

# StudentSecure<sup>SM</sup>

## Description of Coverage

***This Description of Coverage is a summary of the provisions contained in Master Policy No. 101920-STU. For a complete copy of the Master Policy, please contact HCC Medical Insurance Services.***

### **MEMBER ELIGIBILITY, CERTIFICATE EFFECTIVE DATE, CERTIFICATE TERMINATION DATE, BENEFIT PERIOD AND HOME COUNTRY COVERAGE**

Eligibility – Individuals up to age 65 years are eligible for this plan subject to the following requirements:

1. Participants
  - a. Must be a Full-time Student at a college or university, excluding online colleges and universities, or within 31 days of being a Full-time Student at a college or university; or must be a Full-time Scholar affiliated with an educational institution and performing work or research for at least 30 hours per week. The Full-time Student/Scholar status requirement is waived for Participants within the US holding a valid F-1 visa. Full-time status requirements remain in force for individuals holding M-1, J-1, or other category visas; and
  - b. Must be residing outside his or her Home Country for the purpose of pursuing international educational activities; and
  - c. Must not have obtained residency status in the Host Country.
2. Dependents
  - a. Must be the Participant's legally married spouse, or must be the Participant's unmarried child under age 19 years and chiefly dependent on the Participant for support and maintenance; and
  - b. Must accompany the Participant abroad on a similar visa or passport while the Participant engages in international educational activities; and
  - c. Must be temporarily located outside the Participant's Home Country; and
  - d. Must not have obtained residency status in the Host Country.

Special Conditions for Newborn or Adopted Children:

- a. Newborn or adopted children will be automatically covered as Dependents for the first 31 days of life provided that the delivery is covered by this insurance or placement occurs while the Participant's coverage is in effect. If the delivery of the Newborn is not covered under this insurance, the Newborn is eligible for coverage beginning at 14 days of age.
- b. Newborn and adopted children must be enrolled within the first 31 days after birth for newborns or within 31 days of placement for adoptions. Enrollment requires written notification of the new Dependent's name, birth date, gender, and citizenship as well as payment of any additional premium due.
- c. If a newborn or adopted child is not enrolled by the 31<sup>st</sup> day following birth (for newborns) or placement (for adopted children), then coverage terminates on the 31<sup>st</sup> day.

Certificate Effective Date – Insurance hereunder is effective on the later of:

1. The moment Underwriters receive the application and correct premium (if application and payment is made online or by fax); or
2. 12:01am US Eastern Standard Time on the date Underwriters receive the Application and payment (if application and payment is made by mail); or
3. 12:01am US Eastern Standard Time on the date the Participant meets the eligibility requirements.

Termination Date – Insurance hereunder terminates on the earliest of:

1. 11:59pm US Eastern Standard Time on the last day of the period for which premium has been paid; or
2. 11:59pm US Eastern Standard Time on the last date requested on the Application; or
3. 12:01am US Eastern Standard Time on the date the Participant no longer meets eligibility requirements; or
4. The moment the Participant returns to the Home Country (except as allowed by the Home Country Coverage provisions of this coverage).

**Benefit Period** – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with the **Termination Date** section of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 60 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while the Participant is outside his or her Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses related to the condition for which the Member was hospitalized as Inpatient on the Termination Date of the Certificate.

**Home Country Coverage**

*Benefit Period* – In the event that a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 4 of the **Termination Date** section of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member’s Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses related to the condition for which the Member was hospitalized as Inpatient on the Termination Date of the Certificate.

*Incidental Home Country Coverage* – The Member is covered for Medical expenses only during incidental visits to his or her Home Country of up to 15 days cumulative per Certificate Period. The member must return abroad, either to the Host Country or another country en route to the Host Country, following any incidental visit days in order to be eligible for this benefit. Return to the Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while abroad.

Notwithstanding the foregoing, coverage under this insurance shall terminate on the date Underwriters, at their sole option, elect to cancel all Members of the same sex, age, class or geographic location, provided Underwriters give no less than 30 days advance written notice by mail to the Member’s last known address.

**PREMIUM**

Payment of the required Premium shall be remitted to Underwriters on or before the Member’s Certificate Effective Date, continuation date (if applicable), or renewal date (if applicable). Premium is considered to be paid on the date the payment instrument is received by Underwriters, provided such instrument provides immediately available funds.

Premiums may be refunded after the Certificate Effective Date subject to the following provisions:

- a. a \$25 cancellation fee will apply; and
- b. only premium for unused whole-months of the plan will be refunded; and
- c. only Members who have no claims are eligible for premium refund; and
- d. no refund of premium shall be granted after 60 days.

**SCHEDULE OF BENEFITS AND LIMITS**

<b>Benefit</b>	<b>Limit</b>
Certificate Period Maximum (including all benefits):	
StudentSecure Select	\$300,000 Participant \$ 50,000 Spouse \$ 50,000 Child
StudentSecure Budget	\$250,000 Participant \$ 50,000 Spouse \$ 50,000 Child
Maximum Benefit per Injury or Illness:	
StudentSecure Select	\$300,000 Participant \$ 50,000 Spouse \$ 50,000 Child
StudentSecure Budget	\$250,000 Participant \$ 50,000 Spouse \$ 50,000 Child
Deductible	\$100 per Injury or Illness

	Reduced to \$50 per Injury or Illness if treatment is from Student Health Center
Coinsurance – Claims incurred in US StudentSecure Select	For the Certificate Period, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Certificate Period Maximum. Coinsurance will be waived if Eligible Expenses are incurred within the PPO or at a Student Health Center
StudentSecure Budget	For the Certificate Period, Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after the Deductible, then 100% to the Certificate Period Maximum
Coinsurance – Claims incurred outside US StudentSecure Select	For the Certificate Period, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Certificate Period Maximum
StudentSecure Budget	For the Certificate Period, Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after the Deductible, then 100% to the Certificate Period Maximum
Hospital Room and Board	Average Semi-Private room rate, including nursing services
Local Ambulance	\$350 per Injury or Illness, when covered Illness or Injury results in Inpatient hospitalization
Intensive Care Unit	Usual, Reasonable and Customary charges
Hospital Pre-certification Penalty	50% of Eligible Medical Expenses
Outpatient Treatment	Usual, Reasonable and Customary charges
Outpatient Prescription Drugs	50% of Actual charges
Mental Health Disorders	Outpatient: \$50 Maximum per day, \$500 Maximum Lifetime Inpatient: Usual, Reasonable and Customary charges to \$10,000 Maximum Lifetime Treatment must not be provided at a Student Health Center
Maternity Care for a Covered Pregnancy	Usual, Reasonable, and Customary charges
Routine Nursery Care of Newborn: StudentSecure Select	\$750 Maximum per Certificate Period
StudentSecure Budget	\$250 Maximum per Certificate Period
Therapeutic Termination of Pregnancy	\$500 Maximum per Certificate Period
Physical Therapy & Chiropractic Care	Maximum \$50 per visit per day Must be ordered in advance by a Physician and not obtained at a Student Health Center
Intercollegiate, interscholastic, intramural, or club sports	\$5,000 Maximum per Injury or Illness Medical expenses only
All Other Eligible Medical Expenses	Usual, Reasonable and Customary charges
Dental Treatment due to Accident	\$250 Maximum per tooth \$500 Maximum per Certificate Period
Dental Treatment to alleviate pain	\$100 Maximum per Certificate Period (not subject to Deductible or Coinsurance)
Emergency Medical Evacuation: StudentSecure Select	Not subject to Deductible or Coinsurance \$300,000 Participant Maximum Lifetime \$ 50,000 Spouse Maximum Lifetime \$ 50,000 Child Maximum Lifetime
StudentSecure Budget	Not subject to Deductible or Coinsurance \$250,000 Participant Maximum Lifetime \$ 50,000 Spouse Maximum Lifetime \$ 50,000 Child Maximum Lifetime
Repatriation of Remains: StudentSecure Select	\$25,000 Maximum (not subject to Deductible or Coinsurance)
StudentSecure Budget	\$15,000 Maximum (not subject to Deductible or Coinsurance)
Emergency Reunion: StudentSecure Select	\$2,500 Lifetime Maximum (subject to a maximum of 15 days, not

StudentSecure Budget	subject to Deductible or Coinsurance) \$1,000 Lifetime Maximum (subject to a maximum of 15 days, not subject to Deductible or Coinsurance)
Terrorism	\$50,000 Maximum Lifetime Limit Eligible Medical Expenses only
Accidental Death and Dismemberment StudentSecure Select	Not subject to Deductible or Coinsurance Principal Sum (Lifetime Maximum): \$25,000 Participant \$10,000 Spouse \$ 5,000 Child  Death – Principal Sum Loss of 2 Limbs – Principal Sum Loss of 1 Limb – One half Principal Sum
StudentSecure Budget	No Coverage

**UNITED STATES PREFERRED PROVIDER ORGANIZATION (PPO) REQUIREMENTS  
(StudentSecure Select ONLY)**

Nothing contained in this insurance restricts or interferes with the Member’s right to select the Hospital, Physician or other medical service provider of the Member’s choice. Nothing contained in this insurance restricts or interferes with the relationship between the Member and the Hospital, Physician or other providers with respect to treatment or care of any condition nor the right of any Member to receive, at his or her own expense, services and/or supplies that are not covered under this insurance.

To comply with the United States Preferred Provider Organization requirements, the Member must receive medical treatment from PPO providers while in the United States. If the Member chooses to comply with the PPO requirements, and the expenses are incurred in a PPO provider, Underwriters will waive the Coinsurance applicable to the expenses.

Members may review a listing of Hospitals, Physicians and other medical service providers included in the PPO Network for the area where the Member will be receiving treatment by accessing the Internet website for HCC Medical Insurance Services at: [www.hccmis.com](http://www.hccmis.com).

**PRE-CERTIFICATION REQUIREMENTS**

The following expenses must always be Pre-certified:

- Inpatient care
- any Surgery or Surgical Procedure
- care in an Extended Care Facility
- Home Nursing Care
- Durable Medical Equipment
- artificial limbs
- Computerized Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)
- Maternity (see special requirements in item 2 below)
- Newborn care

To comply with the Pre-certification requirements, the Member must:

1. Contact the Plan Administrator at the telephone number contained in the Member’s Certificate as soon as possible before the expense is to be incurred; and
2. If Pre-certification is for Maternity, contact the Plan Administrator at the telephone number contained in the Member’s Certificate as soon as possible but always
  - a. during the first 90 days of Pregnancy, and
  - b. immediately upon any change in status during Pregnancy, and
  - c. upon admission to a Hospital for Delivery; and
3. Comply with the instructions of the Plan Administrator and submit any information or documents they require; and
4. Notify all Physicians, Hospitals and other providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Plan Administrator.

If the Member complies with the Pre-certification requirements, and the expenses are Pre-certified, Underwriters will pay Eligible Medical Expenses subject to all terms, conditions, provisions and exclusions herein. If the Member does not comply with the Pre-certification requirements or if the expenses are not Pre-certified:

1. Eligible Medical Expenses will be reduced by 50%; and
2. The Deductible will be subtracted from the remaining amount; and
3. The Coinsurance will be applied.

Emergency Pre-certification: In the event of an Emergency Hospital admission, Pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

Pre-certification Does Not Guarantee Benefits – The fact that expenses are Pre-certified does not guarantee either payment of benefits or the amount of benefits. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein.

Concurrent Review – For Inpatient stays of any kind, the Plan Administrator will Pre-certify a limited number of days of confinement. Additional days of Inpatient confinement may later be Pre-certified if a Member receives prior approval.

## **CLAIM PROCEDURES**

Notice of Claim, Claimant's Statement and Authorization, and Proof of Claim must be mailed to:

HCC Medical Insurance Services, LLC  
P.O. Box 863  
Indianapolis, Indiana 46206

Proof of Claim – When Underwriters receive notice of claim, they will provide the Member with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments; and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of the Member.

The Member shall have 60 days beginning on the last day of the Certificate Period to submit Proof of Claim to Underwriters, unless medical services were rendered after the Certificate Termination Date, in which case the Member shall have 60 days from the date the claim is incurred to submit Proof of Claim to Underwriters. Subsequent to receipt of Proof of Claim, Underwriters may, at their sole discretion, request and require additional information, including but not limited to medical records, necessary to confirm the validity of any claim prior to payment thereof.

Appealing a Claim –

*Time Limit* – In the event Underwriters deny all or part of a claim under this insurance, the Member shall have 90 days from the date the notice of denial was mailed to the Member's last known address to file a written appeal with Underwriters. The written appeal must include sufficient information to identify the claim under appeal and must specify the reason(s) for the appeal with supporting documentation, if applicable.

*Appeal Procedure* – Within 30 days of Underwriters' receipt of the appeal, Underwriters' will review the claim. A written response will be forwarded to the Member. Within 60 days of receipt of Underwriters' response to the appeal, the Member may initiate a second appeal. Within 30 days of Underwriters' receipt of the second appeal, medical and/or claims personnel who were not involved in the original claim determination or the initial appeal will review the claim. A final determination will be made and a letter will be sent to the Member.

## **ELIGIBLE EXPENSES**

### **ELIGIBLE MEDICAL EXPENSES**

Subject to the Deductible, Coinsurance and limits set forth in the Schedule of Benefits and Limits, Underwriters will pay the following expenses incurred while this insurance is in effect:

1. Charges made by a Hospital for:
  - a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
  - b. Daily room and board and nursing services in Intensive Care Unit; and

- c. Use of operating, treatment or recovery room; and
  - d. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and
  - e. Emergency treatment of an Injury, even if Hospital confinement is not required; and
  - f. Emergency treatment of an Illness; however, within the US charges for use of the emergency room itself will not be covered unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness; and
2. For Surgery at an Outpatient surgical facility, including services and supplies.
  3. For charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
  4. For dressings, sutures, casts or other supplies which are Medically Necessary, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home.
  5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, behavioral and educational testing are not included).
  6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
  7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
  8. For radiation therapy or treatment and chemotherapy.
  9. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
  10. For oxygen and other gasses and their administration.
  11. For anesthetics and their administration by a Physician.
  12. For drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription.
  13. For care in a licensed Extended Care Facility upon direct transfer from an Acute Care Hospital.
  14. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an Acute Care Hospital and only in lieu of Medically Necessary Inpatient Hospitalization.
  15. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness resulting in Hospitalization.
  16. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
  17. Emergency Dental Treatment necessary to alleviate acute onset of pain, provided treatment is obtained within 24 hours of the acute onset of pain.
  18. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
  19. Physical Therapy if prescribed by a Physician for treatment of a covered Injury or Illness covered hereunder.
  20. For routine and Medically Necessary care of Newborns during the first 31 days of life provided the delivery of the Newborn is covered hereunder.
  21. For pre-natal care, delivery of Newborn, and post-natal care related to a Covered Pregnancy.
  22. For treatment of Mental Health conditions.

#### **ELIGIBLE EXPENSES – EMERGENCY MEDICAL EVACUATION**

Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses arising out of Emergency Medical Evacuation incurred while this insurance is in effect:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and
2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment.

#### Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of the insurance; and
- b. Underwriters will provide Emergency Medical Evacuation benefits only when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
- c. Underwriters will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
  - i. Medically Necessary treatment, services and supplies cannot be provided locally; and
  - ii. Transportation by any other method would result in loss of Member's life or limb; and
  - iii. Recommended by the attending Physician who certifies to the above; and

- iv. Agreed upon by the Member or a Relative of the Member; and
  - v. Approved in advance and coordinated by Underwriters; and
  - vi. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.
- d. Underwriters will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life or limb.
  - e. Underwriters will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

**ELIGIBLE EXPENSES – REPATRIATION OF REMAINS**

Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Repatriation of Remains expenses arising from the death of a Member:

- 1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
- 2. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. Repatriation of Remains must be approved in advance and coordinated by Underwriters; and
- c. Underwriters will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
- d. Underwriters will provide Repatriation of Remains Benefits only when the Death of the Member occurs while this insurance is in effect; and
- e. Underwriters will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays which are not within their direct and immediate control. Further, Underwriters are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

**EMERGENCY REUNION – ELIGIBLE EXPENSES**

Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Emergency Reunion expenses, following an Emergency Medical Evacuation under this insurance or in the event that a Member is hospitalized as Inpatient for at least five days due to a life-threatening condition:

- 1. The cost of an economy round-trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is Hospitalized or is to be Hospitalized following Emergency Medical Evacuation; and
- 2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is Hospitalized for a period not to exceed 15 days.

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. Emergency Reunion must be approved in advance and coordinated by Underwriters; and
- c. Underwriters will provide Emergency Reunion Benefits only following: (1) an Emergency Medical Evacuation of a Member that is covered hereunder; or (2) Inpatient Hospitalization of a Member for at least five days due to a life-threatening covered condition.
- d. Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five day Inpatient Stay.

**ELIGIBLE EXPENSES – ACCIDENTAL DEATH AND DISMEMBERMENT (StudentSecure Select ONLY)**

Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – Underwriters will pay the Principal Sum to the Beneficiary. The Principal Sum is \$25,000 for Participants, \$10,000 for Spouses, and \$5,000 for Children.
2. Accidental Dismemberment –
  - a. Loss of 2 or more Limbs or Sight in both eyes – Underwriters will pay the Principal Sum, as indicated in item 1 of this section, to the Member.
  - b. Loss of 1 Limb or Sight in one eye – Underwriters will pay one-half of the Principal Sum, as indicated in item 1 of this section, to the Member.

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and
- c. In no event will Underwriters’ payment under this benefit total more than the Principal Sum.

**WAR, TERRORISM, BIOLOGICAL, CHEMICAL, NUCLEAR EXCLUSION**

War, Terrorism, Biological, Chemical, Radioactive, Nuclear: Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
2. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion (2) shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
3. any Act of Terrorism, except as follows:

Underwriters will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in the Schedule of Benefits and Limits, provided all of the following conditions are met:

- a. The Injury or Illness does not result from the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; and
- b. The Member has no direct or indirect involvement in the Act of Terrorism; and
- c. The Act of Terrorism is not in a country or location where the United States government has issued a travel advisory that has been in effect within the 6 months immediately prior to the Member’s date of arrival; and
- d. The Member has not unreasonably failed or refused to depart a country or location following the date an advisory to leave that country or location is issued by the United States government.

For the purpose of this insurance, an “Act of Terrorism” means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This insurance also excludes coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (1), (2) or (3) above.

If Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Member.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

## OTHER EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance during the first 12 months of coverage.
2. Coverage Area – For all non-US citizens electing the Coverage Area “Excluding the US” and for all US citizens or residents, no coverage is provided within the United States, except for US citizens or residents during an eligible Incidental Home Country visit or an eligible Benefit Period.
3. Routine pre-natal care, Pregnancy, child birth, post natal care, and routine nursery care of a newborn, unless directly related to a Covered Pregnancy as defined herein.
4. Treatment for or related to any congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance.
5. Charges which are not Incurred, as herein defined, by a Member during his/her Certificate Period.
6. Charges for treatment of any condition(s) when the purpose of departing the Home Country was to obtain treatment in the destination country/countries.
7. Charges for any benefit hereunder which are not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
8. Treatment, services or supplies which are not administered or ordered by a Physician.
9. Treatment, services or supplies which are not Medically Necessary.
10. Treatment, services or supplies provided at no cost to the Member.
11. Charges which exceed Usual, Reasonable and Customary.
12. Telephone consultations or failure to keep a scheduled appointment.
13. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
14. While confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
15. Weight modification or surgical treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass Surgery.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member, including but not limited to sex-change Surgery.
17. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
18. Treatment of Members who are HIV+ or have AIDS or ARC.
19. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: any form of birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
20. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
21. Elective termination of pregnancy.
22. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
23. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and for any examination or fitting related to these devices.
24. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
25. Treatment of the temporomandibular joint.
26. Expenses in excess of \$5,000 for Injury or Illness sustained while taking part in intercollegiate, interscholastic, intramural, or club sports, and all expenses for any Injury or Illness sustained while taking part in any other Amateur Athletics. This does not include athletic activities which are non-contact and engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes unless such sports or activities are otherwise excluded by this insurance.
27. Injury sustained while taking part in the following activities:
  - a. professional sports; and
  - b. mountaineering where a reasonably prudent person would use ropes or guides or at elevations of 4,500 meters or higher; and
  - c. aviation (except when traveling solely as a passenger in a commercial aircraft); and
  - d. hang gliding, sky diving, parachuting or bungee jumping; and
  - e. snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and
  - f. racing by any animal or motorized vehicle; and
  - g. spelunking; and

- h. subaqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; and
  - i. jet skiing; and
  - j. any other sport or activity, including Extreme Sports, which is undertaken for thrill seeking and exposes the Member to abnormal risk of Injury.
28. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
  29. Willfully self-inflicted Injury or Illness and/or any complications or consequences thereof.
  30. Venereal disease and sexually transmitted disease.
  31. Immunizations, Routine Physical Exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes.
  32. Treatment by a chiropractor, unless ordered in advance by a Physician for Medically Necessary treatment related to an Injury or Illness covered hereunder.
  33. Expenses for physical therapy or treatment for Mental Health Disorders if treatment is obtained at a Student Health Center.
  34. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
  35. Treatment of Substance Abuse.
  36. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
  37. Any services, supplies, or treatments performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
  38. Orthoptics and visual eye training.
  39. Services, supplies, or treatment that are not included as Eligible Expenses as described herein.
  40. The following care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
  41. Services, supplies, or treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
  42. Treatment of sleep disorders.
  43. Exercise programs, whether or not prescribed or recommended by a Physician.
  44. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
  45. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
  46. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
  47. Organ or Tissue Transplants or related services.
  48. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.

## DEFINITIONS

**Accident:** A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical Injury to the Member.

**Accidental Death:** A sudden, unintentional and unexpected occurrence resulting in physical Injury of the Member and subsequently death of the Member. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence.

**Accidental Dismemberment:** A sudden, unintentional and unexpected occurrence resulting in complete severance from the body of one or more Limbs or eyes. For purposes of the Accidental Death and Dismemberment benefit provided by this insurance, the term "Limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of Sight shall mean: complete, permanent, irrevocable loss of sight.

**Acute Onset of Pain (Emergency Dental):** A sudden and unexpected occurrence of pain which occurs spontaneously and without advance warning, either in the form of Physician or Dentist recommendation or symptoms, including pain, which would have caused a prudent person to seek medical or dental attention prior to the onset of pain. Treatment must be obtained within 24 hours of the sudden and unexpected occurrence of pain.

**AIDS:** Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

**ARC:** AIDS Related Complex as that term is defined by the United States Centers of Disease Control.

**Amateur Athletics:** A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes and not for wage, reward or profit. Covered

Amateur Athletics, when engaged in through intercollegiate, interscholastic, intramural, or club organizations, are: basketball, baseball, cross country, dance team, football, golf, kickball, soccer, softball, swimming, tennis, track, volleyball, weight training, and wrestling.

**Application:** The fully answered and signed Application which is attached to this Master Policy and the fully answered and signed Application which is attached to the Certificate issued to the Member.

**Assured:** The Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda.

**Beneficiary:** For Participants, the individual named in the Participant's Application to be the recipient of any Accidental Death. For Spouse and/or Children enrolled in the Plan, the Beneficiary is automatically the Participant.

**Certificate:** The document issued to the Member which provides evidence of benefits payable under this Master Policy, and which includes the Member's Application.

**Certificate Period:** The period of time beginning on the date and time of the Certificate Effective Date and ending on date and time of the Certificate Termination Date. The maximum Certificate Period is 12 months.

**Coinsurance:** The payment by the Member of Eligible Expenses at the percentage specified in the Schedule of Benefits and Limits.

**Covered Pregnancy:** The Pregnancy, of a Participant or a Dependent over the age of 18, which began after the Effective Date of coverage.

**Custodial Care:** That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Member.

**Declaration:** The Declaration is attached to and forms a part of this Master Policy.

**Deductible:** The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits, that the Member must pay per Illness or Injury.

**Dental Treatment:** The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Dependent:** The Participant's legally married spouse, or the Participant's unmarried child under age 19 years and chiefly dependent on the Participant for support and maintenance, who is enrolled for coverage under this Plan.

**Durable Medical Equipment:** A standard basic hospital bed and/or a standard basic wheelchair.

**Educational or Rehabilitative Care:** Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Member's life or limb in danger if medical attention is not provided within 24 hours.

**Extended Care Facility:** An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the state in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

**Extreme Sports:** Sports involving adrenaline-inducing action, including but not limited to BASE jumping, BMX freestyle, free-diving, skateboarding, skysurfing, surfing, whitewater kayaking, and whitewater rafting.

**Full-time Scholar:** An individual who is affiliated with an educational institution and is engaging in educational activities for at least 30 hours per week. These activities may include but not be limited to performing research in an area of specialty or teaching for a temporary period of time.

**Full-time Student:** A student at a college or university who is taking 10 credit hours (undergraduate students) or 6 credit hours (graduate students). Full-time Student status for individuals enrolled at colleges or universities that do not use a credit hour system must provide documentation of Full-time Student status.

**HIV±:** Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

**Home Country:** The Participant's Home Country is the country of Principal Residence as declared on the Application form. The Principal Residence is the location of the Participant's true, fixed, and permanent home. The Dependent's Home Country is the same as that of the Participant, regardless of the location of the Dependent's Principal Residence.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

**Home Nursing Care:** Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

**Hospital:** An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not

primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

**Host Country:** The country, other than the Home Country, in which the Participant will engage in educational pursuits. For US citizens and residents, the Host Country must be outside the US, including the US Virgin Islands and Puerto Rico. US citizens and residents residing within the continental US, Alaska, and Hawaii are eligible for coverage in Guam, American Samoa, and the Northern Mariana Islands.

**Illness:** A sickness, disorder, illness, pathology, abnormality, ailment, disease or any other medical, physical or health condition. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

**Incurred:** A charge is incurred on the date the service is provided or supply is purchased.

**Injury:** Bodily Injury resulting from an Accident.

**Inpatient:** A person who is an overnight resident patient of a Hospital, using and being charged for room and board.

**Intensive Care Unit:** A Cardiac Care Unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Investigational, Experimental or for Research Purposes:** Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

**Medically Necessary:** A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to the Member or provider, and/or is not appropriate for the Member's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

**Medical Specialist:** A Physician whose focus is one particular branch of Medicine. A Medical Specialist must be currently licensed by the state in which the services are provided, and the services must be within the scope of that license.

**Member:** An individual who is covered under this insurance.

**Mental Health Disorder:** A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Outpatient:** A Member who receives Medically Necessary treatment by a Physician for Injury or Illness that does not require overnight stay in a Hospital.

**Participant:** The Full-time Student or Full-time Scholar who is pursuing international educational activities outside of his/her Home Country and who is enrolled for coverage under this Plan.

**Physician:** A doctor of Medicine (MD), doctor of Dental Surgery (DDS), doctor of Dental Medicine (DDM), doctor of Podiatry (DPM), doctor of Osteopathy (DO), doctor of Chiropractic (DC), a licensed Physical Therapist or Physiotherapist, and a doctor of Psychiatry (Psy.D) and a doctor of Psychology (Ph.D). A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services must be within the scope of that license.

**Plan Administrator:** HCC Medical Insurance Services, LLC, 251 North Illinois Street, Suite 600, Indianapolis, Indiana, 46204, Telephone (317)262-2132, Fax (317)262-2140.

**Pre-existing Conditions:** Any (1) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the 12 months immediately preceding the Certificate Effective Date; (2) condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 12 months immediately preceding the Certificate Effective Date; (3) injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application or within the 12 months immediately preceding the Certificate Effective Date.

**Pregnancy:** The physical condition of being pregnant.

**Registered Nurse:** A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

**Relative:** Biological or step parent, current spouse, biological or stepsiblings, or child or stepchild, age 18 or older.

**Routine Physical Exam:** Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition. Routine Physical Exam also includes diagnostic labs, x-rays, and other procedures for screening, preventative, or informative purposes.

**Student Health Center:** A medical facility of an educational institution that provides basic health services for students for a minimum of 10 hours per week during the school semester. Basic services must include staffing by a licensed medical provider (MD, CNP, or RN) for the purpose of assessment and treatment of minor Illnesses and Injuries and/or referral to another medical provider.

**Substance Abuse:** Alcohol, drug or chemical abuse, overuse or dependency.

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

**US:** The United States of America including all states, districts, territories and possessions.

**Therapeutic Termination of Pregnancy:** Willful termination of pregnancy determined to be Medically Necessary for the wellbeing of the mother.

**Treatment:** Care, including but not limited to consultation, diagnostic testing, drug prescription, evaluation, examination, and therapy, involving the administration of medical management for an Injury or Illness.

**Usual, Reasonable and Customary:** The most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are Reasonable. What is defined as Usual, Reasonable and Customary Charges will be determined by Underwriters. In determining whether a charge is Usual, Reasonable and Customary, Underwriters may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.

***This Description of Coverage is a summary of the provisions contained in Master Policy No. 101920-STU. For a complete copy of the Master Policy, please contact HCC Medical Insurance Services.***