

## **A Plan of Insurance**

### *designed for eligible participants who enroll in the*

## **World Class International**

## **Students & Scholars Program**

*administered by* Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788  
*This plan is underwritten by* The Insurance Company of the State of Pennsylvania, a member of the Chartis, INC

*Benefits are provided for eligible persons (Insured's). This plan of insurance is evidence of an insured's personal insurance and assistance services under this plan. Policy terms and conditions are briefly outlined in this Plan of Insurance. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, and the Participating Organization. In the event of any conflict between this Plan of Insurance and the Master Policy, the Policy will govern.*

<b>Schedule of Benefits</b>	<i>Policy # GLB 9111603</i>
<b>Coverage and Services</b>	<b>Maximum Limits</b>
<b>Section I</b>	
<b>Insurance for F-1, J-1, M-1 visa holders</b>	
• Medical expenses (per Accident or Sickness):	
Deductible	\$200 – <i>reduced to \$100 if treatment is first rendered at the student health center</i>
Emergency Room Deductible	\$300 (for non-emergencies)
Limit	\$250,000 at 80%
<b>Insurance for Dependents of F-1, J-1, M-1 visa holders</b>	
• Medical Accident (per Accident or Sickness):	
Deductible	\$200
Emergency Room Deductible	\$300 (for non-emergencies)
Limit	\$50,000 at 80%
<b>Section II</b>	
• Medical Evacuation/Repatriation	\$100,000
Return of Mortal Remains	\$50,000
• Team Assist # GLB 9111603	

of period of requested coverage for which the premium has been paid, b) the date you cease to be eligible for coverage, c) termination of the Master Policy. Coverage begins and terminates at 12:01 a.m. on the dates specified.

### **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.

The first such expense must be incurred by an Insured within 30 days after the date of the accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured within 52 weeks from the date of the accident or commencement of the Sickness; and
- The Insured 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**

The Company 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 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 Illness must occur within 30 days of the accident or onset of the Illness.

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

### **Eligibility requirements**

This program is designed for international students and scholars, exchange program participants or others with a valid passport and F-1, J-1 or M-1 visa who have not applied for permanent residency in the host country. Eligible dependents include spouse and unmarried dependent children under 18 years of age who accompany you and have a similar visa or passport.

### **Period of coverage**

The plan becomes valid when the eligible person's application and correct premium has been accepted by the Plan Administrator. The effective date of your coverage is the latest of the following: a) your requested effective date or b) two days after the date the completed Enrollment Form and premium have been received by the Administrator. Coverage terminates when the first of the following occurs: a) expiration

The Deductible amount consists of Covered Expenses which would otherwise be payable under this policy. These expenses must be borne by the Insured Person.

## Covered Accident and Sickness Medical Expenses

*Only such expenses, incurred as the result of a Disablement, 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 or \$750 per day, whichever is less.
- Charges made for Intensive Care or Coronary Care charges and nursing services. Intensive care facility charges will be payable up to \$1,000 per day.
- Charges made for diagnosis, treatment and Surgery by a Physician.
- 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, Physicians' 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 (outpatient x-ray services and laboratory tests are limited to \$1,000 each.)
- Charges for inpatient physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician 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, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Nervous or Mental Disorders are payable a) up to \$500 for outpatient treatment; or b) up to \$5,000 on an inpatient basis. the Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- Medical expenses incurred for treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to \$10,000.
- Medical expenses incurred for treatment of sports related accidents are payable up to \$5,000.

## Exclusions

*For benefits listed in the Schedule of Benefits, this Insurance does not cover:*

- Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, 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 Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting 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 Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and

any eligible expenses incurred thereafter will be considered for reimbursement; or

- c) Emergency Medical Evacuation/Repatriation and Return of Mortal Remains
- 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 Physician.
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.
- declared or undeclared war or any act thereof.
- Injury sustained while participating in professional athletics, unless otherwise covered under the Policy.
- Injury sustained while participating in Amateur or Interscholastic Athletics, unless otherwise covered under the Policy.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, including routine care of a newborn infant, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
- 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 Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Outpatient treatment for specified therapies including physiotherapy and acupuncture.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery.
- Treatment and the provision of false teeth or dentures, normal ear 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 Accidental bodily Injury incurred while insured hereunder.
- Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
- Injury sustained while under the influence of or Disablement due to 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 for a condition which is covered hereunder.
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under the Policy.
- 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.
- Expenses which are non-medical in nature.
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.

- Expenses as a result 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; motorcycle/motor scooter riding; water skiing, snow skiing, snowboarding.
- 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 any individual.
- Injuries for which benefits are payable under any no-fault automobile Insurance Policy, unless otherwise covered under the Policy.
- Dental care, except as the result of Injury to natural teeth caused by accident (limited to \$250 per tooth per Injury), unless otherwise covered under the Policy.
- Routine Dental Treatment.
- Drug, treatment or procedure that either promotes or prevents conception, or prevents 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 their related treatment.
- Expenses incurred within the Insured Person's Home Country or country of residence.
- 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.

## Definitions

**Administrator** or **Plan Administrator** Cultural Insurance Services International

**Amateur** or **Interscholastic Athletics** means a sponsored and/or organized league.

**Company** is The Insurance Company of the State of Pennsylvania

**Dependent** means the spouse who is legally married to the Primary Insured Person; the Primary Insured Person's unmarried Child from birth until his/her 19th birthday.

**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'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 a covered accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

**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.

**Hospital** 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.

**Illness** means sickness or disease of any kind contracted and commencing after the Effective Date of the Policy and Disablement covered by the Policy.

**Injury** 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 Disablement covered by the 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 and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

**Physician** 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, however, such definition will exclude chiropractors and physiotherapists.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness 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 the Company determines are relevant, including but not limited to, a resource based relative value scale.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

## Claim provisions

**Legal Actions** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with requirements of the Policy. No such action shall be brought after expiration of three years after that time written Proof of Loss is required to be furnished.

**Subrogation** To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

**Payment of Claims** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such estate or to such beneficiary. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the Insured Person or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by the Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

**Physical Examination and Autopsy** The Company at its own expenses shall have the right to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.