



## This is a Description of Coverage for:

### International Studies Abroad

Underwritten By: ACE American Insurance Company (Herein referred to as "the Company")



**Eligibility:** You will be covered under this plan if you are a student traveling outside of your Home Country and participating in the International Studies Abroad program.

**Period of Coverage:** Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) your departure from the United States; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin. Coverage will end on the earliest of the following: a) the termination date as shown on your ID card; b) the date through which premium has been paid; or c) the coverage termination date under Policy provisions.

**Definitions:** **Sickness:** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. (Pregnancy is included in the definition of Sickness.) **Injury:** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Home Country:** means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to the Company in writing as his or her Home Country. **Medically Necessary:** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the Covered Expense.

**Medical Expense Benefit:** If a covered Injury or Sickness occurs during the Period of Coverage and the Insured requires medical or surgical treatment, the Company will pay 100% of Covered Expenses incurred, up to a maximum of \$500,000. In no event will: (1) the Company's liability exceed \$500,000 for each covered Injury or Sickness; and (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered, as determined by the Company.

#### Covered Expenses:

To be considered a Covered Expense under this plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of the United States during the Period of Coverage; b) not be excluded by provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of expenses:

1. Expenses made by a hospital for room and board, including registered nursing services and any other Medically Necessary hospital services, but not including personal services of a non-medical nature. However, allowable expenses may not exceed the hospital's average charge for semi-private room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests and services.
5. Expenses for durable medical equipment (includes rehabilitative braces and appliances). No benefits will be paid for rental charges in excess of the purchase price.
6. Expenses for physiotherapy, if recommended by a doctor, for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care: limited to 80% of eligible charges, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.
7. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The Company will pay 100% of inpatient expenses, and 50% of outpatient expenses.
8. Expenses for Injury to sound, natural teeth, up to: \$100 per tooth, \$500 maximum benefit.
9. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum.
10. Expenses for newborn nursery care, up to a \$500 maximum.
11. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable: a) up to a \$300 maximum for outpatient treatment; or b) up to 50% of covered expenses incurred for inpatient treatment for a maximum period of 30 days.

**Emergency Medical Evacuation Benefit:** The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

#### Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

**Benefits will not be payable unless the Company authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider. In the event the Covered Person refuses to be medically evacuated, the Company will not be liable for any medical expenses incurred after the date medical evacuation is recommended.**

**Repatriation of Remains:** The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

**Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.**

**Emergency Reunion Benefit:** In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit

Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days. In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person. All transportation and lodging 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 or lodging in the locality where the expense is incurred. "Felony Assault" means a violent or criminal act reported to the local authorities which were directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. "Family Member" means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

**All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

**Trip Interruption Benefit:** In the event of the death of a family member, the Company will pay for expenses reasonably incurred, up to a maximum of \$5,000, to have the Insured return home. Family member means parents, children, siblings, and grandparents. The benefit will not exceed the cost of one round trip (with 7 day interim maximum) economy airfare ticket.

**All travel arrangements for the Insured must be authorized by the Company in advance of the travel.**

**Accidental Death and Dismemberment:** If an Insured's Injury results in any of the following losses within 365 days after the date of accident, the Company will pay the sum shown opposite the loss. The Company will not pay more than the Principal Sum for all losses due to the same accident.

**Principal Sum: \$15,000**

Description of Loss

Life; Both Hands or Both Feet; Sight of Both Eyes;  
One Hand and One Foot; Either Hand or Foot and Sight of One Eye  
Either Hand or Foot or Sight of One Eye

Benefit Amount

Principal Sum  
One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body.

**Coordination of Benefits:** If an Insured is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provisions. A plan which does not have such a provision would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the Insured as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the Insured as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the Insured for the longer time. If the benefits of this Plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit maximums of this Plan.

**Exclusions and Limitations: With respect to Medical Expense, Emergency Medical Evacuation, Emergency Reunion and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:**

1. For pre-existing conditions defined as an Sickness, disease or other condition of the covered person, that in the 12 month period before the covered 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. However, this limitation will not apply if the Covered Person was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. "Creditable Coverage" means: 1. a self funded employer group health plan under ERISA; 2. a group or individual health Insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of a tribal organization; 7. a state health benefits risk pool; 8. a health plan offered under the federal employees health benefits program (FEHBA); 9. a public health plan; or 10. a health benefit plan. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.);
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 doctor, or expenses which are non-medical in nature.
3. For loss incurred as a result of war or any act of war, whether declared or not.
4. For injury sustained while participating in professional sports.
5. For routine physicals.
6. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. For elective surgery.
8. For dental care, except as the result of Injury to natural teeth caused by accident.
9. 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.
10. As a result of, or in connection with, the commission of or attempt to commit an assault or a felony.
11. For scuba diving, jet, and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing.
12. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
13. For treatment by an immediate family member.
14. Piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.

**For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss, fatal or non-fatal; caused by or resulting from:**

1. Suicide or attempted suicide; intentionally self-inflicted Injury.
2. War or any act of war, whether declared or not.
3. Service in the military, naval, or air service of any country.
4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
5. Piloting or acting as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

**Claims Administrator: Administrative Concepts, Inc. (ACI), 997 Old Eagle School Rd., Ste. 215, Wayne, PA 19087-1706**

**From within the USA and Canada: 1-888-293-9229 Outside the USA or Canada call: 1-610-293-9229**

**Fax: 1-610-293-9299 www.visit-aci.com**

**Emergency Assistance: Worldwide Assistance Services, Inc.**

**Toll Free from within the USA and Canada: 1-800-546-6349; from France 0800-901-570; Germany 0800-817-6080; Italy 800-877-145; Mexico 001-800-368-7878; UK 0800-894-035**

**Outside the USA or Canada call direct or collect: 202-659-7785**

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Worldwide Assistance Services, Inc. toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency doctors in the Home Country; urgent message relay between family, friends, personal doctor, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

**Program Arranged By: CMI Insurance, Lutherville, MD www.cmi-insurance.com Claim forms and instructions are available from the web site.**

**Policy Number: GLMN01060223, ACE American Insurance Company 436 Walnut Street Philadelphia, PA. 19106**

This Description of Coverage is 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 GLMN01060223, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.