World Class Coverage Plan  
**designed for**  
The Board of Regents of the University System of Georgia  
**2017-2018**  
Policy # GLM N10892880  

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322  
This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies  

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

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<th>Schedule of Benefits</th>
<th>Maximum Limits</th>
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<td><strong>Accidental Death and Dismemberment Per Insured:</strong></td>
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<tr>
<td>Faculty/Student</td>
<td>$25,000</td>
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<tr>
<td>Spouse</td>
<td>$10,000</td>
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<tr>
<td>Per Child</td>
<td>$5,000</td>
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<td><strong>Medical expenses (per Covered Accident or Sickness):</strong></td>
<td></td>
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<tr>
<td>Deductible</td>
<td>zero</td>
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<tr>
<td>Benefit Maximum</td>
<td>$500,000 at 100%</td>
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<td>$5,000</td>
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<tr>
<td><strong>Quarantine Benefit</strong></td>
<td>$2,500</td>
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<td><strong>Return of Minor Child(ren)</strong></td>
<td>$2,500</td>
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<td><strong>Trip Interruption</strong></td>
<td>$1,000</td>
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<td><strong>Trip Delay</strong></td>
<td>$500 ($100/day)</td>
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<td><strong>Lost Checked Baggage</strong></td>
<td>(deduct. $50, $100/item) $250max</td>
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<tr>
<td><strong>Team Assist Plan (TAP): 24/7 medical, travel, technical assistance</strong></td>
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<tr>
<td><strong>Emergency Medical Evacuation</strong></td>
<td>100% of Covered Expenses</td>
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<tr>
<td>Participants in Antarctica</td>
<td>$250,000 max</td>
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<tr>
<td><strong>Repatriation/Return of Mortal Remains</strong></td>
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<tr>
<td>Participants in Antarctica</td>
<td>$250,000 max</td>
</tr>
<tr>
<td><strong>Security Evacuation (Comprehensive)</strong></td>
<td>$100,000</td>
</tr>
<tr>
<td><em>Aggregate of $2.5M</em></td>
<td></td>
</tr>
</tbody>
</table>

**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**. All students and accompanying faculty and staff who are enrolled as University System of Georgia study abroad participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

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

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

**Accident and Sickness Medical Expenses**

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the **Schedule of Benefits**. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

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

**Covered Accident and Sickness Medical Expenses**

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

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers,
Doctors’ outpatient visits/examinations, clinic care, and surgical opinion consultations.

- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are treated as any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $10 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is $1,000 which includes x-ray and evaluation charges.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Therapeutic termination of pregnancy is covered up to a maximum of $500.
- Charges for the replacement of broken eyeglasses or lost contacts up to a maximum benefit of $75.
- Charges due to a Pre-Existing Condition are covered up to $10,000 on a primary basis. Any remaining costs are payable secondary to any other insurance plan, up to the Medical Expense maximum.

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

Emergency Medical Reunion
When an Insured Person is hospitalized for more than 6 consecutive days, we will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person’s current Home Country to the location where the Insured Person is hospitalized. We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. “Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

Home Country Benefit
We will pay the benefit shown in the Schedule of Benefits when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person’s return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the Schedule of Benefits. This coverage will end on the earlier of the date the Insured Person’s coverage would otherwise end or the end of the Policy Term.

Program Fee Refund Benefit (Student Only)
We will reimburse the Program Fee if the Insured Student would otherwise be eligible for benefits under the Policy but is prevented from taking the Trip due to the death of a Family Member. Benefits are payable up the maximum shown in the Schedule of Benefits only if:
1) the event causing the cancellation of participation in the Trip occurs within 30 days prior to the scheduled departure date; 2) to the extent the program fee has been paid and is not refundable We will not reimburse any amount of the Program fee for: a) the Program Application fee; b) any deposit paid to confirm participation in the Program; or c) any insurance premiums or fees.

Quarantine Benefit
We will pay expenses incurred for up to the Benefit Maximum shown in the Schedule of Benefits if the Insured Person is subject to Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person’s Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of 7 days after the Quarantine is issued or the date the Quarantine expires. Covered Expenses: 1) Reasonable expenses incurred for lodging and meals; 2) Cost of a one-way economy airfare ticket to either the Insured Person’s Home Country or to re-join the Trip; and 3) Non-refundable travel arrangements.

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

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

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by Our assistance provider.

Trip Interruption Benefit
We will reimburse the cost of a round trip ticket of an Insured Person’s trip, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her trip is interrupted as the result of the death of a Family Member, provided at least 30 days remain in the Insured Person’s Term of Coverage at the time he or she notifies Us of the event. The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence.

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

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

“Quarantine” means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a
In addition, this Insurance does not cover Medical Expense Benefits for:

- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insuured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers’ Compensation, Employers’ Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

In addition to the Policy Exclusions, We will not pay Lost Checked Baggage Benefits for:

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

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

Definitions
Company shall be ACE American Insurance Company.

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

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and are reasonable and customary.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

Dependent means an Insured's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for financial support; and 4) any child who is related to the Insured without regard to the child: a) was born out of wedlock; or b) is claimed as a dependent on the Insured's federal tax return.

A Dependent may also include any other person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Definitions of Pre-Existing Conditions

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person which could reasonably result in placing the Insured Person's life or limb in danger if not treated promptly. A Pre-Existing Condition is, under each stated benefit:

1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is reasonable and customary for Covered Expenses. Such expenses include amounts charged by other service providers for the same or similar service in the locality where received, which are usually provided. We determine what is reasonable and customary based on the nature and severity of the injury or sickness in connection with the condition or treatment.

Term insurance means insurance providing benefits only during the policy term. A policy term may be the length of time the policy is in force, the number of payments required to be made under the policy, the number of premiums paid, or any other measure of time stated in the policy.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

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

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

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

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

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

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral condition commencing after the Effective Date of this Policy and covered by this Policy.

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

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

Reasonable and Customary means the maximum amount that We determine is reasonable and customary for Covered Expenses. Such expenses include amounts charged by other service providers for the same or similar service in the locality where received, which are usually provided. We determine what is reasonable and customary based on the nature and severity of the injury or sickness in connection with the condition or treatment.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

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

For more information about the ACA, please refer to www.HealthCare.gov

This information provides a brief description of the important features of this insurance plan. If you have any questions about the terms and conditions of the policy, please contact us directly. The terms and conditions of the policy are described in the policy document.