the Covered Person's Home Country during the period of coverage, provided that the Covered Person remains on the Participating Organization's I-20, for a maximum of 90 days on an approved vacation term.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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### 26. Physiotherapy Benefit:

We will pay Preferred Allowance or Usual, Reasonable and Customary expenses for eligible physiotherapy expenses incurred by the Covered Person, as described in the Schedule of Benefits. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, if any, as to Eligible Expenses during the Claim Determination Period.

To be eligible for coverage, physiotherapy charges must be:

1. for treatment of a specific Injury or Sickness or following hospitalization;
2. administered by a licensed physiotherapist as an Outpatient; and
3. Received pursuant to a Physician referral.

Physiotherapy charges may include treatment, such as diathermy, ultrasonic, whirlpool, heat treatments, microtherm, or any form of Physical Therapy, and office visits connected with such treatment. 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.

### 27. Durable Medical Equipment:

If, by reason of Injury or Sickness, a Covered Person requires the use of Durable Medical Equipment (DME), We will pay the Covered Percentage of Eligible Expenses incurred by a Covered Person for purchase or rental of such Medically Necessary DME. In no event will we pay rental charges exceeding the purchase price of a piece of DME. Any rental charges paid will be applied toward the purchase price if the DME is purchased at a later date.

We do not pay for replacement of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:

1. is prescribed by a 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.

Even when ordered or prescribed by a Physician, Durable Medical Equipment does not include: transcutaneous electrical nerve stimulation (TENS) units, portable ultrasound devices or similar personal medical or therapeutic equipment designed to reduce pain; over-the-counter or customized shoe inserts; computers, tablets, computer applications, or software used in association with communication aides, or internet or phone services used in conjunction with communication devices; sleep apnea machines, regardless of the purpose for their use; air purifiers, air conditioners, heating pads, cold therapy units, whirlpool bathing equipment, or 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).

### 28. Out-Patient 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.

To be covered under this benefit, the Prescription Drug must be dispensed for the Covered Person's Outpatient use:

1. On or after the Covered Person'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.



## COVERED MEDICAL EXPENSES (CONTINUED...)

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### 29. Extension of Accident and Sickness Medical Benefits:

#### Continuation Benefits:

We will pay the Covered Percentage of Eligible Expenses incurred while Hospital confined for a covered Injury or Sickness for which a Covered Person has a continuing claim on the date his or her coverage terminates, subject to the limitations and Maximum Benefits set forth in the Schedule of Benefits. Benefits payable under this provision will terminate if a Covered Person becomes covered under any other medical coverage for the covered Injury or Sickness for which benefits were continued.

### 30. Mental or Nervous Disorder Expense Benefit:

If a Covered Person requires treatment for a Mental or Nervous Disorder, We will pay for such treatment as follows:

#### Benefits for Inpatient Hospital Confinement

When a Covered Person requires Hospital confinement for treatment of a Mental or Nervous Disorder, We will pay the Covered Percentage of Eligible Expenses, up to the maximum duration set forth in the Schedule of Benefits, if any, incurred for such Hospital Confinement. In computing the number of days payable under this benefit, the date of admission will be counted.

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

#### Benefits for Outpatient Services

We will pay the Covered Percentage of 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, up to one visit per day.

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.

**31. 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 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;
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.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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### **32. Alcohol and Drug Abuse Expense Benefit:**

If a Covered Person 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 Person is Inpatient in a Hospital 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. In computing the number of days payable under this benefit, the date of admission will be counted.

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

#### Benefits for Outpatient Services

We will pay the Covered Percentage of Eligible Expenses incurred, up to the maximum number of visits set forth in the Schedule of benefits, if any, incurred for 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 Accreditation of Hospitals or certified by the Department of Health.

**Alcohol Abuse** is a condition characterized by a pattern of pathological alcohol use with repeated attempts to control its use, and significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

**Drug Abuse** is a condition characterized by a pattern of pathological drug use with repeated attempts to control its use, and significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

**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 individual's body;
- b) managing withdrawal symptoms; and
- c) motivating the individual to participate in appropriate addiction treatment programs for Alcohol and Drug Abuse.

### **33. Emergency Medical Evacuation, Medical Repatriation and Return of Remains:**

#### Medical Evacuation Benefit:

Subject to prior approval from the Program Manager or its authorized representative, We will cover reasonable expenses related to the air evacuation of an injured or sick Covered Person (and a health care provider or escort if such is directed by the attending Physician) to the Covered Person'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 approval from the Program Manager or its authorized representative.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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### Repatriation Benefit:

Subject to prior approval from the Program Manager or its authorized representative, We will cover reasonable expenses incurred in connection with preparation and transportation of the body of a deceased Covered Person 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.

### **34. Extended Coverage Benefit:**

Can provide additional coverage of up to 30 days to:

1. Plan Participants who are newly-enrolled students seeking extended coverage prior to the beginning of their very first terms of study with the Participating Organization, or
2. Plan Participants who have completed their final terms of study in the United States and are preparing to return to their Home Country.

Extended Coverage Benefit is not available to Dependents.

### Extended Coverage Benefit 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 be enrolled in Full-Time Studies at the Participating Organization; 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;
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.

### Extended Coverage Benefit For Plan Participants Concluding their Studies:

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

1. the Program Manager must receive written request for Extended Coverage prior to the Termination Date of the Plan Participant's coverage as defined in the Termination Date of Coverage 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 Plan Participant's graduation or completion of an educational program, or
2. the date he or she departs the United States.

# 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, exceeding benefits provided elsewhere in the Policy. Medical Treatment for covered Pre-Existing Conditions will be payable under the Policy after the Covered Person's coverage has been in force for six consecutive months. Any expense associated with a Pregnancy conceived prior to the Covered Person's Effective Date of Coverage will be limited to the "Preexisting Condition Benefit" maximum shown in the Schedule of Benefits, if any, even if the child is born after the waiting period. Any expense associated with elective termination of a Pregnancy will be limited to the maximum shown in the Schedule of Benefits, if any, regardless of whether the Pregnancy was conceived after the Effective Date of Coverage.
2. Medical Treatment which is:
  - a) not Medically Necessary;
  - b) provided by individuals affiliated with, employed by, or retained by the Participating Organization, including its athletic department and charges for Sports Psychology, unless provided in a Student Health Center by its providers;
  - c) received in, or provided by individuals affiliated with, the Participating Organization's athletic department;
  - d) normally provided without charge by an Immediate Family member of, or person who resides at the same legal residence as, the Covered Person;
  - e) payable under individual automobile insurance (except for no-fault auto insurance); or
  - f) not charged, or for which no payment would be required if the Covered Person did not have this insurance.
3. Medical Treatment for an Injury or Sickness incurred while the Covered Person 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.
4. Charges in excess of the Preferred Allowance or Usual, Reasonable and Customary charges, whichever applies, or for which the Covered Person received any discount, credit, or reduction.
5. Hearing aids, eyeglasses, or contact lenses and the fitting or servicing thereof, unless the need for such results directly from an Injury or covered eye surgery.
6. All forms of intrauterine devices (IUDs) and birth control implants, including any procedures related to the placement and/or removal of such.
7. 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 (including Medical Treatment related to gender dysphoria); breast enlargements; correction or treatment of a deviated septum; and cosmetic, plastic, reconstructive, or restorative surgery.
8. Circumcision or breast reduction for any reason, even if Medically Necessary. However, circumcision of newborns will be governed by the Newborn Infant provision above, if any.
9. Medical Treatment related to organ transplants, whether as donor or recipient. This includes expenses incurred for the evaluation process, 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 includes harvesting and 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 cessation or deterrence of using tobacco or nicotine.

## EXCEPTIONS AND EXCLUSIONS (CONTINUED...)

12. Any expense related to an Accident, Injury, or Sickness caused in whole or party by any act of war, declared or undeclared, or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution.
13. Medical Treatment for Injury or Sickness sustained while committing or attempting to commit an assault, felony, or other illegal action, or that occurs while being engaged in an illegal occupation.
14. Medical Treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline.
15. 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;
    - ii. Intentionally taken in an 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; or
  - d) Doing any of the following, whether sane or insane:
    - i. Intentionally self-inflicted action or injury;
    - ii. Committing or attempting to commit suicide; or
    - iii. Actual or attempted self-destruction.
16. Any of the following which exceed benefits provided elsewhere in this Policy, if any: charges for Medical Treatment received in connection with dental care, orthodontia care, myofascial pain, or temporomandibular joint dysfunction.
17. Any Medical Treatment received in connection with any sleep disorder, including sleep apnea machines.
18. Medical Treatment for Injuries sustained while practicing for or participating in:
  - a) professional sports;
  - b) competitive cheerleading; or
  - c) 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, climbing, or trekking (either without proper equipment or guides, or above elevation 4500 meters above ground level)	Off-piste or off-trail skiing or snowboarding
Motocross or Moto-X	Ski jumping
Luge	Sub-aquatic activities below 50 meters
Whitewater rafting exceeding Class IV difficulty	Cliff jumping

## EXCEPTIONS AND EXCLUSIONS (CONTINUED...)

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19. Medical Treatment for Injury or Sickness sustained by reason of a motor vehicle or motorcycle accident:
  - a) To the extent that benefits are payable or paid by any other valid and collectible insurance (including any automobile insurance or any other insurance coverage purchased by the Covered Person or an involved third-party) whether or not claim is made for such benefits;
  - b) if the Covered Person was operating the motor vehicle or motorcycle:
    - while Intoxicated under the laws of the state in which the Accident occurred;
    - without a valid driver's license or permit under the laws of the state in which the accident occurred; or
    - in a manner nonconforming with the restrictions of the driver's license or permit;
20. Charges for:
  - a) Medical Treatment which is Experimental, Investigational, for research purposes, or part of a clinical Trial.
  - b) Medical Treatment for:
    - i. Infertility;
    - ii. Obesity (including bariatric Surgery and anorectics);
    - iii. Acne;
    - iv. Alopecia (loss of hair); or
    - v. Excessive sweating (hyperhidrosis).
  - c) Experimental, compound, or specialty drugs;
  - d) Private duty nursing services and Custodial Care.
21. Fees for any of the following, unless related to Emergency services or COVID testing or treatment:
  - a) Lab specimen handling and delivery;
  - b) After hours and weekend facilities;
  - c) Medical records access; or
  - d) Interprofessional consultations.
22. Transcutaneous Electronic Nerve Stimulation (TENS) units, portable ultrasound therapy units, or similar personal medical or therapeutic equipment designed to reduce pain, even if prescribed by a health care provider.
23. Any of the following:
  - a) Genetic medicine, testing, or screening procedures;
  - b) genetic surveillance testing; or
  - c) any other procedures used to determine genetic pre-disposition.
24. Medical Treatment for the diagnosis and testing for, or related to, any learning disability.
25. Medical Treatment related to any previously known congenital condition, whether or not the Covered Person previously sought treatment for the condition.
26. Expenses incurred for an Injury or Sickness which occurred before the Covered Person's Effective Date, after the Expiration Date shown in the Schedule of Benefits, or incurred after the date of termination of coverage.
27. Expenses in excess of benefits provided elsewhere in this Policy, if any, for regular health checkups; routine physical examinations; examinations for participation in sport; 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.
28. Costs related, in whole or in part, to Covered Person's Utilisation of Nuclear, Chemical or Biological weapons of mass destruction or ionising radiation, or contamination by radioactivity from any nuclear fuel or from any nuclear waste, combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.



# DEFINITIONS

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For the purposes of the Policy the capitalized terms used herein are defined below. Additional terms may be defined within the provision to which they apply. The male pronoun includes the female whenever used.

**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 Person.

**Allowable Expense** means an expense that is:

1. Medically Necessary;
2. Usual, Reasonable and Customary;
3. incurred while the person for whom the claim is made is a Plan Participant or is entitled to Benefits after insurance ends, under the Policy; and
4. at least partially covered by any one of the Plans that covers the person for whom claim is made.

When benefits from a Plan are in the form of services, not cash payments, the reasonable cash value of each service is both an Allowable Expense and a benefit paid.

**Application** means the Plan Participant's Application for inclusion under the master Policy.

**Average Semi-Private Charge** means either:

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. an amount equal to 80% of the lowest charge by the Hospital for single bed room and board accommodations where the Hospital does not provide semi-private accommodations.

**Civil Union Partner** means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits afforded a spouse. Throughout the Policy, use of terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships shall be understood to include Civil Union Partners. Use of terms 'marriage' or 'married' or variations thereon shall be understood to include civil unions.

**Claim Determination Period** means a calendar year or that part of a calendar year in which the Plan Participant or his or Dependent, if any, has been covered under the Policy.

**Coinsurance** means the percentage of Eligible Expenses related to a covered service for which the Company is responsible after the copay, Deductible, if any, has been met. Coinsurance is separate from and not a part of copay.

**Company** means Crum & Forster SPC on and behalf of ITI SP. Also hereinafter referred to as We, Us and Our.

**Copay** means a specified charge the Covered Person is required to pay out of his or her own pocket when a medical service is rendered and before benefits will be paid under the Policy. Copay is separate and not a part of Coinsurance.

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

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

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

**Covered Person** means a Plan Participant covered under the 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 Person, whether or not totally disabled, in the activities of daily living.

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

**Eligible Expenses** means only the expenses actually incurred by a Covered Person for Medically Necessary Medical Treatment which:

- is prescribed by a Physician for therapeutic management of an Injury or Sickness;
- is not excluded by any provisions contained in the Policy; and
- does not exceed the Preferred Allowance or Usual, Reasonable and Customary charges, as defined by the Policy.

To be Eligible Expenses, expenses must be incurred while the Policy is in force.

## DEFINITIONS (CONTINUED...)

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**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 sufficiently severe (including severe pain) that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- serious jeopardy to life or health of the individual, or, with respect to a pregnant woman, serious jeopardy to the life or health of the woman or her unborn child;
- serious impairment of bodily functions; or
- serious damage to any bodily organ or part.

### **Experimental/Investigational.**

A drug, device or medical care or treatment will be considered Experimental or Investigational if:

- the drug, device, or Medical Treatment is not recognized by the Plan as standard medical care for the condition, disease, Sickness, or Injury being treated, or if other less invasive procedures have not first been pursued;
- the drug or device cannot be lawfully marketed without approval of the United States Food and Drug Administration ("FDA") 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 was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device, or Medical Treatment is:
  - the subject of ongoing Phase I or Phase II clinical trials;
  - the research, experimental study, or investigational arm of ongoing Phase III clinical trials; or
  - otherwise under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or 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, toxicity, safety, efficacy, or efficacy as compared with a standard means of treatment of diagnosis.
- 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, toxicity, safety, efficacy, or efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only:

- published reports and articles in authoritative medical and scientific literature;
- written protocol(s) by the treating facility or other facility studying substantially the same drug, device or Medical Treatment; or
- written informed consent used by the treating facility or other facility studying substantially the same drug, device or Medical Treatment.

Eligible Expenses will be considered in accordance with the drug, device or Medical Treatment at the time the expense is incurred. We will determine if the drug, device, or Medical Treatment is Experimental or Investigational based on the above criteria.

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

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

## DEFINITIONS (CONTINUED...)

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**Hospital** means an institution licensed, accredited, or certified by the State that meets all of the following conditions:

1. operates as a Hospital pursuant to law for the care or treatment of sick or injured persons;
2. has permanent and full-time in-patient care services;
3. is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
4. provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
5. has a staff of one or more licensed Physicians available at all times;
6. provides organized facilities for diagnosis, treatment, and surgery, either on its premises or in facilities available to it on a pre-arranged basis;
7. is not primarily a nursing care facility, rest home, home for the aged, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such;
8. is not a place for the long-term treatment of drug addiction or alcoholism;
9. is not primarily used for educational or Custodial Care; and
10. is not primarily for rendering treatment or services for mental illness.

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.

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

**Immediate Family** means a Covered Person's spouse, domestic partner, Civil Union Partner, parent, step-parent, child(ren) (includes legally adopted or step-child(ren), sibling, grandchild(ren), and in-laws.

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

**Inpatient** means a Covered Person who is confined in a Hospital or other institution for Injury or Sickness and is 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 athletes compete with other universities or colleges and which may or may not be regulated by a collegiate athletic association.

**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.

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

**Medical Emergency** means the sudden onset of a medical or behavioral condition which is an Emergency.

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

## DEFINITIONS (CONTINUED...)

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**Medically Necessary** or **Medical Necessity** refers to Medical Treatment 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;
4. Consistent with medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, Medically Necessary means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. Under those circumstances, We may consider the cost of the alternative to be the Eligible Expense.

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 Medical Treatment shall not be considered Medically Necessary if it:

- is Experimental/Investigational or furnished in connection with medical research;
- is provided for education purposes or the convenience of the Covered Person, the Covered Person's family, Physician, Hospital or any other provider;
- exceeds in scope, duration, or intensity that level of care necessary 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 service, supply, medical device, drug, or substance:
  - not formally approved by the United States Food and Drug Administration;
  - considered not payable by the Centers for Medicare and Medicaid Services;
  - 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 out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

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

**Natural Teeth** means the major portion of an 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.

The availability of specific providers is subject to change without notice. You should always confirm that a Network Provider is participating at the time services are rendered by asking the provider when you make an appointment for services.

**Non-Network Provider** means a Physician, Hospital, or other healthcare provider who has not agreed to any pre-arranged fee schedules. A Covered Person may incur significant out-of-pocket expenses with these providers. Charges for Non-Network Providers which exceed the insurance payment are the Covered Person's responsibility.

**Outpatient** means a Covered Person who receives Medical Treatment in a Hospital or other 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 to pay per Policy Year. After the Covered Person has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Year. The Out-of-Pocket Maximum is met by payment of accumulated Deductible, Coinsurance and Copays. Penalties and amounts above the Preferred Allowance or Usual, Reasonable and Customary Expenses which are paid by the Covered Person do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

## DEFINITIONS (CONTINUED...)

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

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

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

- a practitioner of chiropractic, naturopathic, naprapathic, or alternative medicine;
- an athletic trainer;
- a nutritionist who is not also a Registered Dietician;
- any Covered Person;
- a Close Relative of a Covered Person; or
- an individual residing at the same legal residence of the Covered Person.

**Plan Participant** means a Person eligible for coverage as identified in the Enrollment/Application as a person for whom premium payment has been made when due and who:

- is not a United States Citizen;
- is traveling outside his or her Home Country;
- has his or her true, fixed, and permanent home and principal establishment outside of the United States; and
- holds a current and valid passport.

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

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

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

**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 about which the Covered Person:

- Consulted a Physician;
- Received a recommendation for a test, examination, or Medical Treatment;
- Received a test, examination, or Medical Treatment; or
- took or received a prescription for drugs or medicine

during the 6 month period immediately preceding the Covered Person's Effective Date of Coverage.

However, a condition which is treated or controlled solely through Prescription Drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6 month period before the Effective Date of Coverage is not a Preexisting Condition.

**Pregnancy** means the physical condition of being pregnant.

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

**Registered Nurse or Nurse** means a licensed professional Registered Nurse (R.N.). Registered Nurse does not include:

- any Covered Person;
- a Close Relative of a Covered Person; or
- an individual residing at the same legal residence as the Covered Person.

**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.

## DEFINITIONS (CONTINUED...)

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**Sickness** means a 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 a claim. Any complication or any condition arising out of a Sickness for which the Covered Person is receiving or has received Medical Treatment will be considered part of the original Sickness.

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

**Sports Psychology** means the use of psychological applications in helping an athlete increase his or her performance in any level of sport or athletics.

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

**Student Health Center** means an ambulatory care facility affiliated or contracted with the Participating Organization that, at a minimum, maintains a staff consisting of a nurse director/nurse practitioner and/or staff Nurses, and may have 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. If the Participating Organization does not have a Student Health Center, the Participating Organization 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 the Policy.

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

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

**Usual, Reasonable and Customary (URC)** means the most common charge for similar Medical Treatment, professional services, or devices 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, if any; 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 reasonably determined by Us for the same service or supply.

"Geographic Area" means the three-digit zip code in which the Medical Treatment, professional services, or device are provided or a greater area if necessary to obtain a representative cross-section of charge for a like Medical Treatment, professional services, or device.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy 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 nuclear weapon or device; or
- the emission, discharge, dispersal, release or escape of:
  - 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
- distribution of any solid, liquid or gaseous chemical compound which is capable of incapacitating, disabling, or killing people or animals.

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

**We, Our, Us** means Crum & Forster SPC on behalf of ITI SP.

**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 AND PARTICIPATION

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For the purposes of plan eligibility...

- A student is actively engaged in Full-Time Studies if, based on the student's attendance and participation, he or she is eligible to receive a completed grade or credit in all of his or her courses at the conclusion of the relevant term.
- To be considered as "full-time," the student must be enrolled and actively engaged in at least the minimum number of credit hours required per the terms of the student's visa (F-1, M-1, J-1). Consult the definition of an Eligible Person in the Policy for more information.
- The student must begin the term actively attending class for up to 31 consecutive days following the beginning of the then-current term, unless the student is unable to attend class due to an acute bodily infirmity or Injury. Please refer to the definition of an Eligible Person in the Policy.
- The student must continuously maintain status under his or her applicable visa type. In the event a student fails to continuously maintain his or her status, the school or its designated student advisor must work with the student in taking the necessary steps to bringing the student's student visa back to status. Failing to maintain student visa status will put the student out of status and will make the student ineligible for coverage.

Upon receipt of premium, participating Eligible Persons are covered under the Plan anywhere in the world except their Home Country.

Insurance eligibility can be verified with medical providers upon receipt of enrollment.

Students should maintain their health insurance coverage during breaks and vacation periods in order to avoid gaps in coverage and being subject to pre-existing condition limitations.

United States citizens and residents are not eligible for coverage.

# IMPORTANT NOTICES

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

This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA-compliant health insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed insurance or renewal.

### Membership in Trust

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust. A copy of the subscription agreement is attached hereto.

### Data Protection

Please note that sensitive health and other information you provide may be used by Us, Our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). We have taken steps to ensure your information is held securely.

Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates for both disclosure of such information to us and its use as set out above.

Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

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

No legal action may be brought to recover on the Policy unless at least 60 days after written Proof of Loss is furnished. No legal action may be brought after three years from the time written Proof of Loss is required to be furnished.

### Complaints

Every effort is made to provide you a high standard of service. However, occasionally disputes or misunderstandings arise and you need to know what to do. If you wish to make a complaint, your complaint should be made in writing to the Program Manager at:

The Lewer Agency, Inc.  
Attn: Claims Department  
9900 W. 109th Street, Suite 200,  
Overland Park, KS 66210

Toll Free: 800-821-7710