

Western Washington University  
2019-2020



International Student  
Health 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:**

**Brit Global Specialty** *(the “Company”)*

The Leadenhall Building | 122 Leadenhall Street | London EC3V 4AB, UK

**Policy Number:** LM-196620

# 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 6:00 p.m. Central Time)
- Chat us at: [www.lewermark.com](http://www.lewermark.com)
- Email us at: [lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)
- Your school webpage: <http://www.lewermark.com/wwu>
- The Lewer Agency, Inc. | Student Insurance | 9900 W 109<sup>th</sup> St. Ste 200 | Overland Park, KS 66210



## MY STUDENT SUPPORT PROGRAM (MY SSP)

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: [us.myissp.com](http://us.myissp.com)
- Toll Free: **1 (866) 743-7732**
- Phone: **001-416-380-6578** (If calling outside of North America)
- Available 24/7



## MYNURSE 24/7

MyNurse 24/7 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 provides you with 24/7 access to U.S. board-certified doctors by web, phone or mobile app.

- Toll Free: **1 (800) 835-2362**
- 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 First Health network, visit:

- Web: <http://www.myfirsthealth.com/LocateProvider/CustomPage>

## 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

**Morneau Shepell's International Student Support Advisors can help anytime, anywhere with:**

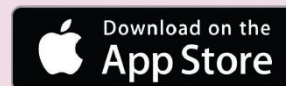
- Adapting to new cultures
- Being successful at school
- Relationships with friends and family
- Stress, sadness, loneliness and more

**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!**  
[us.myissp.com](https://us.myissp.com)



## MYNURSE 24/7

### Medical Help Line for International Students

MyNurse 24/7 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
- Pregnancy Testing

### TO THE EMERGENCY ROOM

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

*Note: LowerMark 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.*

# TELADOC

## Speak to a licensed doctor by web, phone or mobile app in minutes.

Teladoc lets you talk with experienced doctors anytime, anywhere. All Teladoc doctors are board-certified, state-licensed and can treat many health issues, including:



- Abdominal Pain/Cramps
- Abscess
- Acid Reflux
- Allergies
- Arthritis
- Asthma
- Backache
- Blood Pressure issues
- Bronchitis
- Bowel/Digestive issues
- Cellulitis
- Cold
- Constipation
- Cough
- Croup
- Diarrhea
- Dizziness
- Eye Infection/Irritation
- Fever
- Flu
- Gas
- Gout
- Headache/Migraine
- Herpes
- Joint Pain/Swelling
- Laryngitis
- Pink eye
- Poison Ivy/Oak
- Rash
- Respiratory infection
- Sinusitis
- Skin Injury
- Sore throat
- Sprains & Strains
- Strep
- Tonsillitis
- Vaginal/menstrual issues
- Yeast infection

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

## CONTACT TELADOC

**1(800) 835-2362**

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

<https://www.teladoc.com/mobile/>



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

## SCHOLASTIC EMERGENCY SERVICES (SES)

### Service Arrangement for Emergency Situations

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



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

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

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

### CONTACT SES 24/7

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

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

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

# HOW TO PRINT AN ID CARD

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

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


Once you are at the login screen, your user name is your student ID number, and the default password is your date of birth (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.**



Submit Medical Claims to First Health Network  
PO Box 3084  
Farmington, MI 48333  
Client's Payor ID: 96708



**SCRIP WORLD**  
An Aetna Company

ID: 123456789  
INSURED: Student  
GROUP: LewerMark University  
GROUP #: 123

Office Visit Copay: \$20	Scrip World (PBM)
Hospital Copay: \$50	Rx Bin 004336
ER Copay: \$100	RxPCN ADV
	Rx Grp RX2741

LewerMark Customer Service 800-821-7710 [www.lewermark.com](http://www.lewermark.com)

**LewerMark Student Health Insurance**

For information concerning eligibility, benefits or claims call LewerMark at 800-821-7710 or [lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)

<p><b>Scrip World Pharmacy Help:</b> Pharmacy: 800-364-6331 Member: 866-475-7589</p>	<p><b>For Other Claims Mail To:</b> The Lewer Agency, Inc. P.O. Box 32247 Kansas City, MO 64171</p>
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**Scholastic Emergency Services (Reference # 01-AA-LW-05034):**  
877-488-9833 inside the USA or 609-452-8570 outside of the USA  
**Morneau Shepell's International Student Support Program**  
(Help Line): 800-227-8620 or visit [www.mystudentupport.com](http://www.mystudentupport.com)  
**24 Hour Nurse Line: 866-549-5076**

To find a First Health provider visit: [www.myfirsthealth.com](http://www.myfirsthealth.com) or  
For provider locator assistance toll-free number: 800-226-5116  
Benefits are not insured by First Health or affiliates  
**Possession of this card does not guarantee coverage.**  
Underwriter: Sirius International Corporation UK Branch

# HOW TO FIND A DOCTOR

Go to [www.lewermark.com](http://www.lewermark.com) and select **Resources**. Select **Find a Doctor or Pharmacy**, then click on the **First Health** option, and finally, click on **Find a First Health Provider**. Click **Start now**, then choose the type of provider you're looking for - **Physician, Hospital, Urgent care center, Lab and radiology** or **All providers**. Type the zip code of the area in which you would like to search. You can change the radius of the search area if need be - the default is 10 miles. Click **Search now**.



Locate a Provider
English | Español

Home - Network selection - Search criteria

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**Type of provider**

What type of provider are you looking for?

\* Provider type:     Physician     Hospital     Urgent care center     Lab and radiology     All providers

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**Search by**

Do you want to search by ZIP or state?

\*Select ZIP or state:     Search by ZIP code     Search by state

\* ZIP code:     within:  miles    Distance:  (Minimum 5 miles, Maximum 100 miles)


Please enter a valid ZIP code. [Find a ZIP code](#).  
Adjust slider to increase or decrease distance.

[\[+\] Show more options](#)

Clear criteria
Search now

# 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:

<b>CLAIMS QUESTIONNAIRE</b> <i>Administered by: The Lewer Agency, Inc.</i>	Please submit completed form to: <a href="mailto:lewermarksupport@lewer.com">lewermarksupport@lewer.com</a> The Lewer Agency PO Box 32247 Kansas City, MO 64171	
	<b>Important: An incomplete questionnaire could result in the delay of processing your claim.</b>	

Your Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Name of Your School: \_\_\_\_\_ Your Insurance I.D. Number: \_\_\_\_\_  
Your Present mailing address: \_\_\_\_\_ Gender:  Male  Female \_\_\_\_\_  
Your E-mail address: \_\_\_\_\_ Visa Type: \_\_\_\_ Home Country: \_\_\_\_\_

**If you are not the student, please fill out the following:**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Relationship to student:  Spouse  Child Gender:  Male  Female

**If your claim was the result of an injury or an accident, please complete the following:**

Date of injury or date your symptoms were first noticed: \_\_\_\_\_  
If your claim was the result of an injury or accident, please provide as many details as possible. If this was due to a car accident or crime, please attach copy of police report and your driver's license: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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? \_\_\_\_\_

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

Provide the name and address of doctor who is treating you for this condition: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been treated for this condition before?  Yes  No  
If yes, provide the date when you were first seen or treated by a doctor for this condition (include treatment in your home country) in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_  
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

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

### CLASSES OF ELIGIBLE PERSONS:

A person may be covered only under one Class of eligible persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Plan Participant at the same time.

**Class 3:** Non-United States Citizens traveling outside their 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, while actively engaged in educational or research activities. For purposes of this Eligible Class You are “actively engaged” in educational activity if you are one of the following:

1. F1/J1 valid visa holder. (An F1 visa holder on OPT may be eligible up to 12 months); or
2. Undergraduate student registered for and attending classes on a full-time basis; or
3. Graduate student; or
4. Scholar or researcher who is invited by an educational organization; or
5. Student involved in education, educational activities, or research related activities.

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

### POLICY BENEFITS – PER PLAN PARTICIPANT

Policy Year Maximum Benefit	\$500,000
Lifetime Maximum Benefit per Covered Injury or Covered Sickness	\$500,000
Annual Deductible	None
Policy Out-of-Pocket Expense Maximum	\$3,000
Pre-Existing Condition Benefit – First six months of continuous coverage	\$2,500

### COPAYMENTS

	In-Network	Out-of-Network
Student Health Center	\$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

## SCHEDULE OF BENEFITS (CONTINUED...)

### PRESCRIPTION DRUG BENEFITS

Dispensed by a Student Health Center	100% of each 30-day supply
Dispensed by a Participating Network Pharmacy	50% of each 30-day supply
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 and the procedures related to the placement and/or removal of such.)	50% dispensed at Student Health Center or an In-Network Provider
Dispensed while Inpatient at a Hospital	100%

With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30-day supply, until the stated Prescription Drug Benefit Maximum has been met.

#### NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- **Eligible Expenses** will be paid under the Inpatient benefits for Surgery and under 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 students. Eligible services provided by these providers will be paid at 100% of these negotiated rates.

You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.

**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-payments. 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.

## 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
Diagnostic X-Ray and Lab Benefit	100% of the Preferred Allowance	80% of URC
Ambulance Benefit	100% of the Preferred Allowance	80% of URC
Physician Visit Benefit – Inpatient	100% of the Preferred Allowance	80% of URC
Physician Visit Benefit – Outpatient	100% of the Preferred Allowance	80% of URC
Radiation/Chemotherapy Benefit	100% of the Preferred Allowance	80% of URC
Intercollegiate/Interscholastic Sports Benefit	Not covered	
Emergency Room Benefit	100% of the Preferred Allowance	80% of URC
Wellness Benefit (Maximum Benefit of \$250 per policy year) (Not subject to Copayment or Deductible)	100% of charges up to the Maximum Benefit	
Maternity and Pre-Natal Care Expense Benefit (Conception must occur while covered under the Policy)	100% of the Preferred Allowance	80% of URC
Emergency Dental Expense Benefit up to a maximum of \$2,500	100% of the Preferred Allowance	80% of URC
Palliative Treatment of Dental Pain Benefit	Not covered	

## SCHEDULE OF BENEFITS (CONTINUED...)

COVERED BENEFITS	In-Network	Out-of-Network
Mental and Nervous Conditions – Inpatient (30 days maximum)	100% of the Preferred Allowance	80% of URC
Mental and Nervous Conditions – Outpatient (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
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
Elective Abortion	Up to \$1,000 per policy year	
Home Country Coverage	Up to \$1,500 per policy year	
Physiotherapy Expense Benefit – Inpatient	100% of the Preferred Allowance	80% of URC
Physiotherapy Expense Benefit – Outpatient (Only when prescribed in writing by a Physician)	100% of the Preferred Allowance for up to a maximum of 12 visits for each of: <ul style="list-style-type: none"> <li>• physical therapy</li> <li>• acupuncture</li> <li>• chiropractics</li> </ul>	80% of URC for up to a maximum of 12 visits for each of: <ul style="list-style-type: none"> <li>• physical therapy</li> <li>• acupuncture</li> <li>• chiropractics</li> </ul>
Durable Medical Equipment Expense Benefit – (Only when prescribed in writing by a Physician)	100% of the Preferred Allowance	80% of URC
Allergy Treatment Benefit (Medically Necessary treatment of allergies as diagnosed and prescribed by a Physician)	100% of the Preferred Allowance	80% of URC
Post-Mastectomy Coverage Benefit	100% of the Preferred Allowance	80% of URC
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
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
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	

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

**Applies only to Class 3 Plan Participants; terminates at age 65. Does not apply to spouses or dependents.**

Principal Sum: \$10,000

Loss must occur within 90 days of the Covered Accident

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

If, within 90 days from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers from a Covered Loss, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Plan Participant. The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit.

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

## COVERED MEDICAL EXPENSES

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We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Co-Payment, 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 Co-pay has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Plan Participant;
3. for Eligible Expenses incurred within 365 days after the date of the Eligible Expense.

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

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

1. **Medical Treatment:** for the diagnosis and Medical Treatment by a Physician or a Registered Nurse.
2. **Hospital Admission Expenses:** Charges for each hospital admission.
3. **Outpatient Pre-Surgical Testing benefit** – charges for Pre-surgical testing.
4. **Nursing Services** – Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
5. **Skilled Nursing Facility** - charges for services as described in the schedule of benefits. The benefit provides skilled nursing 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A SNF 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. A SNF confinement must take place within 14 days from a hospital discharge and must represent care for the same condition which required hospitalization that lasted a minimum of three days. Care may not be custodial in nature (e.g., care which could be performed at home). The facility may not be primarily a place which provides general care for the aged.
6. **Hospice Care Benefit** - charges for a maximum of 14 days of:
  - a. nursing care by a Registered Nurse; or 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;
  - b. physical therapy and speech therapy when rendered by a licensed therapist;
  - c. medical supplies, including drugs and the use of medical appliances;
  - d. physician's services; and
  - e. services, supplies, and treatments deemed Medically Necessary and ordered by a licensed Physician.
7. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
8. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
9. Diabetes Coverage that includes medical supplies, equipment and education for diabetes care for all diabetics.
10. **Hospital Room & Board Benefit** - We will pay charges for the **Average Semiprivate Charge** for each day of the Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule. In computing the number of days payable under this benefit, the date of admission will be counted. Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided,

## COVERED MEDICAL EXPENSES (CONTINUED...)

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however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.

11. **Intensive Care Unit Benefit** - We will pay charges for each day of Intensive Care Unit confinement, up to the Daily Maximum Benefit shown in the Schedule of Benefits. This payment is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.
12. **Hospital Miscellaneous Expense Benefit** - We will pay for services, supplies and charges during a Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule per day. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
13. **Surgeon (In or Outpatient) Benefits** - We will pay charges for:
  1. A Physician, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure.
  2. A Physician, for assistant surgeon duties up to the Maximum Benefit shown in the Schedule of Benefits.
14. **Assistant Surgeon Benefit** - If, in connection with such operation, a Plan Participant requires the services of an Assistant Surgeon, We will pay the Covered Percentage of the Eligible Expense incurred.
15. **Pre-Admission Testing Benefit** - We will pay benefits for charges for Pre-admission testing.
16. **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.
17. **Day Surgery Miscellaneous Benefit** - We will pay Day Surgery Miscellaneous benefits for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an outpatient basis.
18. **Diagnostic X-Ray and Laboratory Benefit** - We will pay the benefit if the Plan Participant 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.
19. **Ambulance Benefit** - When, by reason of Injury or Sickness, a Plan Participant requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay a Benefit Amount up to a Maximum shown in the schedule (if any), within the metropolitan area in which the Plan Participant is located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life-threatening Injury or Sickness or if the Plan Participant is in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.
20. **Physician Visit Benefit (Inpatient)** - We will pay charges by a Physician for other than pre- or post-operative care for in-Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.
21. **Physician Visit Benefit (Outpatient)** - We will pay charges by a Physician for office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Office Visits.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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22. **Consultant Physician Benefit** - If, by reason of Injury or Sickness, a Plan Participant requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Eligible Expenses incurred.
23. **Radiation/ Chemotherapy Therapy Expense Benefit** - We will pay the Covered Percentage for the Eligible Expenses incurred by a Plan Participant for drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as:
1. the drug is ordered by a Physician for the treatment of a specific type of neoplasm;
  2. the drug is approved by the FDA for use in antineoplastic therapy;
  3. the drug is used as part of an antineoplastic drug regimen;
  4. current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and
  5. the Physician has obtained informed consent from the patient for the treatment regimen that includes FDA approved drugs for off-label indications.
24. **Infusion Therapy** - We will pay the Eligible Expenses for infusion therapy prescribed and administered by a licensed Physician.
25. **Renal Dialysis/Hemodialysis** - We will pay the Eligible Expenses for Renal Dialysis/Hemodialysis prescribed and administered by a Physician.
26. **Post-Mastectomy Coverage** - We will pay the Covered Percentage for a Medically Necessary mastectomy which may also include coverage of the following:
- a. physical complications during any stage of the mastectomy, including lymphedemas;
  - b. reconstruction of the breast;
  - c. surgery on the non-diseased breast to attain the appearance of symmetry between the two breasts; and
  - d. two external breast prostheses.
- Eligible Expenses for the above are payable on the same basis as Eligible Expenses for any other surgery. This coverage will be provided in consultation with the attending Physician and the patient.
27. **Emergency Room Benefit** - We will pay this benefit if the Plan Participant 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.
28. **Self-Inflicted Injury Benefit** - We will pay for charges related to Medical Treatment required as the result of an intentionally self-inflicted injury or sickness, suicide, or attempted suicide, while sane or insane.
29. **Allergy Treatment** - We will pay for Covered Expenses for Medically Necessary treatment of allergies, as diagnosed and prescribed by a Physician.
30. **Wellness Medical Expense Benefit** - We will pay for any combination of the following: routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests.

## COVERED MEDICAL EXPENSES (CONTINUED...)

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31. **Maternity and Pre-Natal Care Benefit** - When a covered Maternity is incurred by a Plan Participant, the Company will pay the Preferred Allowance or Usual, Reasonable and Customary medical expenses in excess of the Coinsurance as stated in the Schedule of Benefits, Maternity. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits Maternity, as to Eligible Expenses during any one period of individual coverage.

Benefits will be payable for Eligible Expenses an Plan Participant incurs before, during, and after delivery of a child, including Physician, Hospital, laboratory, and two ultrasound services. Coverage for the Inpatient postpartum stay for the Plan Participant and her newborn child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Plan Participant Person's attending Physician determines further Inpatient postpartum care in not necessary for the Plan Participant or her newborn child provided that in the opinion of the Plan Participant Person's attending Physician, the newborn child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:

1. The antepartum, intrapartum, postpartum course of the mother and infant;
2. The gestational stage, birth weight, and clinical condition of the infant;
3. The demonstrated ability of the mother to care for the infant after discharge; and
4. The availability of post discharge follow-up to verify the condition of the infant after discharge.

### **Newborn – Sick Baby Care**

A newborn child of a Plan Participant will automatically be considered eligible for Sick Baby Care for a period not to exceed 30 days and up to a maximum benefit of \$50,000 for conditions which are due directly to a covered Injury or Sickness, premature birth, or birth abnormalities which exist at birth.

A newborn child of a Plan Participant will be eligible to receive the following services:

1. Hospital room and board (or nursery) charges,
2. routine Physician visits while Hospital confined; and
3. circumcision while Hospital confined.

33. **Emergency Dental Expense Benefit** - We will pay benefits as described in the Schedule of Benefits for expenses for emergency dental treatment due to Injury to Natural Teeth. We will pay benefits as described in the Schedule of Benefits for expenses incurred during the Plan Participant's trip for emergency dental treatment. Only expenses for emergency dental treatment to Natural Teeth incurred during the trip will be reimbursed. Expenses incurred after the trip are not covered.
34. **Elective Abortion Benefit** - We will pay benefits as described in the Schedule of Benefits for expenses related to the procedure for an elective abortion, provided that conception occurred after the Effective Date of the insured's coverage under the Policy. If the insured experiences complications from the procedure, the Covered Expenses will be assessed the same as any other Medical Treatment.
35. **Home Country Coverage Benefit** - We will pay benefits as described in the Schedule of Benefits for Eligible Expenses incurred in the Plan Participant's Home Country related to an Injury or Sickness which occurred, was diagnosed, and treated outside the Plan Participant's Home Country during the period of coverage providing that the Plan Participant remains on the Participating Organization's I-20, for a maximum of 90 days on an approved vacation term.
36. **Physiotherapy Expense Benefit** - We will pay benefits as described in the Schedule of Benefits for eligible Physiotherapy expenses incurred by the Plan Participant. We will pay Preferred Allowance or Usual, Reasonable and Customary expenses as stated in the Schedule of Benefits. In no event will the Company's maximum liability

## COVERED MEDICAL EXPENSES (CONTINUED...)

exceed the maximum stated in the Schedule of Benefits, as to Eligible Expenses during any one period of individual coverage.

For the purpose of this section, **Physiotherapy** means charges for physiotherapy if recommended by a Physician for the treatment of a specific Injury or Sickness or following hospitalization and administered by a licensed physiotherapist as an outpatient, up to up to the maximum amount shown in the Schedule of Benefits per day for the Outpatient Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, acupuncture, or any form of physical therapy. Physiotherapy expenses do not include massage therapy services unless performed by a licensed physical therapist or chiropractor who is operating within the scope of his or her license.

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

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

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

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

38. **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.

Prescription Drug means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the outpatient use by the Plan Participant:

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

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

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

## COVERED MEDICAL EXPENSES (CONTINUED...)

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

### Benefits for Inpatient Hospital Confinement

When a Plan Participant requires Hospital Confinement for treatment of a Mental or Nervous Disorder, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement as set forth in the Schedule of Benefits.

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

### Benefits for Outpatient Services

We will pay the Covered Percentage of the Eligible Expenses incurred for the outpatient treatment of Mental or Nervous Disorder as defined 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.

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

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

1. Schizophrenia;
2. Schizoaffective disorder;
3. bipolar affective disorder;
4. major depressive disorder;
5. specific obsessive-compulsive disorder;
6. delusional disorders;
7. obsessive compulsive disorders;
8. anorexia and bulimia; and
9. panic disorder.

41. **Alcohol and Drug Abuse Expense Benefit** - If a Plan Participant 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 Plan Participant is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement.

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

### Benefits for Outpatient Services

We will pay the Covered Percentage of the Eligible Expenses incurred for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility,

## COVERED MEDICAL EXPENSES (CONTINUED...)

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so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health.

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

**Drug Abuse** means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with 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 body of the individual;
- b) managing withdrawal symptoms; and
- c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.

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

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

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

**Repatriation Benefit:** Subject to prior approval from the Program Manager or its authorized representative, for reasonable expenses incurred in connection with the preparation and transportation of the body of a deceased Plan Participant 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.

## EXCEPTIONS AND EXCLUSIONS

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

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

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

## EXCEPTIONS AND EXCLUSIONS (CONTINUED...)

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13. Any charges, in excess of benefits provided elsewhere in the coverage injury or sickness arising from an intentionally self-inflicted action, suicide, or attempted, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane in excess of benefits provided elsewhere in the coverage, if any; or, resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
14. Medical Treatment received in connection with the teeth, gums, jaw, or structures directly supporting the teeth; myofascial pain; or temporomandibular joint dysfunction in excess of benefits provided elsewhere in the coverage, if any;
15. Medical Treatment for Injuries sustained while practicing for or participating in professional sports; or while participating in hazardous or adventure sports of any kind, including but not limited to hoverboard usage, hang gliding, skydiving, parachuting, vehicle racing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper equipment or guides, luge, motocross, Moto-X, ski jumping, off-piste or off-trail skiing or snowboarding, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class IV difficulty;
16. Medical Treatment for injury or sickness sustained by reason of a motor vehicle or motorcycle accident
  - to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
  - if the Plan Participant was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
  - if the Plan Participant was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
  - if the Plan Participant was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
17. Charges incurred for Surgery or treatments which are Experimental/Investigational, or for research purposes or for Compound, Specialty, and Experimental drugs;
18. Transcutaneous Electrical Nerve Stimulation (TENS) units;
19. Medical Treatment for infertility, obesity (including bariatric surgery and anorectics) acne, alopecia (loss of hair), or excessive sweating (hyperhidrosis);
20. Lab specimen handling and delivery fees; or after hours and weekend facility fees (unless related to Emergency Services);
21. Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;
22. Medical Treatment for the diagnosis and testing for or related to any learning disability or congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance;
23. Private-duty nursing services and Custodial Care;
24. Expenses incurred for an Injury or Sickness which occurred after the Policy Period shown in the Schedule of Benefits or incurred after the termination date of coverage;

## EXCEPTIONS AND EXCLUSIONS (CONTINUED...)

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25. Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any;
26. Plan Participant being exposed to the utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

# DEFINITIONS

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The male pronoun includes the female whenever used. For the purposes of the Policy the capitalized terms used herein are defined as follows:

Additional terms may be defined within the provision to which they apply.

**Accident** means an unforeseeable event which:

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

**Acute Onset of a Pre-Existing Condition** means a sudden and unexpected outbreak or recurrence of a Pre-Existing Condition which occurs spontaneously and without advance warning, which manifests itself in the form of symptoms or is indicated by a Physician, and for which immediate treatment is essential and necessary to stabilize the Pre-Existing Condition. See also Pre-Existing Condition.

**Application** means the Plan Participants Application for inclusion under the Master Policy.

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

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

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

**Company** means Syndicate 2987 at Lloyd's. Also hereinafter referred to as We, Us and Our.

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

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

Complications of Pregnancy will not include:

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

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

**Co-Payment (also Co-Pay)** means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

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

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

## DEFINITIONS (CONTINUED...)

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

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

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

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

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

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

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

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

1. The child became disabled before reaching age 19;
2. The child is incapable of self-sustaining employment because of developmental disability or physical handicap and is chiefly dependent upon the Covered Student for support and maintenance;
3. The student remains insured under this Policy;
4. The child's premiums must be paid on time and in full;
5. Within 30 days of the child reaching age 19, the Covered Student furnishes a Statement of Disability to the Program Manager, the approval of such statement is required for the child to continue eligibility; and
6. The Covered Student provides satisfactory proof to the Program Manager of the child's disability and dependent status when requested. Such proof shall be without cost to the Company or the Program Manager. The Program Manager will not ask for proof more often than once a year after the two-year period following the child's attainment of age 19.

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

**Emergency** means an Injury or Sickness for which the Plan Participant seeks immediate Medical Treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

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

## DEFINITIONS (CONTINUED...)

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

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

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

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

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

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

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

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

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

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

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

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

## DEFINITIONS (CONTINUED...)

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

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

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

**Immediate Family** means a Plan Participant's spouse, domestic partner, Civil Union Partner, parent (includes Step-parent), child(ren) (includes legally adopted or step child(ren), brother, sister, step-child(ren), grandchild(ren), or in-laws).

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

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

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

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

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

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

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

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

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

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

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

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

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

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;

## DEFINITIONS (CONTINUED...)

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- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

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

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

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

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

**Outpatient** means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/ Skilled Nursing Facility; or Physician's office, for an 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 Plan Participant is responsible to pay per Injury or Sickness. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Injury or Sickness. The Out-of-Pocket Maximum is met by the payment of accumulated Deductible, Coinsurance and Co-payments. 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.

**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 which is covered under the Policy. Physician does not include:

- a practitioner of chiropractic or alternative medicine;
- any Plan Participant;
- a Close Relative of a Plan Participant; or
- an individual residing at the same legal residence of the Plan Participant.

**Physical Therapy** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; or (5) manipulation or massage.

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

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

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

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

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

## DEFINITIONS (CONTINUED...)

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**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 6 month period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant or their Immediate Family Member:

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

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 3 month period before coverage is effective under the Plan Participant's Plan.

A pregnancy which originated prior to the Plan Participant's Effective Date of Coverage under the Policy is considered a Pre-Existing Condition.

See also Acute Onset of a Pre-Existing Condition.

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

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

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

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

**Sickness** means Sickness or disease contracted and causing loss commencing while the Policy is in force as to the Plan Participant whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Plan Participant is being treated or has received Treatment will be considered as part of the original Sickness.

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

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

**Student Health Center** means an ambulatory care facility affiliated or contracted with a 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. In the event a Participating Organization does not otherwise 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.

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

**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 Plan Participant, the Policyholder, the Participating Organization or the Company.

## DEFINITIONS (CONTINUED...)

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

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

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

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

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

- any explosive 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
- any solid, liquid or gaseous chemical compound which, when suitably distributed;
- which is capable of causing incapacitating disablement or death amongst people or animals.

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

**We, Our, Us** means Brit Syndicates Limited on behalf of Syndicate 2987 at Lloyd's.

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

# ELIGIBILITY AND PARTICIPATION

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

**Eligible Student:** An Eligible Student is 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 and possessions;
2. is enrolled and actively engaged in Full-Time Studies;
3. has not applied for or been granted permanent residency status in the United States, its territories or possessions; and
4. holds and continually maintains an F-1, M-1, J-1, Q-1 or other designated category of student visa or immigration status.

Upon receipt of premium, participating Eligible Students are covered under the plan anywhere in the world except their home country. Note that insurance eligibility can be verified with medical providers upon receipt of enrollment.

An “Eligible Student” refers to an international student of the Certificate holder who meets all of the following:

- The student must be enrolled and actively engaged in full-time studies. For the purposes of plan eligibility...
  - o 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.
  - o in order to be considered as “full-time,” the student must be enrolled and actively engaged in at least the minimum number of credit hours which are required per the terms of the student’s visa (F-1, M-1, J-1). Consult the definition of an Eligible Student in the coverage Certificate 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 Infirmary or Injury. Please refer to the definition of an Eligible Student in the coverage Certificate.
- 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.

Note: No claims can be paid until The Lewer Agency receives the full amount of premium for all Eligible Students participating in the coverage.

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.

**Visiting Faculty and Scholars:** J1 visa holders who possess and maintain current passports and valid J1 visa status may be considered for coverage under the Policy if engaged in educational activities with the Participating School.

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 illness. These additional J1 medical benefits will be subject to all policy terms, internal benefit limits, exceptions, and exclusions.

**Optional Practical Training:** An eligible Optional Practical Training student with the applicable F-1 Visa may be considered eligible for coverage for a period of time no longer than twelve months while he or she is participating in Optional Practical Training work which is directly related to the major area of study. STEM OPT extension students are not eligible for coverage.

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

# IMPORTANT NOTICES

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Upon approval by the Program Manager of the Educational Institution's application for coverage and timely payment of the required premium, the Company agrees to insure eligible international students against losses covered under the Policy subject to its provisions, exceptions, and exclusions.

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

Important Notice to US Citizens/Residents regarding the Patient Protection and Affordable Care Act:

This insurance is not subject to and does not provide certain of the insurance benefits required by the United States' Patient Protection and Affordable Care Act ("ACA"). This insurance does not provide, and the Company does not intend to provide, minimum essential coverage under ACA. This is limited benefit coverage. In no event will Benefits be provided in excess of those specified in this Policy.

The Plan Participant should consult their attorney or tax professional to determine if ACA's requirements are applicable to them.

### Data Protection

Please note that sensitive health and other information that 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 both to the 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.

## IMPORTANT NOTICES (CONTINUED...)

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

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

Every effort is made to provide you with a high standard of service. However, occasionally disputes or misunderstandings can 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 as defined in your Evidence of Coverage or Plan Document.

**Program managed and administered by:**

The Lewer Agency, Inc.  
Attn: Claims Department  
9900 W. 109<sup>th</sup> Street, Suite 200, Overland Park, KS 66210  
Toll Free: 800-821-7710  
Fax: 816-756-0531  
Email: [lewermarksupport@lewer.com](mailto:lewermarksupport@lewer.com)

Further Steps If you remain dissatisfied and are unable to resolve the situation you may ask the Complaints Department at Brit Syndicates Limited to review the case without prejudice to their rights in law

The address is:  
Brit Global Specialty Complaints Department  
The Leadenhall Building  
122 Leadenhall Street  
London EC3V 4AB  
Email: [BGS.Complaints@britinsurance.com](mailto:BGS.Complaints@britinsurance.com)

You can also refer your complaint to the Complaints team at Lloyd's. Their contact details are:  
Tel: +44 20 7327 5693  
e-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at [www.lloyds.com/complaints](http://www.lloyds.com/complaints) and also available from the above address. If you remain dissatisfied after Lloyd's has considered your complaint, you may be entitled to refer your complaint to the United Kingdom Financial Ombudsman Service; further details will be provided at the appropriate stage of the complaint process.