



International Students & Scholars Accident and Sickness Insurance Plan

<u>COVERED ACTIVITIES</u>	
Persons engaged in full time international educational activities who are Non-U.S. citizens with a current passport or visa traveling outside their Home Country to the United States.	
<u>MEDICAL EXPENSE BENEFITS</u>	
Lifetime Aggregate Maximum:	\$250,000
Co-insurance Rate:	80% of the Usual & Customary Charges up to \$5,000, thereafter the Plan pays 100% of the Usual & Customary Charges.
Deductible, per Injury or Sickness:	\$100
Maximum Benefit Period:	26 weeks from the date of the Covered Accident or the date of the first medical treatment for the covered Sickness
Pre-Existing Condition Definition, <i>any injury or illness contracted or treated:</i>	90 days prior to the Effective Date of coverage under this Plan
Pre-Existing Condition waiting period:	Pre-existing conditions are not covered
<u>COVERED SERVICES</u>	
Hospital Room and Board:	Semi-private room rate, general nursing care, or 2 times the semi-private room rate for ICU
Charges made of diagnosis, treatment and surgery by a physician:	Usual & Customary Expense

Charges made for the cost and administration of anesthetics:	Usual & Customary Expense
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:	Usual & Customary Expense
Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist:	Usual & Customary Expense
Hotel room charge, when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond control of insured:	Usual & Customary Expense
Dressings, drugs, and medicines that can only be obtained up on a written prescription of a physician or surgeon:	Usual & Customary Expense
or nervous disorders and substance abuse treatment. All benefits require treatment by a licensed Physician, hospital, or outpatient treatment center which is a properly licensed facility for mental/nervous and	Usual & Customary Expense
Expenses and supplies normally provided for a therapeutic termination of pregnancy:	Usual & Customary Expense
Repair of eyeglasses, contact lens, or hearing aids when required as a direct result of covered injury:	Usual & Customary Expense

Expenses incurred for pregnancy, including complications thereof providing conception occurred while insured under this Policy and coverage has been continuous from the conception until delivery:	Usual & Customary Expense
Charges for newborn nursery care during the first 31 days including routine in-hospital nursery care:	Usual & Customary Expense
Chiropractic Care:	Usual & Customary Expense
Rehabilitative service medically necessary to restore bodily function lost due to a covered sickness or injury:	Usual & Customary Expense
Professional ambulance service:	Usual & Customary Expense
Rental charge for durable medical equipment, or the purchase of this equipment, whichever is less:	Up to 30 days, per 12-month period
Dental expenses as a result of an injury to sound, natural teeth:	Usual & Customary Expense
<u>TRAVEL ASSISTANCE</u>	
Emergency Medical Evacuation:	\$100,000
Repatriation of Remains:	\$50,000
<u>ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS</u>	
Principal Sum:	\$15,000
Time Period for Accident:	365 days from the date of a Covered Accident

International Students & Scholars
Accident & Sickness Insurance Plan
Exclusions & Limitations

No benefits shall be payable for medical expenses provided by this coverage with respect to expenses incurred:

1. Pre-Existing Conditions, defined as any illness or injury which was contracted or which manifested itself, or for which treatment or medication was prescribed 90 days prior to the effective date of the insured person's coverage.
2. For services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved, and certified as necessary and reasonable by a physician;
3. Expense incurred within your home country or country of regular domicile;
4. Declared or undeclared war or any act thereof; service in the Armed Forces of any country;
5. For injury sustained while participating in professional or intercollegiate athletics;
6. For routine physical or other examinations (preschool physical examination) where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disablement established by the prior call or attendance of a physician;
7. For cosmetic or plastic surgery, except as the result of an accident;
8. For any elective surgery;
9. For dental care including surgical extraction of teeth and any treatment identified as Temporomandibular Joint Dysfunction (TMJ), except as the result of injury to natural teeth caused by accident;
10. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
11. For congenital anomalies and conditions arising out of or resulting therefrom;
12. For expenses which are non-medical in nature;
13. Expense covered under any Campus Health Facility, occupational benefit plan, Workers' Compensation Act or similar law, public assistance programs, governmental plan, or any other valid and collectible group insurance, or under any facility set up for treatment without cost to any individual (clinics/school facility);
14. Expenses resulting from a motor vehicle accident if the covered person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusions will not apply to passengers if they are insured under this plan);

15. For expenses as a result of or in connection with the commission of a felony offense;
16. For specific name hazards: professional or amateur racing, and piloting an aircraft;
17. Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
18. Commission of felony offense;
19. The ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefits is provided;
20. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to the individual.

Accidental Death and Dismemberment Exclusions – this insurance does not cover any loss, fatal or non-fatal, cause by or resulting from:

1. Suicide or any attempt thereat by the Insured Person while sane or self destruction of any attempt thereat by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation except as a fare paying passenger on a scheduled airline;
6. Declared or undeclared war or any act thereof;
7. Service in the military, naval, or air service of any country.