



World Class Coverage Plan

designed for

The Board of Regents of the University System of Georgia

2015-2016

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322

This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with The Board of Regents of the University System of Georgia under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

| Schedule of Benefits Coverage and Services | Policy # GLM N10892880 | Maximum Limits |
|--|--------------------------|-------------------|
| Section I | | |
| • Accidental Death and Dismemberment Per Insured Student: | | \$25,000 |
| | Spouse | \$10,000 |
| | Per Child | \$5,000 |
| • Medical expenses (per Covered Accident or Sickness): | | |
| Deductible | | zero |
| Benefit Maximum | | \$500,000 at 100% |
| • Extension of Benefits | | 30 days |
| • Home Country Coverage Limit | | \$10,000 |
| • Emergency Medical Reunion (incl. hotel/meals, max \$150/day) | | \$10,000 |
| • Trip Delay (\$100/day, max 5 days) | | \$500 |
| • Quarantine Benefit | | \$2,500 |
| • Program Fee Refund (Student Only) | | \$5,000 |
| • Return Ticket | | \$1,000 |
| • Return of Minor Child(ren) Benefit | | \$2,500 |
| • Lost Checked Baggage (deduct. \$50, \$100/article) | | \$250 |
| Section II | | |
| • Team Assist Plan (TAP): 24/7 medical, travel, technical assistance | | |
| • Emergency Medical Evacuation | 100% of Covered Expenses | |
| • Repatriation/Return of Mortal Remains | 100% of Covered Expenses | |
| Section III | | |
| • Security Evacuation (Comprehensive) | | \$100,000 |

Section I - Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or your Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered

Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are treated any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses

incurred for services or medications prescribed, performed or ordered by dentist.

- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges for the replacement of broken eyeglasses or lost contacts up to a maximum benefit of \$75.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas with The Board of Regents of the University System of Georgia. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's would otherwise end or the end of the Policy Term.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include: The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Trip Delay Benefit

We will reimburse Covered Expenses up to \$100 per person per day subject up to 5 days subject to a \$500 Maximum Benefit if an Insured's trip is delayed for more than 12 hours.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by one of the following reasons: a) Injury, Sickness or death of the Insured Person; b) carrier delay; c) lost or stolen passport, travel documents or money; d) Quarantine; e) Natural Disaster; f) the Insured being delayed by a traffic accident while en route to a departure; g) hijacking; h) unpublished or unannounced strike; i) civil disorder or commotion; j) riot; k) inclement weather which prohibits Common Carrier departure; l) a Common Carrier strike or other job action; m) equipment failure of a Common Carrier; or n) the loss of the Insured's and/or traveling companion's travel documents, tickets or money due to theft.

"Quarantine" means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

The Insured's Duties in the Event of Loss: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Quarantine Benefit

We will pay expenses incurred for up to the Benefit Maximum shown in the Schedule of Benefits if the Insured Person is subject to Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person's Trip for which suitable accommodations are not otherwise available.

Benefits will end on the earlier of 7 days after the Quarantine is issued or the date the Quarantine expires. Covered Expenses: 1) Reasonable expenses incurred for lodging and meals; 2) Cost of a one-way economy airfare ticket to either the Insured Person's Home Country or to re-join the Trip; and 3) Non-refundable travel arrangements.

"Quarantine" means a period of time during which a person is detained or enforced isolation to prevent disease from entering a country as required by the appropriate authorities as the result of the Host Country's health policy.

Program Fee Refund Benefit (Student Only)

We will reimburse the Program Fee if the Insured Student would otherwise be eligible for benefits under the Policy but is prevented from taking the Trip for any of the following reasons: 1) Death of a Family Member; 2) The Insured Student or Family Member suffers an Injury or Sickness that is not a Pre-Existing Condition. The Insured Person's or Family Member's Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a person to cancel the Trip.

Benefits are payable up the maximum shown in the *Schedule of Benefits* only if: 1) the event causing the cancellation of participation in the Trip occurs within 30 days prior to the scheduled departure date; 2) to the extent the program fee has been paid and is not refundable We will not reimburse any amount of the Program fee for: a) the Program Application fee; b) any deposit paid to confirm participation in the Program; or c) any insurance premiums or fees.

Return Ticket Benefit

We will reimburse the cost of a round trip ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Insured Person's Family Member, provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event. The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence. Prior notification must be provided to Our Assistance Provider and flight arrangements must be made through Our administrator.

Return of Minor Child(ren) Benefit

If the Insured, age 18 or older, is the only person traveling with minor Dependent children who are under the age of 18, and such Insured suffers an Injury or Sickness and must be confined in a Hospital, or if the Insured is medically evacuated to another location, We will reimburse the cost of a one way economy airfare ticket to return each minor Dependent child to his or her Home Country not to exceed the Benefit Maximum shown in the Schedule of Benefits. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Maximum Amount shown below for that Loss:

| For Loss of: | Percentage of Maximum Amount |
|-------------------------------------|------------------------------|
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and the Sight of One Eye | 100% |
| One Foot and the Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand or One Foot | 50% |
| The Sight of One Eye | 50% |
| Speech or Hearing in Both Ears | 50% |
| Hearing in One Ear | 25% |
| Thumb and Index Finger of Same Hand | 25% |

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and

irrecoverable loss of the entire ability to hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Lost Checked Baggage Benefit

We will reimburse the Insured Person's replacement costs of clothes and personal hygiene items, up to the Benefit Maximum shown in the Schedule of Benefits, if the Insured Person's luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Insured Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Insured Person its normal reimbursement for the lost, stolen, or damaged luggage.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type
- Intentionally self-inflicted injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only)
- War or any act of war, whether declared or not
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation
- Injury arising out of a Pre-Existing Condition. However, an Injury for which treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded

For all other benefits, this Insurance does not cover:

- Pre-Existing conditions, except as specified below:
 - a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 6 consecutive months beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or b) If the Insured Person is covered under the Policy for 6 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or c) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits
- **Note: The Policy does pay benefits to a maximum of \$10,000 on a primary basis for loss due to a Pre-Existing Condition. Any remaining costs are payable on a secondary basis up to the Policy Medical Expense limit.**
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.

- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

In addition to the Policy Exclusions, We will not pay Personal Property Benefits for:

- loss or damage due to: a) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; b) mechanical or electrical failure; c) any process of cleaning, restoring, repairing, or alteration.
- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours of discovery.
- any loss due to confiscation or detention by customs or any other authority.
- electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating

to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured

Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if

medical attention is not provided within 24 hours.

Family Member means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid. Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Cultural Insurance Services International (CISI)

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