LewerMark®

# Plan Brochure

2026-2027

## Oaks Christian School

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## Program Managed and Administered by:

**The Lewer Agency, Inc.** *(the "Program Manager")*

www.lewermark.com | 1(800) 821-7710

## Underwritten by:

**SiriusPoint International Insurance Corporation** *(the "Company")*

UK Branch | 33 Gracechurch Street | London EC3V 0BT, UK

**Policy Number:** LM-8675309-935

# IMPORTANT CONTACT INFORMATION

## LEWERMARK STUDENT ADVOCACY TEAM

For questions regarding benefits or claims status, contact:

- Toll Free: **1 (800) 821-7710** (Monday–Friday, 7:00 a.m. to 7:00 p.m. Central Time)
- Chat with us at: www.lewermark.com
- Email us at: lewermarksupport@lewer.com
- Your school webpage: www.lewermark.com/oaks

## TELADOC

Teladoc is a convenient and affordable option that allows you to talk to a doctor or therapist who can diagnose, recommend treatment, and prescribe medication, when appropriate, for many mental health and medical issues.

- Download: FREE **TELADOC** app from your device's app store today
- Web: teladochealth.com
- 24/7 Care Toll Free: **1 (800) 835-2362**

## SCHOLASTIC EMERGENCY SERVICES

After dialing 911, contact Scholastic Emergency Services if there is a life-threatening emergency or illness.

- Toll Free: **1 (877) 488-9833** (Toll free inside the USA)
- Phone: **1 (609) 452-8570** (If calling outside of the USA)

## PPO NETWORK

To locate doctors and facilities within the Aetna network, visit: Find an Aetna Provider

# Quality Care + Convenience

## Telehealth 24/7 Care

Teladoc provides 24/7 access to U.S. board-certified doctors by phone. Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment, and prescribe medication, when appropriate, for many medical issues including:

- Sinus problems
- Bronchitis
- Allergies
- Cold and flu symptoms
- Respiratory infection

**Contact TELADOC 24/7/365 • Toll-Free: 1(800) 835-2362**

## Mental Health Complete

This student assistance program is designed to support international students to resolve mental and physical health concerns. Teladoc's friendly and caring licensed therapists are available to help with a broad range of mental health needs. Additional resources include live coaching, digital programs, diverse language providers, and 24/7 crisis care. Students can call or video chat with no limit.

### Counseling and psychiatric support provided for:

- Adapting to new cultures
- Managing anxiety, depression, & negative thoughts
- Grief, loss, PTSD, OCD, & mild disordered eating
- Promoting wellness & resiliency
- Stress, adjustment, sleep, relationships, and more

### Additional Resources:

- Live coaching
- Digital Programs
- Diverse language providers
- 24/7 crisis care
- No out-of-pocket cost

**Contact TELADOC Mental Health Complete • Toll Free: 1 (800) 835-2362**

**Download the TELADOC App! www.teladoc.com**

GET IT ON Google Play

Download on the App Store

## Service Arrangements for Emergency Situations

Students, staff and/or parents should immediately contact Scholastic Emergency Services if there is a life-threatening emergency or illness. **SES will not reimburse you for services;** instead, SES arranges and pays for the services itself. You must contact SES immediately so SES can arrange for necessary services.

**If you call 911 for a medical emergency, your next phone call should be to Scholastic Emergency Services.**

SES will make all arrangements to provide the following:

- Assistance finding a provider
- Translation assistance
- Medical evacuation transportation
- Critical care monitoring
- Compassionate family visit
- Medical trauma counseling
- Prescription assistance
- Emergency message transmission
- Repatriation (return of mortal remains)
- Legal assistance

**CONTACT SES 24/7**

**1 (877) 488-9833** (Toll free inside the USA)

**1 (609) 452-8570** (If calling outside the USA)

Reference Number: **01-AA-LEW-05034**

**IMPORTANT:**
**You must call SES prior to using any of the above services**

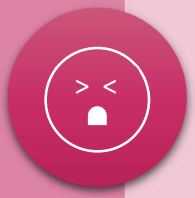
# URGENT CARE VS. EMERGENCY ROOM

## Where should I go when I'm sick?

It can be difficult to know where to get treatment when you're sick. We've made a list of suggestions below – we hope this helps!

### CVS MINUTE CLINIC OR URGENT CARE

- Colds, Coughs, and Sore Throats
- Earaches
- Minor Cuts
- Potential Muscle / Ligament Strain
- Sunburn / Minor Cooking Burn
- Itchy Skin / Rashes
- Fever / Flu
- Sexually Transmitted Diseases
- Upset Stomach
- Problems with Urination



### EMERGENCY ROOM

- Loss of Consciousness
- Intolerable / Uncontrollable Pain
- Shortness of Breath
- Chest Pain / Pressure
- Poisoning
- Major Injuries / Broken Bone
- Severe or Worsening Allergic Reaction
- Unable to Move
- Severe Bleeding
- Deep Cuts Requiring Stitches

*Note: LewerMark does not offer medical advice. This information is presented to help international students better understand the U.S. health care provider and delivery system. In all situations, you should rely on your own best judgement in choosing when and where to receive health care services.*

# LOGGING INTO YOUR STUDENT ACCOUNT

Go to www.lewermark.com and click the button, "**Student Login**".

Type your student ID number in the space provided.

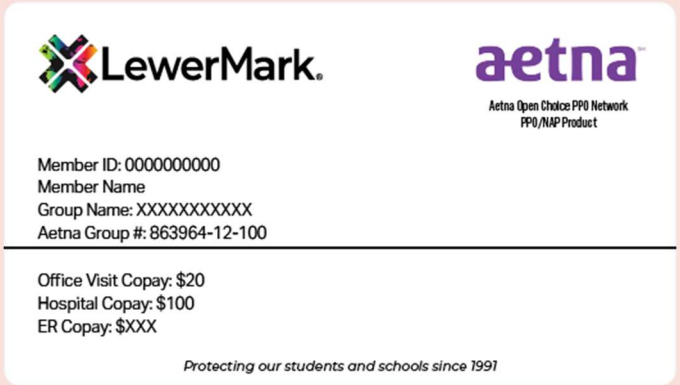
Your default password is your date of birth in order of month, day, then year. *For example, November 3, 2003, would be 11032003.*

The first time you log in, you will be asked to change your password and add a security question. **Do not skip this step.** When you log back into your account you will use your new, unique password.

On your account page, click the menu icon and a list appears. You can choose to download or print your ID card. Click "**ONLINE ID CARD**" to bring up your insurance ID card.

We recommend keeping a copy of your ID card on your phone, so you always have it with you! You will use your card when you go to a doctor or pharmacy. ***Tip**: Tell them you have "Aetna".*

***Front of the ID card***




***Back of the ID card***

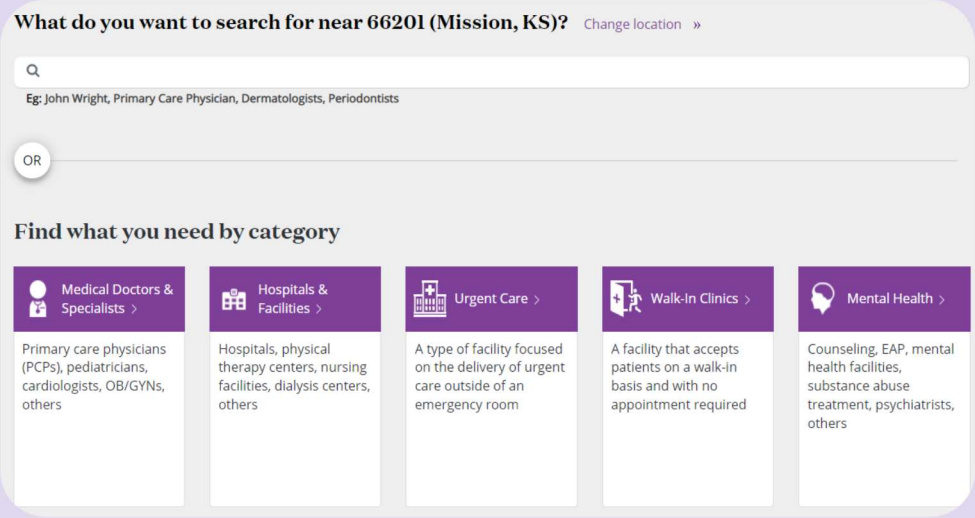
**If you have trouble logging in to your account or getting your ID card, please contact our Student Advocacy Team. You can reach us through chat at lewermark.com, by phone at 1 (800) 821–7710, or by email at lewermarksupport@lewer.com.**

# HOW TO FIND A DOCTOR

To find a doctor who is **in your network**, follow these steps:

1. Go to **www.lewermark.com**
2. Click the **"Find a Doctor"** button
3. Click **"Find an AETNA Provider"**
4. In the box that says **"Enter location here"**, type your **city or zip code**
5. Select **"Passport to Healthcare Primary PPO Network"**

If you want more options, you can also choose **"Passport to Healthcare Secondary PPO Network."**

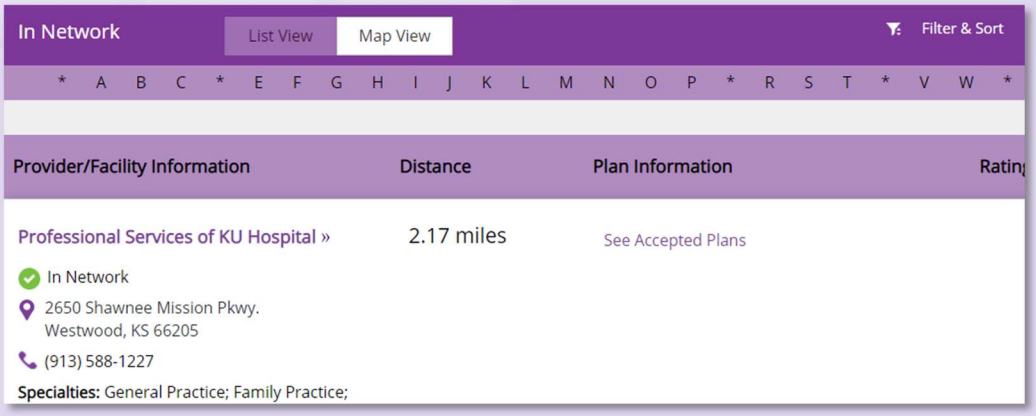



From this screen, you can see if a doctor is in-network by typing their name next to the magnifying glass.

If you select "**Medical Doctors & Specialists**" and then "**Doctors (Primary Care)**" and then "**General Practice**," you will receive a list of doctors in-network. You may also search by category for the type of doctor or medical care facility you would like to visit.

***Tip**: Call ahead to make sure the doctor is currently in-network with Aetna and to see if they are taking new patients.*

***Tip**: You can filter your search. For example, you can filter by gender or by the language a doctor speaks.*




**If you need help finding a doctor or hospital, contact our Student Advocacy Team through chat on lewermark.com, by phone at 1 (800) 821–7710, or by email at lewermarksupport@lewer.com.**

# WHAT IS A CLAIMS QUESTIONNAIRE?

You may receive an email requesting a claims questionnaire after you visit the doctor or go the hospital. We use the information you provide on the Claims Questionnaire to help process your claim. If you need help filling this out, please contact us!

## CLAIMS QUESTIONNAIRE

LewerMark Student Insurance™

*Important: An incomplete questionnaire could result in the delay of processing your claim.*

*Administered by: The Lewer Agency, Inc.*

Name: * Date of Birth (mm/dd/yyyy): *

Name of school: * Insurance I.D. Number: *

E-mail Address: *

For assistance : Call: 1-800-821-7710 Email: lewermarksupport@lewer.com Chat with us: www.lewermark.com

Name of condition or injury: *

How did your injury, accident, illness, or other condition occur?

*

How did the injury happen? *Select...

Date of injury or date your symptoms were first noticed: *

Have you ever been treated for this condition before? * ○ Yes * ○ No First date Last date

If yes, when was the first and last time you were seen or treated by the doctor for this condition?

List all medications that you are currently taking and dates you started taking them:

### Notice and Proof of Claim - Timely Filing Requirement

The Policy requires written proof of loss be given to the Program Manager within 90 days after the date of loss or as soon as thereafter as reasonably possible. Notice should include the name of the Covered Student, the Participating School's identifying number, and the Covered Student's contact information, including address and email address, and any other necessary information that may be reasonably required. If services are rendered on consecutive days, such as for hospital confinement, the date of loss will be considered the last date of service. The Program Manager will not deny nor reduce any claim if it were not reasonably possible to give proof of loss in the time required. In any event, proof must be given to the Program Manager within one year after the date of service. If a claim is timely filed, but the plan's Program Manager requests additional documentation, the healthcare provider has up to one year to submit the requested information.

# SCHEDULE OF BENEFITS

***This document is intended to be read in its entirety. To understand all the conditions, exclusions, and limitations applicable to the Policy's benefits, please read all Policy provisions carefully. Only those benefits elected by each Participating School and shown on its Schedule of Benefits will apply to its enrolled Covered Students.***

The Company has appointed the Program Manager to administer the Master Policy on its behalf. References to the Program Manager throughout this Brochure or the Policy include the Company where appropriate. Any notice delivered to the Program Manager shall be considered received by the Company.

**The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by the Master Policy. The benefits summarized in this Brochure may be subject to definitions, exclusions, and provisions. Please see the Policy for full details.**

**Eligible Student**

An Eligible Student is a registered and enrolled student of a Participating School who is all of the following:

1. a legal resident of a country other than the United States, its territories, or possessions;
2. enrolled and actively engaged in Full-Time Studies;
3. has not been granted permanent residency status in the United States, its territories, or possessions; and
4. holds and continually maintains an F-1, J-1, M-1, Q-1 or other approved category of student visa or immigration status.

An Eligible Student is no longer enrolled and actively engaged in Full-Time Studies upon graduation, and, therefore, upon graduation the Eligible Student becomes ineligible for coverage under the Plan. However, the Eligible Student may be entitled to up to 60 days of continued coverage after graduation if one of the following exceptions apply:

1. the Eligible Student is transferring to another educational institution; or
2. the Eligible Student qualifies for Extended Coverage because they have graduated, are returning to their Home Country, and applied for Extended Coverage as required by the Master Policy.

The Policy does not provide students an insured term off. However, an extra-contractual accommodation may be available, subject to prior written approval by the carrier. Insured terms off may be available in only two circumstances: for medical necessity or vacation. Insured terms off are limited to one term per school year. A "term" refers to a single session of the school's academic year (e.g., a school on a semester system has three terms – fall, winter, and summer – and a school on a trimester or quarterly system has four terms – fall, winter, spring, and summer). A student may not utilize an insured term off for both medical necessity and vacation in a single academic year. The carrier reserves the right, in its sole discretion, to approve or decline any request for an insured term off. If a request for an insured term off is permitted, the Covered Student will be required to pay all applicable premium for the insured term off.

The following benefits are subject to the Covered Student's Deductible and Coinsurance amount. After satisfaction of the Deductible, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and Reimbursement Level.

# SCHEDULE OF BENEFITS

The Policy provides different levels of benefits and Copays depending on where the Covered Student chooses to receive care or whether the Covered Student uses the services of a Participating Provider. A Covered Student may use the provider of his or her choice, but this decision may result in additional out-of-pocket expenses. The following benefits are available, per Covered Student, up to the amounts shown.

| POLICY BENEFITS – PER COVERED STUDENT | |
|---|---|
| Policy Year Maximum Benefit | $250,000 |
| Lifetime Maximum Benefit per Covered Injury or Covered Sickness | $250,000 |
| Annual Deductible- Applies to all Covered Benefits except to Prescription Drugs and Medical Treatment received at CVS Minute Clinics | None |
| Policy Year Out-of-Pocket Expense Maximum | None |
| Pre-Existing Condition Benefit – First **six** months of continuous coverage | $1,000 |

| COPAYS | In-Network or Out-of-Network |
|---|---|
| CVS Minute Clinic or Telehealth Visit | $0 |
| Office Visit | $20 |
| Hospital Visit or Admission | $100 |
| Emergency Room Visit (waived if admitted) | $100 |

| COINSURANCE (applies to all Covered Benefits) | |
|---|---|
| In-Network Provider | 100% of the Preferred Allowance |
| Out-of-Network Provider | 80% of Reasonable & Customary Expenses (URC) |

| PRESCRIPTION DRUG BENEFITS | |
|---|---|
| Dispensed while Inpatient at a Hospital or by a Hospital Emergency Room | 100% In-Network or 80% Out-of-Network |
| Dispensed by a Participating Network Pharmacy | 50% of each 30-day supply |
| Outpatient Prescription Drug Benefit Maximum | $5,000 per policy year |
| With respect to outpatient prescriptions, the Policy will pay the stated percentage for each 30-day supply. | |

**Don't forget to bring your ID card when you visit the doctor or the pharmacy!**

| COVERED BENEFITS | In-Network | Out-of-Network |
|---|---|---|
| **Hospital Room and Board at Semi-Private Room Rate** | 100% of the Preferred Allowance | 80% of URC |
| **Intensive Care/Cardiac Care** | 100% of the Preferred Allowance | 80% of URC |
| **Inpatient Consultation by a Physician or Specialist** | 100% of the Preferred Allowance | 80% of URC |
| **Hospital Miscellaneous Expenses** | 100% of the Preferred Allowance | 80% of URC |
| **Inpatient, Outpatient or Ambulatory Surgery Includes:**<br>• Surgeon's Fees<br>• Assistant Surgeon and Anesthesiologist<br>• Facility fees<br>• Laboratory tests<br>• Medications and dressings<br>• Other medical services and supplies | 100% of the Preferred Allowance | 80% of URC |
| **Emergency Room and Medical Services**<br>• $100 Copay, waived if admitted | 100% of the Preferred Allowance | 80% of URC |
| **Ambulance Services**<br>• Emergency Local Ground or Air Ambulance | 100% of the Preferred Allowance | 100% of URC |
| **Diagnostic Testing (Inpatient or Outpatient)**<br>• X-Ray and Laboratory<br>• MRI, PET, and CT Scans | 100% of the Preferred Allowance | 80% of URC |

# SCHEDULE OF BENEFITS

| | | |
|---|---|---|
| **Extended Care/Inpatient Rehabilitation**<br>• Maximum Benefit per Period of Insurance: 45 days<br>• Must be confined to facility immediately following a Hospital stay | 100% of the Preferred Allowance | 80% of URC |
| **Chiropractic & Acupuncture**<br>• Maximum Benefit per Period of Insurance: $50/visit, up to 12 total visits for acupuncture, chiropractic care, or any combination of the two.<br>• (Only when prescribed in writing by a Physician) | 100% of the Preferred Allowance | 80% of URC |
| **Physician Visit/Consultation by Specialist** | 100% of the Preferred Allowance | 80% of URC |
| **Therapeutic Services - Physical, Occupational, Vocational, or Speech Therapy**<br>• Maximum Benefit per Period of Insurance: 20 total therapy visits<br>• (Only when prescribed by a Physician) | 100% of the Preferred Allowance | 80% of URC |
| **Self-Inflicted Injury**<br>• Maximum Benefit per Period of Insurance: $15,000 | 100% of the Preferred Allowance | 80% of URC |
| **Inpatient Mental Health**<br>• To treat a covered diagnosis<br>• Maximum Benefit per Period of Insurance: $25,000 | 100% of the Preferred Allowance | 80% of URC |
| **Outpatient Mental Health**<br>• Up to 10 visits per Period of Insurance | 100% of the Preferred Allowance | 80% of URC |
| **Preventive Care, Annual Exams, and Immunizations**<br>• Maximum Benefit per Period of Insurance: $500 | 100% of the Preferred Allowance | 100% of URC |
| **Palliative Dental Care**<br>• Sudden onset of pain<br>• Maximum Benefit per Period of Insurance: $600 | 100% of the Preferred Allowance | 80% of URC |
| **Emergency Dental**<br>• Limited to accidental injury of Sound Natural Teeth sustained while covered<br>• Maximum Benefit per Period of Insurance: $2,000 | 100% of the Preferred Allowance | 80% of URC |

| | | |
|---|---|---|
| **Durable Medical Equipment**<br>• Reimbursement of rental up to purchase price<br>• Maximum Benefit per Period of Insurance: $5,000 | 100% of the Preferred Allowance | 80% of URC |
| **Sports Activities**<br>• Injuries arising from Interscholastic, Intramural, and Club sports<br>• Maximum Benefit per Period of Insurance: $10,000 per policy year | 100% of the Preferred Allowance | 80% of URC |
| **Medical Evacuation/Repatriation**<br>• To treat a covered diagnosis<br>• Must be Pre-Authorized with Scholastic Emergency Services | Unlimited benefit through scholastic emergency services | |

# ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT

**Applies only to Plan Participants; Coverage terminates at age 65.**

Principal Sum: $10,000

Loss must occur within 90 days of the Covered Accident.

| COVERED STUDENT'S COVERED LOSS | AD&D BENEFIT |
|---|---|
| Accidental Death | 100% of the Principal Sum |
| Brain Death | 100% of the Principal Sum |
| Loss of Both Hands | 100% of the Principal Sum |
| Loss of Both Feet | 100% of the Principal Sum |
| Loss of Entire Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand and One Foot | 100% of the Principal Sum |
| Loss of One Hand and Entire Sight of One Eye | 100% of the Principal Sum |
| Loss of One Foot and Entire Sight of One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (both ears) | 100% of the Principal Sum |
| Quadriplegia (total Paralysis of both upper and lower limbs) | 100% of the Principal Sum |
| Paraplegia (total Paralysis of both lower or upper limbs) | 50% of the Principal Sum |
| Loss of One Hand | 50% of the Principal Sum |
| Loss of One Foot | 50% of the Principal Sum |
| Loss of Entire Sight of One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (both ears) | 50% of the Principal Sum |
| Hemiplegia (total Paralysis of upper and lower limbs on one side of body) | 50% of the Principal Sum |
| Uniplegia (total Paralysis of one lower or upper limb) | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |

If, within 90 days from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers a Covered Loss, We will pay the percentage of the Principal Sum set opposite the loss in the table above. If the Plan Participant sustains more than one Covered Loss as the result of a single Accident, We will pay only one amount, the largest to which they are entitled. This amount will not exceed the Maximum Benefit Amount shown in Schedule of Benefit.

Benefits are payable if such Injury occurs while the Plan Participant is covered under the Policy and the Accident or Injury does not result – in whole or in part – from the Plan Participant's:

- Suicide;
- Attempted suicide; or
- Overdose on:
  - Drugs, whether prescribed to the Plan Participant or not;
  - Alcohol; or
  - Any combination of the two.

## HOSPITALIZATION AND INPATIENT BENEFITS

### 1. Hospital Room & Board

Where a Covered Student is Inpatient at a Hospital, coverage is provided for daily Hospital room and board not exceeding the Hospital's Average Semi-Private Charge or Intensive Care Unit charges. Any charges in excess of the allowable semi-private rate are the responsibility of the Covered Student. Intensive Care Unit benefits will be provided based on the Allowed Charge for Medically Necessary Intensive Care services.

Inpatient Hospital confinements primarily for purposes of receiving non-acute, long term custodial care, respite care, chronic maintenance care, or assistance with Activities of Daily Living, are not eligible expenses.

### 2. Medical Treatment, Medicines, Laboratory, Diagnostic Tests, and Ancillary Services

If Medically Necessary for the diagnosis and treatment of the Covered Sickness or Covered Injury for which a Covered Student is hospitalized, the following services are also covered:

- Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services;
- Laboratory testing;
- Durable medical equipment;
- Diagnostic X-ray examinations;
- Radiation therapy; and
- Respiratory therapy.

Physical and Occupational therapy must be rendered by a Physician or registered physical/occupational therapist, and relate specifically to the Physician's written treatment plan. Therapy must:

- produce significant improvement in the Covered Student's condition in a reasonable and predictable period of time, and
- either:
  - provide a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a Physician or registered physical/occupational therapist, or
  - support the establishment of an effective maintenance program.

### 3. Inpatient Consultation by a Physician or Specialist

Insurer will reimburse one Physician visit per day while the Covered Student is Inpatient in a Hospital or approved Extended Care Facility. Visits that are part of normal preoperative and postoperative care are covered under the surgical fee and Insurer will not pay separate charges for such care. If Medically Necessary, Insurer may elect to pay more than one visit of different Physicians on the same day if the Physicians are of different specialties. Insurer will require submission of records and other documentation of the medical necessity for the intensive services.

### 4. Extended Care Facility Services, Skilled Nursing and Inpatient Rehabilitation

Benefits are available for an Inpatient Confinement and services provided in an approved Extended Care Facility following, or in lieu of, an admission to a Hospital as a result of a Covered Sickness or Covered Injury. Care provided must be at a skilled level and is payable in accordance with the Schedule of Benefits. Intermediate, custodial, rest and homelike care services will not be considered skilled and are not covered. Coverage for confinement is subject to Insurer approval. Covered services include the following:

- Skilled nursing and related services on an inpatient basis for patients who require medical or nursing care for a Covered Sickness. A confinement includes all approved extended care facility admissions not separated by at least 180 days.
- Rehabilitation for patients who require such care because of a Covered Sickness or Covered Injury.

## OUTPATIENT SERVICES

When a Covered Student is treated as an Outpatient of a Hospital or other approved facility, benefits will be paid for facility charges and ancillary services for:

- minor surgical procedures; and
- Medically Necessary covered Emergency Services, as defined herein.

### 5. Physician Visits

Insurer provides benefits for medical visits to a Physician, in the Physician's office, if Medically Necessary. Benefits are limited to one visit per day per Covered Student. Insurer may elect to pay more than one visit to different Physicians on the same day if the Physicians are of different specialties.

### 6. Outpatient Diagnostic Testing

Insurer provides benefits for diagnostic testing including echocardiography, ultrasound, MRI, and other specialized testing, to diagnose a Covered Sickness or Covered Injury.

### 7. Therapeutic Services

Insurer will provide benefits for Medically Necessary therapeutic services rendered to a Covered Student as an Outpatient of a Hospital, provider's office, or approved independent facility. Services must be pursuant to a Physician's written treatment plan, which contains short-term and long-term treatment goals and is provided to Insurer for review. The services must either:

- produce significant improvement in the Covered Student's condition in a reasonable and predictable period of time; and
- either:
  - be of such a level of complexity and sophistication, and the condition of the patient must be such that the required therapy can safely and effectively be performed; or
  - be necessary to the establishment of an effective maintenance program.

## SURGICAL BENEFITS

### 8. Surgical Services

Insurer will provide benefits for covered surgical services received in a Hospital, a Physician's office or other approved facility. Surgical services include: use of operating room and recovery room, operative and cutting procedures, treatment of fractures and dislocations, surgical dressings, and other Medically Necessary services.

### 9. Anesthesia Services

Benefits are provided for service of an anesthesiologist, other than the operating surgeon or assistant, who administers anesthesia for a covered surgical or obstetrical procedure.

### 10. Reconstructive Surgery

Reconstructive surgery as a result of a Covered Accident or Covered Sickness will be covered as long as it is Medically Necessary.

## EMERGENCIES

### 11. Emergency Room

Hospital emergency room benefits are provided in the event of an Emergency Medical Condition when the life or health of a Covered Student is in jeopardy. Admission to the Hospital is not required for benefit consideration. Within the United States, use of the emergency room for non-emergency services is a costly alternative and all services provided may not be eligible for benefit payment.

**12. Emergency Ambulance Services**

Benefits are provided for Medically Necessary emergency ambulance transportation to the nearest Hospital able to provide the required level of care. Use of ambulance services for the convenience of the Covered Student will not be considered a covered service.

**13. Emergency Dental Treatment**

Benefits are provided for Emergency Dental Treatment and restoration of Sound Natural Teeth required as a result of a Covered Accident. All treatment must be completed within 120 days of the Covered Accident or before the expiration date of the Plan. Routine dental treatment is not covered under this benefit.

## OTHER MEDICAL BENEFITS

**14. Mental, Behavioral, and Neurodevelopmental Disorders Benefits**

Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis. Benefits are for both inpatient treatment in a Hospital or approved facility and for outpatient treatment. A Physician or a licensed clinical psychologist must provide all health care services under this benefit.

If a Covered Student requires treatment for a Mental, Behavioral, or Neurodevelopmental or Nervous Disorder, We will pay for such treatment in either an individual or group setting. Examples of services covered under this benefit include treatment for the following:

- Anorexia
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bereavement
- Bipolar Affective Disorder
- Bulimia
- Delusional Disorders
- Major Depressive Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Schizophrenia
- Schizoaffective Disorder
- Specific Obsessive-Compulsive Disorder

Examples of services that do not meet the criteria established by the Insurer for consideration under this benefit include:

a. Services for conditions not determined by Insurer to be emotional or personality illnesses;
b. Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or intellectual disability;
c. Services for mental disorders or illness which are not amenable to favorable modification; and
d. Family or marital counseling.

**15. Preventive Care**

This includes routine physical examinations, routine hearing examinations, immunization antibody testing, immunizations for infectious diseases as recommended by the Center for Disease Control, and preventive medical attention.

**16. Palliative Dental Care**

Benefits are payable in accordance with the Schedule of Benefits for an eligible Palliative Dental condition, which will mean Emergency pain relief treatment to Sound Natural Teeth or gums.

**17. Acupuncture**

Insurer will provide benefits for acupuncture provided as treatment for a Covered Sickness, however only treatment by a Certified Acupuncture Specialist is covered.

**18. Home Health Services**

Home health care services performed by a licensed home health care agency, which are prescribed by a Physician, and performed in lieu of Hospital services, provided such Hospital services would have been Covered Expenses under the Master Policy. Physical Therapy services are not home health care services.

**19. Durable Medical Equipment**

If, by reason of Injury or Sickness, a Covered Student requires use of Durable Medical Equipment ("DME"), We will pay the Covered Percentage of Eligible Expenses incurred by the Covered Student for purchase or rental of Medically Necessary DME. In no event will we pay rental charges in excess of the purchase price of a piece of DME. Any rental charges paid will be applied toward the cost of the purchase price if the DME is purchased at a later date. We do not pay for replacement of DME.

Durable Medical Equipment means medical equipment that:

- is prescribed by a Physician who documents the necessity for the item, including the expected duration of use;
- can withstand long-term repeated use without replacement;
- is not useful in the absence of a Covered Sickness or Covered Injury; and
- can be used in the home without medical supervision.

Even when ordered or prescribed by a Physician, Durable medical equipment does not include:

- comfort items such as telephone arms and over bed tables;
- items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers;
- sleep apnea machine, regardless of the reason for its use;
- customized or motorized wheelchairs;
- miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats; and
- Customization of any vehicle, bathroom facility, or residential facility.

See the Policy for additional information and limitations regarding Durable Medical Equipment.

**20. Prescription Drugs**

Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, Experimental and/or Investigational drugs, or supplies, even when recommended by a Physician, do not qualify as Prescription Drugs. Any drug that is not scientifically or

medically recognized for a specific diagnosis or that is considered off label use, Experimental, or not generally accepted for use will not be covered, even if a Physician prescribes it.

**21. Sports and other Activities**

The Plan covers leisure sports and activities, meaning such activities that are for relaxation or fun, do not require any special training, and do not heighten the risk of injury or death to an individual. Examples of such covered activities include but are not limited to; kayaking, snorkeling, paddle boarding, sailing, white water rafting levels 1-3, and scuba diving up to 30 meters.

The Plan does not cover hazardous or extreme sports and activities, or professional sports and activities. Please see the Appendix of Sports and Other Activities for more information.

Interscholastic, Intramural, and Club Sports are covered as shown in the Schedule of Benefits.

### 22. Home Country Coverage Benefit

The Plan covers Medical Treatment incurred in the Covered Student's Home Country related to a Covered Injury or Covered Sickness which occurred, was diagnosed, and was treated outside the Covered Student's Home Country during the period of Coverage, provided that the Covered Student remains on the Participating School's I-20 for a maximum of 90 days on an approved vacation term. Coverage will terminate when the individual permanently returns to their homeland or country of permanent residence.

## ADDITIONAL BENEFITS

### 23. Medical Evacuation/Repatriation

Medical Evacuation Benefit: Subject to prior approval from the Program Manager or its authorized representative, the Plan will pay benefits for reasonable expenses related to air evacuation of an injured or sick Covered Student (and a health care provider or escort if such is directed by the attending Physician) to the Covered Student's Home Country or country of regular domicile, provided the air evacuation:

1. is upon the attending Physician's written certification;
2. results from a Covered Injury or Covered Sickness; and
3. does not occur prior to the benefit approval.

Repatriation Benefit: Subject to prior approval from the Program Manager or its authorized representative, the Plan will provide benefits for reasonable expenses incurred in connection with preparing and transporting the body of a deceased Covered Student to their place of residence in their Home Country. This benefit does not include transportation expenses of any person accompanying the body.

### 23. Accidental Death and Dismemberment Benefits

The Covered Student must receive initial medical treatment within 30 days of the date of a Covered Accident. The insurance does not cover injuries received while making a parachute jump (unless to save a life). The maximum amount payable for this benefit is the Principal Sum indicated on the Schedule of Benefits. If the Covered Student incurs a covered loss, the Insurer will pay the percentage of the Principal Sum shown in the table in the Schedule of Benefits. If the Covered Student sustains more than one such loss as the result of one Covered Accident, the Insurer will only pay one amount – the largest to which the Covered Student is entitled. The loss must result within 90 days of the Covered Accident. The Covered Student's coverage under the Plan must be in force at the time of the Covered Accident.

- Loss of a Hand or Foot means complete severance through or above the wrist or ankle joint.
- Loss of Sight means total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means.
- Severance means the complete separation and dismemberment of the part from the body.

### 24. War and Terrorism

The Plan covers bodily injury directly or indirectly caused by, or resulting from certain acts of War and Terrorism, provided the Covered Student is not an active participant, or in training for such activities. This benefit encompasses the following activities:

1. War, hostilities or warlike operations (whether war be declared or not);
2. Invasion;
3. Act of an enemy foreign to the nationality of the Covered Student or the country in, or over, which the act occurs;
4. Civil war, Riot, Rebellion, Overthrow of the legally constituted government;
5. Military or usurped power;
6. Explosions of war weapons;
7. Murder or Assault subsequently proven beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Covered Student whether war be declared with that state or not; or
8. Terrorist activity.

This coverage applies only if the Covered Student was an innocent bystander. The Plan specifically excludes any use of or exposure to radiological, nuclear, chemical, or biological weapons or any other radiological, chemical, nuclear, or biological events.

# EXCEPTIONS AND EXCLUSIONS

For further clarity, please note that the Master Policy does not provide benefits, nor is any Premium charged, for any of the following. See the Master Policy document for additional details.

| # | Reference | Exclusion |
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| 1 | **Air Travel** | Flying, except as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees. |
| 2 | **Alcohol or Drug Use** | Any charges in excess of benefits provided elsewhere in the coverage, if any, for injury or sickness arising from the Covered Student's:<br>a. Intoxication;<br>b. Use of any drugs or medication:<br>i. not prescribed to them;<br>ii. intentionally taken in any amount other than the dosage recommended by the manufacturer; or<br>iii. intentionally taken for any purpose other than that prescribed by a Physician;<br>c. Use of illegal narcotics;<br>d. Use or consumption of THC, regardless of the legality or illegality of its use in the state in which it was used or consumed. |
| 3 | **Breast Reduction** | All services and treatments for any reason, regardless of Medical Necessity. |
| 4 | **Charges in Excess of Reasonable and Customary** | Any portion of any charge exceeding the reasonable and customary charge for the particular service or treatment for the specific geographic area. |
| 5 | **Charges Incurred Before the Effective Date and After the Expiration Date** | Claims and costs for medical treatment occurring before the Effective Date of coverage (including waiting periods) or after the Termination Date of the Plan are not covered. This includes any portion of a covered prescription to be used after the expiration of the current Plan year. |
| 6 | **Charges Reimbursable by Another Entity** | Services, supplies, or treatment provided by or for which payment is available from:<br>a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country;<br>b. Another insurance company or government; or<br>c. A government entity due to an epidemic or public emergency. |
| 7 | **Circumcision** | All services and treatments. |
| 8 | **Congenital Conditions** | Medical Treatment related to any previously known Congenital Condition, whether or not the Covered Student previously sought treatment for the condition. |
| 9 | **Cosmetic and Elective Surgery for Non-Medical Reasons** | Treatments, procedures, or drugs which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under the Plan. Medical complications arising from such treatments or procedures are also not covered. |
| 10 | **Counselling and Testing Services (Non-Medical)** | Non-medical counselling services including but not limited to, marriage and family counselling, educational counseling, aptitude testing, and educational testing and services. |

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| 11 | **Dental Care** | a. Medical Treatment received in connection with dental care, orthodontia care, or myofascial pain which exceeds benefits provided elsewhere in the coverage, if any;<br>b. Dental Services at a Hospital, including general anesthesia;<br>c. Inlays, dentures, or false teeth and replacement of lost or stolen crowns, bridges, or dentures;<br>d. Implants and all related services;<br>e. Temporomandibular Joint Disorders (TMJ) or Malocclusion Temporomandibular Joint Disorders and mouth guards for teeth grinding. |
| 12 | **Durable Medical Equipment** | Excluded items include but are not limited to the following, even when ordered or prescribed by a Physician:<br>a. Comfort items such as telephone arms and over-bed tables;<br>b. Computers, tablets, computer applications or software used in association with communication aides;<br>c. Internet or phone services used in conjunction with communication devices;<br>d. Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers;<br>e. Sleep apnea machine, regardless of the reason for its use;<br>f. Miscellaneous items such as exercise equipment, sun and heat lamps, heating pads, cold therapy units, whirlpool bathing equipment, toilet seats, bathtub seats, wigs, and shoe inserts;<br>g. Lifts, such as seat, chair, or van lifts;<br>h. Customization of any vehicle, bathroom facility, or residential facility;<br>i. Customized or motorized wheelchairs; and<br>j. Items typically available without prescription (such as compression bandages or hot/cold packs). |
| 13 | **Exceptional Risks** | Treatment related to:<br>a. injury sustained while participating in a hazardous or extreme sport or activity, or training for any professional sport or activity;<br>b. chemical contamination; and<br>c. contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel. |
| 14 | **Experimental or Off-Label Services** | Charges incurred for surgery, drugs or treatment which are Experimental, Investigational, for research purposes, or part of a clinical trial. |
| 15 | **Fertility/Infertility Treatments and Birth Control** | Any services, procedure or treatment including drugs used to:<br>a. treat infertility, including in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. All expenses related to use of a surrogate mother are also excluded.<br>b. vasectomies and sterilization, and any expenses for male or female reversal of sterilization.<br>c. contraceptive devices including the insertion or removal of such devices. However, Oral Contraceptives are covered under the Plan. |

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| 16 | **General Exclusions** | Medical Treatment which:<br>• is not Medically Necessary as defined in the Policy;<br>• is provided by individuals affiliated with, employed by, or retained by the Participating School, including its athletic department and charges for Sports Psychology, unless the Medical Treatment is provided in a Student Health Center by its providers;<br>• is normally provided without charge by an Immediate Family member of the Covered Student;<br>• is payable under individual automobile insurance (except for no-fault auto insurance); or<br>• is not charged or for which no payment would be required if the Covered Student did not have this insurance. |
| 17 | **Genetic Screening** | Any of the following:<br>a. genetic medicine, testing, or screening procedures;<br>b. genetic surveillance testing; or<br>c. any other procedure used to determine genetic predisposition.<br>This exclusion applies to, but is not limited to amniocentesis, risk assessments, preventative and prophylactic measures indicated only by genetic testing, genetic counseling, or gene therapy. |
| 18 | **Growth Hormones** | Excluded unless used as an integral treatment plan for a Covered Sickness covered under the Plan. |
| 19 | **Hair Treatment** | Treatment for alopecia or hair loss including, but not limited to, hairplasty, hair transplants or any other procedure to stimulate hair growth; temporary removal of hair by laser, electrolysis, waxing, or any other means. |
| 20 | **Hearing Care** | Hearing aids or devices, and the surgical implantation or removal of bone anchored hearing devices. |
| 21 | **Hernia** | Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident or Covered Injury. |
| 22 | **Illegal Activities** | Injuries and illnesses resulting or arising from or occurring during the actual or attempted commission or perpetration of a violation of law. |
| 23 | **Learning Disability** | Medical Treatment for diagnosis and testing for or related to any learning disability. |
| 24 | **Maternity** | All expenses related to pregnancy, including but not limited to, prenatal care, childbirth, miscarriage, premature birth and all complications related to the mother or child. |
| 25 | **Medical Examinations or Certificates** | Any examination, immunization, or tests necessary for issuance of medical certificates or determining employability, or suitability for school, sport related activities, or travel or determining insurability. |
| 26 | **Miscellaneous Expenses** | Lab specimen handling and delivery fees, after hours and weekend facility fees, medical records access fees, or interprofessional consultations (unless related to Emergency Services or COVID testing or treatment). |

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| 27 | **Motor Vehicle or Motorcycle Accidents** | Medical Treatment for injury or sickness sustained by reason of a motor vehicle or motorcycle accident<br>a. to the extent benefits are payable or paid by any other valid and collectible insurance (including any automobile or any other insurance coverage purchased by the Covered Student or an involved third-party) whether or not claim is made for such benefits;<br>b. to the extent the Covered Student was driving a vehicle without the minimum auto liability insurance required by the laws of the state in which the accident occurred;<br>c. if the Covered Student was operating the motor vehicle or motorcycle while intoxicated or impaired under the laws of the state in which the accident occurred;<br>d. if the Covered Student was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred; or<br>e. if the Covered Student was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;<br>f. to the extent the Covered Student was driving a vehicle without the minimum auto liability insurance required by the laws of the state in which the accident occurred;<br>g. to the extent the Covered Student was in violation of helmet law requirements in the state in which the accident occurred;<br>h. to the extent the Covered Student was in violation of any law of the state in which the accident occurred regarding operation of the motor vehicle.<br>For purposes of this exclusion, the term motor vehicle includes any self-propelled vehicle capable of transporting a person or persons. Motor vehicle includes motorcycles, electric bikes, and electric scooters. For purposes of this exclusion, the term "law' includes violations of regulation, ordinances, or any similar government edict, the violation of which could subject one to any penalty including but not limited to incarceration, fine, or restriction or revocation of one's drivers' license. |
| 28 | **Non-Covered Treatments** | Treatment of any illness or injury, or charges relating to such that is:<br>a. Not ordered or recommended by a Physician; or<br>b. Not Medically Necessary; or<br>c. Not rendered under the scope of the Physician's licensing; or<br>d. Not professionally recognized or is determined by Insurer to be unnecessary for proper treatment.<br>Also excluded are charges incurred when the Covered Student enrolled solely for the purpose of obtaining medical treatment, while on a waitlist for a specific treatment, or while traveling against the advice of a Physician. |
| 29 | **Non-Medical Care** | a. Services related to custodial care, respite care, home-like care, assistance with Activities of Daily Living, or Milieu Therapy.<br>b. Any admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities.<br>c. Any admission arranged wholly or partly for domestic reasons, where the Hospital effectively becomes or could be treated as the Covered Student's home or permanent abode. |
| 30 | **Organ and Tissue Transplants** | Organ and tissue transplant and related procedures and expenses. |

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| 31 | **Over the Counter and Non-Prescription Drugs** | Over the counter or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following:<br>a. Drugs or devices addressing tobacco dependency;<br>b. Drugs or devices to reduce weight or suppress appetite;<br>c. Cosmetic drugs, even if ordered for non-cosmetic purposes; or<br>d. Vitamins, supplements, or herbs. |
| 32 | **Personal Comfort and Convenience Items** | Expense for items that are provided solely for personal comfort or convenience, such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take-home supplies. |
| 33 | **Personal Therapy Units** | Transcutaneous Electronic Nerve Stimulation (TENS) units, portable ultrasound therapy units, or similar personal medical or therapeutic equipment designed to reduce pain, even if prescribed by a health care provider. |
| 34 | **Pre-Existing Conditions** | Expenses incurred for a Pre-Existing Condition or complication thereof. Expenses for Pre-Existing Conditions may be payable under the Plan after the Covered Student's coverage has been in force for six consecutive months. |
| 35 | **Podiatric Care** | a. Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services.<br>b. Orthopedic shoes or other supportive devices such as: arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches. |
| 36 | **Prosthetics** | High performance prosthetic devices for sports or improvement of athletic performance, and power enhancement or power-controlled devices, nerve stimulators, and other such enhancements to prosthetic devices. Limbs and other devices intended to replace the functionality of the body part being replaced and the repair and replacement of such devices are not covered. |
| 37 | **Sanctions** | Notwithstanding any other terms under the Plan, We shall not provide coverage nor will we make any payments or provide any service or benefit to any Covered Student, beneficiary, or third party who may have any rights under the Plan to the extent that such cover, payment, service, benefit, or any business or activity of the Covered Student would violate any applicable trade or economic sanctions law or regulation. |
| 38 | **Skin Conditions** | Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin (including hormones and Retin-A), except for cystic or pustular acne. |
| 39 | **Sleep Studies** | Sleep studies and other treatments relating to sleep apnea. |
| 40 | **Sexual Dysfunction** | Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions. |
| 41 | **Self-Inflicted Illnesses or Injuries** | Treatment for Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction, or intentional self-inflicted injury, done while sane or insane, in excess of benefits provided on the Schedule of Benefits, if any. |
| 42 | **Specialty Drugs** | Specialty, compound, or Experimental drugs |
| 43 | **Tobacco and Nicotine** | Medical Treatment for cessation or deterrence of using tobacco or nicotine. |

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| 44 | **Transsexual Surgery** | Any expenses related to sexual reassignment including but not limited to:<br>a. Medical or psychological counseling;<br>b. hormonal therapy in preparation for, or subsequent to, any such surgery;<br>c. surgical procedures; and<br>d. complications arising from such procedures. |
| 45 | **Vision Care** | Services and supplies related to:<br>a. Visual therapy, or eye surgery to correct refractive error or deficiencies, including myopia or presbyopia,<br>b. Eye examinations, frames, lenses, or contact lenses;<br>c. Optional lens coating for anti-glare, anti-scratch, or UV sun protection and sunglasses and related accessories.<br>d. Other devices to assist with impaired vision. |
| 46 | **Voluntary Termination of Pregnancy** | Any voluntary termination of pregnancy and complications thereof, except if the mother's life is in danger. |
| 47 | **War, Terrorism, and the like** | Any loss or expense arising out of, contributed to, 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 or expense, unless the Covered Student is an innocent bystander:<br>a. War, hostilities or warlike operations (whether war be declared or not);<br>b. Invasion;<br>c. Act of an enemy foreign to the nationality of the Covered Student or the country in, or over, which the act occurs;<br>d. Civil war, Riot, Rebellion, Overthrow of the legally constituted government;<br>e. Military or usurped power;<br>f. Explosions of war weapons;<br>g. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Covered Student whether war be declared with that state or not;<br>h. Terrorist activity; or<br>i. Use of or exposure to radiological, nuclear, chemical, or biological weapons or any other radiological, chemical, nuclear, or biological event. |
| 48 | **Weight Related Treatment** | Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded. |

**Accidental Death and Dismemberment Exclusions:** In addition to the Exclusions and Limitations shown above, the following exclusions also pertain to the Accidental Death and Dismemberment Benefit:

1. Any loss caused directly or indirectly from extortion, kidnap and ransom, or wrongful detention of the Covered Student, or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Covered Student is traveling.
2. Any loss resulting as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees.

# DEFINITIONS

Unless separately defined herein, wherever used in the Master Policy:

**Activities of Daily Living:** Activities of daily living are those activities normally associated with day-to-day fundamentals of personal self-care, including but not limited to walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication, and getting in and out of bed.

**Admission:** The period of time a Covered Student is Inpatient at a Hospital, Extended Care Facility, or other approved health care facility.

**Air Ambulance**: An aircraft specially equipped with medical personnel, supplies and Hospital equipment to treat life-threatening illnesses and/or injuries for Covered Students whose conditions cannot be treated locally and must be transported by air to the nearest medical center that can adequately treat their conditions. This service requires Pre-Authorization. A commercial passenger airplane does not qualify as an air ambulance.

**Allowed Charge** means the discounted fee that the provider Network negotiates with Physicians, Hospitals, and other health care providers in the Network.

**Area** means the location where the medical care or supplies are provided within a region large enough to get a cross section of providers of medical care or supplies, as determined by the Program Manager.

**Average Semi-Private Charge** means the standard Hospital charge for semi-private room and board accommodations, or the average of such charges if the Hospital has more than one established level of such charges. If the Hospital does not provide semi-private accommodations, the Average Semi-Private Charge is 80% of the lowest charge by the Hospital for single bedroom and board accommodations.

**Close Relative** means the spouse, child(ren), siblings, parents, and aunts and uncles of a Covered Student.

**Club Sports** means a club or team in which athletes compete with other similar clubs or teams. Club Sports may or may not be affiliated with the Participating School.

**Coinsurance** means the percentage of a Covered Expense for which the Covered Student is responsible. Coinsurance is separate from and is not a part of the Copay.

**Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, or wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

**Confinement:** An Inpatient stay at an approved extended care facility for necessary skilled treatment or rehabilitation in accordance with the Policy.

**Copay** means that portion of a Covered Expense a Covered Student is required to pay out of their pocket before benefits will be paid for any remaining portion. Copay is separate from and not a part of Coinsurance.

**Cosmetic Surgery:** Surgery or therapy performed to improve or alter appearance for self-esteem or to treat psychological symptomology or psychosocial complaints related to one's appearance.

**Covered Accident** means an unexpected occurrence which:

1. is directly caused by external, visible means;
2. results in a Covered Injury to a Covered Student; and

3. occurs while coverage is in force for the Covered Student under the Master Policy.

**Covered Expense** means only the expense actually incurred by a Covered Student for Medically Necessary Medical Treatment which:

- is prescribed by a Physician for therapeutic management of a Covered Injury or Covered Sickness;
- is not excluded by any Master Policy provisions; and
- is not more than the Reasonable and Customary charges, as defined by the Master Policy.

To determine if amounts charged for Medical Treatments are Reasonable and Customary, the Program Manager will consider those Medical Treatments usually administered and the fees usually charged for a like Medical Treatment in the Area in which the service is rendered or the supply provided.

When a Covered Student utilizes the services of a Participating Provider, Covered Expense means the agreed upon rate set between the Program Manager and such provider for Medical Treatment which meet all of the above standards.

See also the Covered Medical Expenses section above.

**Covered Injury** means bodily harm resulting directly and independently of any sickness, and which is caused by, arises out of, or results from a Covered Accident or the sudden onset of physical trauma to a Covered Student. All injuries sustained in a single Covered Accident, including all related conditions and recurring symptoms, will be considered a single Covered Injury.

**Covered Sickness** means an illness, disease, or condition that impairs a Covered Student's normal functioning of mind or body and which is not the direct result of an injury or accident. All related disorders and recurrent symptoms of the same or a similar illness, disease, or condition will be considered the same Covered Sickness.

**Covered Student** means an Eligible Student of a Participating School where:

- the Participating school submitted an application to sponsor coverage;
- the Program Manager accepted the Participating School's application to sponsor coverage;
- all Premium for the Eligible Student has been paid when due; and
- by virtue of all three conditions above, the Eligible Student becomes a participant of the Lewer International Student Trust (the "Trust").

**Custodial Care** means care or service designed primarily to assist a Covered Student, whether or not totally disabled, in Activities of Daily Living. Care that meets this definition will be deemed Custodial Care, regardless of where it is furnished or what it is called.

**Cyber Act** means an act (or series of related acts), threat, or hoax which:

- involves access to, processing of, use of, or operation of any Computer System; and
- is unauthorized, malicious, or criminal.

**Cyber Incident** means:

- any error or omission, or series of related errors or omissions, involving access to, processing of, use of, or operation of any Computer System; or
- any partial or total unavailability or failure, or series of related partial or total unavailability or failures, to access, process, use, or operate any Computer System.

**Deductible** means the amount the Covered Student must pay out-of-pocket before benefits may be payable under the Policy.

**Durable Medical Equipment ("DME")** means orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an illness or injury and determined by Insurer on a case-by-case basis to be Medically Necessary, including standard wheelchairs and beds. See DME section of the Master Policy
for more details, including items and services that are not considered eligible for benefits.

**Eligible Expense** means the Preferred Allowance or Usual, Reasonable and Customary charges for services or supplies incurred by the Covered Student for Medically Necessary treatment of a Covered Injury or Covered Sickness. Eligible Expenses must be incurred while the Policy is in force.

**Eligibility** is the requirements that a Covered Student must meet at all times to be covered under the Plan.

**Emergency Dental Treatment** means urgent treatment necessary to restore or replace Sound Natural Teeth damaged as result of a Covered Accident. Sound Natural Teeth do not include teeth with previous crowns, fillings, or cracks. Damage to teeth caused by chewing food does not qualify for Emergency Dental Treatment coverage.

**Emergency Medical Condition** means a Covered Injury or Covered Sickness that manifests itself by acute symptoms, including severe pain, of sufficient severity that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- serious jeopardy to the health of the individual, or in the case of a pregnant woman, the woman or her unborn child;
- serious impairment to bodily functions; or
- serious damage to or dysfunction of any bodily organ or part.

**Emergency Services** means covered Inpatient or Outpatient Medical Treatment furnished by a provider qualified to furnish the services, and that is needed to evaluate or stabilize an Emergency Medical Condition. Reimbursement for Emergency Services shall not be denied solely on the grounds that services were performed by a noncontracted provider.

**Experimental and/or Investigational** means

- A drug, device, or Medical Treatment:
  - that has not been demonstrated in scientifically valid clinical trials and research studies to be safe and effective for a particular indication;
  - that is the subject of ongoing Phase I or Phase II clinical trials;
  - that is the research, experimental study, or investigational arm of ongoing Phase III clinical trials;
  - that is otherwise under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or efficacy as compared with a standard means of treatment of diagnosis; or
  - for which Reliable Evidence shows that the prevailing opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, efficacy, or efficacy as compared with a standard means of treatment of diagnosis; or
- A drug or device that cannot lawfully be marketed without United States Food and Drug Administration ("FDA") approval for marketing and which has not received such approval at the time the drug or device is furnished. However, a drug or device will not be considered Experimental or Investigational despite not having received FDA marketing approval for the purpose furnished if:
  - the drug or device is recognized for treatment of a particular cancer in at least one standard reference compendia or
  - the drug is recommended for that particular type of cancer based on substantially accepted peer-reviewed medical literature;

Reliable Evidence means only:

- published reports and articles in authoritative medical and scientific literature;
- written protocol(s) by the treating facility, or another facility studying substantially the same drug, device, or Medical Treatment; or

- written informed consent used by the treating facility or another facility studying substantially the same drug, device, or Medical Treatment.

We will make the determination if a drug, device, or Medical Treatment is Experimental or Investigational using the above criteria as the circumstances existed at the time the expense was incurred.

**Extended Care Facility** means a nursing and/or rehabilitation center approved by Insurer that provides skilled and rehabilitative services to patients who are discharged from a Hospital or who are admitted in lieu of a Hospital stay. The term Extended Care Facility does not include nursing homes, rest home, health resorts, homes for the aged, infirmaries, or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

**Full-Time Studies** means enrollment and active participation in at least the minimum number of credit hours in which an international student must be enrolled and actively attending classes in the United States per the applicable student visa. Participation in no more than one online or television course per term will count toward fulfillment of the full-time requirement; any online or television coursework in excess of one course per term will not count toward fulfilling the full-time status requirement. Home study and correspondence courses do not count toward fulfilling the full-time status requirement.

**Home Country** means the country where a Covered Student has their true, fixed, and permanent home and principal establishment and holds a current and valid passport.

**Hospital** means only such a facility that meets all of the following conditions:

- operates as a Hospital pursuant to law for the care and treatment of sick or injured individuals;
- has permanent and full-time care for bed patients;
- has a staff of one or more licensed Physicians available at all times;
- provides 24-hour a day care by Registered Nurses on duty or call;
- has surgical facilities;
- is not primarily engaged in business as a nursing home, home for the aged, or any similar establishment nor is any separate wing, ward, or section of the Hospital used as such; and
- is not a place for the long-term treatment of drug addiction, alcoholism, or Custodial Care.

Hospital can also refer to a free-standing surgical center that meets all the following standards:

- is a licensed public or private place;
- has an organized medical staff of Physicians;
- has permanent facilities that are equipped and operated mainly for performing surgery and providing skilled nursing care; and
- has Registered Nurse services when a patient is in the facility.

**Inpatient:** A Covered Student admitted to an approved Hospital or other health care facility for a Medically Necessary overnight stay.

**Intensive Care Unit** means a specifically-designated unit of a Hospital which:

- is exclusively reserved for critically ill or injured patients requiring constant audio-visual observation, as prescribed by the attending Physician;
- provides room and board, trained and qualified personnel whose duties are primarily confined to such unit, and special equipment or supplies immediately available on a stand-by basis; and
- is segregated from the rest of the Hospital's facilities.

**Interscholastic Sports** means participation in a sports program or competition (including but not limited to involvement in any game, match, exhibition, scrimmage, practice, sanctioned training activity, joint practice, or tryout) in which athletes compete with other schools and which may or may not be regulated.

**Intramural Sports** means participation in sports organized and played within a school or within a local, formalized league.

**Investigational.** See Experimental.

**Maximum Benefit** means the amount specified in the Schedule of Benefits which is the maximum amount payable by Insurer per person for specific services, regardless of the actual or allowable charge. This is after the Covered Student has met their Deductible, Coinsurance, and/or Copay obligations and any other applicable costs.

**Medical Treatment** means medical care, treatment, services, supplies, procedures, or drugs administered to a Covered Student to address a Covered Sickness or Covered Injury.

**Medically Necessary** means Medical Treatments provided or prescribed by a Physician or at a Hospital that are necessary and appropriate for diagnosis or management of a Covered Sickness or Covered Injury in accordance with generally accepted standards of medical practice in the United States at the time the Medical Treatment is provided. When specifically applied to a confinement, Medically Necessary means that diagnosis or management of the symptoms or condition cannot be safely provided on an outpatient basis.

A Medical Treatment shall not be Medically Necessary if it:

- is Experimental, Investigational, or furnished in connection with medical research;
- is provided solely for convenience of the patient, the patient's family, Physician, Hospital, or any other provider;
- exceeds in scope, duration, or intensity that level of care needed to provide safe, adequate, and appropriate diagnosis or treatment;
- could have been omitted without adversely affecting the person's condition or quality of medical care;
- involves the use of a medical device, drug, or substance not formally approved by the United States Food and Drug Administration except as permitted by regulations drafted in accordance with applicable federal law; or
- involves a service, supply or drug not considered reasonable and necessary or payable by the Centers for Medicare and Medicaid and/or the National Coverage Determinations Manual.

We retain the right to determine whether a Medical Treatment is Medically Necessary.

**Mental, Behavioral, and Neurodevelopmental Disorders** mean any condition or disease, regardless of its cause, listed as a Mental Disorder in the most recent edition of the International Classification of Diseases on the date the Medical Treatment is rendered to a Covered Student.

**Network** means a compilation of health care providers, such as Physicians and Hospitals, that have agreed to accept reduced payments for Medical Treatment received by the Covered Student. The Covered Student has discretion to visit any health care provider, regardless of whether that provider participates in the Network (In-Network) or does not participate in the Network (Out-of-Network). Regardless of whether the Covered Student elects to utilize an In-Network or Out-of-Network health care provider, the Covered Student may still incur out-of-pocket expenses.

**Outpatient** means services, supplies or equipment received while not Inpatient in a Hospital or other health care facility.

**Participating Provider** means a health care provider, such as a Physician or Hospital, that is included in the Network and has agreed to provide Medically Necessary Medical Treatment at set rates.

**Participating School** means the educational institution:

- that elected to sponsor coverage for its Eligible Students under the Policy through submission of a completed application for to sponsor coverage;
- whose application has been accepted by the Program Manager;
- whose Eligible Students participate in the Trust pursuant to the accepted application to sponsor coverage; and
- for which coverage has become effective and has not terminated.

**Period of Insurance** means the start and end date for which insurance coverage is in effect as shown in the Policy.

**Physician** means a legally licensed practitioner of the healing arts who is practicing within the scope of their Physician's license while performing a particular service covered under the Policy. For the sake of clarity, Physician includes Nurse Practitioners and Registered Dieticians. Physician does not include:

- a practitioner of chiropractic, naturopathic, naprapathic, or alternative medicine;
- an athletic trainer;
- a nutritionist who is not also a Registered Dietician;
- any Covered Student;
- a Close Relative of a Covered Student; or
- an individual residing at the same legal residence of the Covered Student.

**Policyholder** means the entity to which the Policy is issued. The Policyholder is shown on the first page of the Policy.

**Pre-Existing Condition** means an injury or sickness for which, during the six month period immediately preceding the Covered Student's Effective Date under the Policy, the Covered Student:

- consulted a Physician;
- had medicine prescribed; or
- received medical care or for which the Covered Student is currently receiving medical care.

For want of confusion, maternity care is excluded under the Policy, even if the pregnancy would otherwise qualify as a preexisting condition under this definition.

**Preferred Allowance** means the amount a Participating Provider will accept as payment in full for Eligible Expenses.

**Premium(s)**: The consideration owed by the Participating School to the Insurer to secure benefits for its Covered Students under the Plan.

**Prescription Drugs** means medications prescribed by a Physician and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, Experimental or Investigative drugs, or medical supplies, do not qualify as prescription drugs, even when recommended by a Physician.

**Professional Sports** means activities in which the participants receive payment for participation.

**Provider** means the organization or person performing or supplying treatment, services, supplies, or drugs.

**Reasonable and Customary** means the most common charge for similar Medical Treatment within the Area in which the charge is incurred. The most common charge means the lesser of:

- the actual amount charged by the Provider;
- the negotiated rate, if any; and
- the fee often charged in the Area where the service was performed.

**Registered Nurse** or Nurse means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other similar state authority. Registered Nurse does not include:

- any Covered Student;
- a Close Relative of a Covered Student; or
- an individual residing at the same legal residence of the Covered Student.

**Rehabilitation:** Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating, and assist in recovery.

**Repatriation** means the expense of preparation and the air transportation of the mortal remains of the Covered Student from the place of death to their Home Country. This benefit is excluded where death occurs in the Covered Student's Home Country.

**Schedule of Benefits** means the summary description of the benefits, payment levels, and maximum benefits provided under the Plan.

**Sound Natural Teeth** means teeth free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

**Sports Psychology** means the use of psychological applications in helping an athlete increase their performance in any level of sport or athletics.

**Terrorism** means an act or series of acts, including but not limited to the use and/or threat of force or violence by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes, including any intention to influence any government and/or to put the public in fear for such purposes.

**Waiting Period** means the period of time beginning with the Covered Student's Effective Date, during which limited or no benefits are available for particular services. After satisfaction of the Waiting Period, benefits for those services become available in accordance with the Plan.

**Walk-In Pharmacy Clinic** means a clinic set-up inside a larger retail operation, such as a pharmacy or retail store, and which provides basic care for minor injuries and illnesses, and may provide vaccinations, immunizations, annual physicals, health screenings, and diagnostic tests.

# APPENDIX OF SPORTS AND OTHER ACTIVITIES

| **Covered Sports and Activities**<br>Injuries or accidents occurring while the Covered Student is engaged in any of the following sports and activities are covered as shown in the Schedule of Benefits, provided the Covered Student meets the Eligibility Criteria and participates in these sports as part of a sanctioned school activity. | **Excluded Hazardous and Extreme Sports and Activities**<br>Injuries or accidents occurring while the Covered Student is engaged in any of the following sports and activities are not covered under the Policy. |
|---|---|
| Abseiling | BMX cycling |
| Aerobics | BASE Jumping |
| American Football | Boxing |
| Archery | Bungee Jumping |
| Athletics | Canoeing/Kayaking (white water) |
| Badminton | Canyoning |
| Baseball | Caving / Cave Diving |
| Basketball | Cliff Jumping |
| Bowls | Cheerleading (Competitive) |
| Calisthenics | Cross channel swimming |
| Camel/Elephant Riding / Trekking | Gaelic Football (non-competitive) |
| Canoeing/Kayaking (inland/coastal) | Gliding |
| Cheerleading (non-competitive) | Hang Gliding |
| Cricket | Heptathlon |
| Cross country running | High Diving |
| Gymnastics | Horse Jumping |
| Cycling | Horse Racing |
| Curling | Hunting-on-horseback |
| Dry skiing | Ice Hockey |
| Fencing | Kite surfing/Landboarding/Buggying |

# APPENDIX OF SPORTS AND OTHER ACTIVITIES

| Covered Sports and Activities | Excluded Hazardous and Extreme Sports and Activities |
|---|---|
| Fell running | Martial Arts (Competition) |
| Field Hockey | Martial Arts (Training only) |
| Fishing (Fresh water and deep sea) | Microlighting |
| Go Karting (recreational use) | Motor Racing (all types) |
| Golf | Motorcycling (any) |
| Ice Hockey – School only | Mountain Boarding |
| Indoor Rock Climbing | Mountaineering |
| Handball | Mountain Biking |
| Horse riding (no Polo, Hunting, Jumping or Dressage) | Orienteering |
| Hot Air Ballooning | Parachuting |
| Hurling | Parasailing |
| Jet Boating | Parascending (over land) |
| Jet Skiing | Parascending (over water) |
| Jogging | Parkour |
| Kickball | Point-to-point |
| Lacrosse | Polo |
| Netball | Potholing |
| Paintballing | Professional Sports |
| Roller Blading (Line Skating / Skate boarding) | Quad Biking |
| Roller Hockey/Street Hockey | Rambling |
| Rounders | Rock Climbing exceeding a climbing maximum of 4,500 meters, whether indoor or outdoor |

# APPENDIX OF SPORTS AND OTHER ACTIVITIES

| Covered Sports and Activities | Excluded Hazardous and Extreme Sports and Activities |
|---|---|
| Rowing (inland/coastal) | Rock Jumping |
| Rugby – Touch Only | Rock Scrambling |
| Running, Sprint / Long Distance | Rugby – Contact |
| Safari (organized - no guns) | Sandboarding |
| Sailboarding | Scuba Diving (greater than 30 meters) |
| Sand Yachting | Shark feeding/cage diving |
| Scuba Diving (max depth 30 meters) | Sky Diving |
| Skate boarding | Steeple chasing |
| Skiing/Snowboarding on-piste | Tombstoning |
| Snorkeling | Trekking/Hiking (over 4,500 meters altitude) |
| Squash | Skiing/Snowboarding off-piste or off-trail |
| Surfing | Windsurfing |
| Tennis | White/Black Water Rafting (Grade 4 to 6) |
| Trekking/Hiking (under 4,500 meters altitude) | Weight-Lifting (Competitive) |
| Triathlon | Yachting (crewing) - outside territorial waters |
| Volleyball | Yachting (racing) |
| Wake Boarding | Zorbing/Hydrozorbing |
| Water Polo | |
| Wrestling | |
| Water Skiing | |
| White/Black Water Rafting (Grade 1 to 3) | |
| Yachting (crewing) - inside territorial waters | |

# ELIGIBILITY, EFFECTIVE DATE, TERMINATION, AND EXTENDED COVERAGE PROVISIONS

**Policy Effective Date ("Effective Date")**

Company agrees to provide the insurance benefits described in the Policy in consideration for Policyholder's application, the Participating School's application, and payment of all Premiums when due. The Policy will become effective on the first day of the Policy Term shown in the Schedule of Benefits.

**Participating School's Coverage Effective Date**

The insurance coverage becomes effective for the Participating School on the later of the first day of the Policy Term or the date requested on the Participating School's application and shown on the Participating School's Schedule of Benefits, subject to payment of Premiums due.

**Eligibility**

A student of the Participating School is eligible for insurance under the Policy when the student meets the definition of Covered Student shown in the Schedule of Benefits.

**Effective Date for Eligible Students**

Coverage for a Participating School's Eligible Students becomes effective:

- on the first day of the school term for which coverage is applied, if the individual became a Covered Student on the first day of the school term and applies for coverage within the first 30 days of the school term;
- on the first day the individual became a Covered Student, if the student was not a Covered Student on the first day of the school term and enrolls within 30 days of becoming a Covered Student;
- on the first day a Covered Student suffers an involuntary loss of other coverage, if such loss occurs after the first day of the school term and the student enrolls in the Plan within 30 days losing other coverage;
- on the first day of the next school term if the school requests enrollment more than 30 days after:
  - student first becomes a Covered Student or
  - after a Covered Student suffers an involuntary loss of other coverage; or
- under special circumstances, the effective date determined by the Company for all similarly situated eligible persons.

However, coverage will not become effective for any student who is not actively engaged in Full-Time Studies for at least the first 31 days of each school term, unless the student is unable to attend class due to an acute sickness or injury.

Company maintains the right to investigate student status and attendance records to verify Policy eligibility requirements have been met and authorizes Program Manager to do so on its behalf. If Program Manager discovers that Policy eligibility requirements have not been met and no claims have been paid, the Company's only obligation is to refund Premium. However, We will not refund any Premium if We have paid a claim on that Covered Student in the current school term.

**Termination of Coverage**

Insurance under the Policy will automatically terminate for a Covered Student on the earliest of the following dates (the "Termination Date"):

1. the date the Participating School's coverage under the Policy terminates;
2. the last day of the period for which Premium has been timely paid according to Policy provisions (refer to the Premium provision);
3. the date the Covered Student is no longer eligible for coverage;

a. For avoidance of confusion, an Eligible Student is no longer enrolled and actively engaged in Full-Time Studies upon graduation, and, therefore, upon graduation the Eligible Student becomes ineligible for coverage under the Plan. However, the Eligible Student may be entitled to up to 60 days of continued coverage after graduation if one of the following exceptions apply:
    i. the Eligible Student is transferring to another educational institution; or
    ii. the Eligible Student qualifies for Extended Coverage because they have graduated, are returning to their Home Country, and applied for Extended Coverage as required by the Policy.

4. the date requested by the Covered Student and approved by the Participating School in writing that is no sooner than 5 days after the date the Program Manager receives written notice. If We have paid a claim on that Covered Student during the current term, no refund of Premium will be made. If We have not paid a claim on that Covered Student during the current term, We will refund unearned Premium for the number of full months remaining in the unexpired term of coverage;
5. the date the Covered Student departs the United States for their Home Country or country of regular domicile; or
6. the date the Maximum Benefit applicable to the Covered Student has been exhausted.

See the Extended Coverage Benefit section for additional information.

**Breaks in Coverage**

If a Covered Student's coverage terminates for any reason, the student will no longer be eligible for benefits under the Policy. If, at a later date, the student meets the Master Policy's Eligibility requirements and again becomes a Covered Student, the student will be required to satisfy any applicable Pre-Existing Condition requirements before once again becoming eligible for benefits.

**Extended Coverage Benefit**

Benefits under the Master Policy are available beginning on the Effective Date and ending upon the Termination Date, as indicated on page 1 of the Policy, unless one of the Extended Coverage Benefits applies. Extended Coverage Benefits can provide up to 30 days additional coverage to:

1. newly-enrolled students prior to the beginning of their very first term of study with the Participating School; or
2. Covered Students who have completed their final term of study in the United States and are preparing to return to their Home Country.

**Extended Coverage Benefit for Newly-Enrolled Students**

To be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. a newly-enrolled student must be enrolled in Full-Time Studies at the Participating School, and
2. the Participating School must have remitted all Premiums to the Program Manager.

Coverage under the Extended Coverage Benefit will become effective on the later of:

1. up to 30 days prior to the beginning of the Student's first school term; or
2. for arriving students, the date the qualifying, newly-enrolled, and arriving student arrives in the United States prior to classes; or
3. for transfer students, the date the student's prior insurance coverage through the previous educational institution terminates.

**Extended Coverage Benefit for Covered Students Concluding their Studies**

To be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. the Program Manager must receive a written request for Extended Coverage prior to the Termination Date of the Covered Student's coverage as defined in the Termination of Coverage Section, and
2. all premiums must be paid.

Coverage under the Extended Coverage Benefit will terminate on the earlier of:

1. 30 days following the Covered Student's graduation or completion of an educational program, or
2. the date he or she departs the United States.

**Important Information about the Extended Coverage Benefit**

This Extended Coverage Benefit is subject to all other applicable Master Policy terms, conditions, exclusions, and limits, including any applicable pre-existing condition limitation.

**Extended Coverage for Short-Term Programs**

In the event the Covered Student's entire program of study is less than 60 days, the Extended Coverage Benefit will be limited to seven days. All other Extended Coverage Benefit provisions will apply as indicated herein.

## GENERAL PROVISIONS

**Entire Contract**

The Master Policy, including the Policyholder's application, the Participating School's application, the Schedule of Benefits, and the Declaration along with any endorsements, amendments, riders, and any attached papers shall constitute the entire contract between the parties.

**Evidence of Coverage**

A Certificate of Coverage, comprised of a Schedule of Benefits, a copy of the Participating School's application, and a copy of the Master Policy will be issued to each Participating School as evidence of coverage. The Schedule of Benefits will show the benefits elected by the Participating School and available to Covered Students. The Participating School must have the Certificate of Coverage available for inspection by Covered Students at all reasonable times.

This Brochure outlines and summarizes the benefits of the coverage. This Brochure shall serve as an outline and evidence of the insurance coverage provided by the Master Policy, but does not extend or change that insurance coverage.

In the event of any conflict between any brochure, the Participating School's Schedule of Benefits, Certificate of Coverage, and any other document issued as evidence of coverage, the terms of the Master Policy will govern.

**Policy Changes**

Program Manager may amend or change the Master Policy at any time by giving 30 days advance written notice to the Policyholder and the Participating School. No change to the Master Policy may be made or will be considered valid until approved by an executive officer of Program Manager To be valid, the approval must be in writing, and must either be endorsed on or attached to the Master Policy. No agent or broker has any authority to alter the Master Policy or waive any of its provisions.

**Incontestability of the Master Policy**

All statements made by the Policyholder or Participating School to obtain coverage under the Master Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of coverage under the Master Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Participating School.

After two years from the Master Policy Effective Date, no such statement will cause the Policy to be contested except for fraud.

**Incontestability of the Covered Student's Insurance**

All statements made by a Covered Student are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Student's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.

**Premiums**

Coverage for each Participating School shall begin on the Effective Date shown in its Schedule of Benefits and shall continue in effect until the Termination Date so long as Premiums are paid in full when due.. Premiums due for coverage under the Master Policy will be remitted to Us by the Covered Student or the Participating School, or by any other person designated to remit such premiums. Full Premium for the term is due on the Participating School's Effective Date of the coverage and future Premiums are due on the first day of each school term.

Payment of Premium will not maintain coverage in force beyond the next Premium due date, except as provided in the Grace Period provision. Failure to pay Premiums when due or within the Grace Period shall be deemed notice to terminate coverage at the end of the period for which Premium was paid.

**Grace Period**

If the full Premium is not paid within 60 days after the invoice date, the Participating School shall have a 30-day Grace Period in which to pay the full Premium.

However, if the Premium is not paid by the end of the Grace Period, the Participating School's coverage under the Master Policy will cease to be in effect, coverage will terminate retroactively to the last date for which Premium was paid, and no expenses incurred during the term will be considered for payment.

If the Participating School has sent notice of its intent to terminate coverage, this Grace Period section shall not apply.

**Reinstatement**

If coverage is terminated for failure to pay Premium, the Participating School may apply for Reinstatement of coverage by submitting an application within 30 days from the date coverage ended.

Any application for reinstatement will not become effective unless and until the Program Manager approves such application and all Premiums have been paid in full. The Program Manager will advise the Participating School of the Effective Date of Reinstatement by issuing a new Schedule of Benefits. Any reinstated coverage will provide benefits for only:

- Covered Injuries occurring after the Effective Date of Reinstatement; and
- Covered Sicknesses that begin more than ten days after the Effective Date of Reinstatement.

The reinstated coverage will be subject to the Incontestability provision from the Effective Date of the Reinstatement.

In all other respects, all rights under the Master Policy will remain the same, subject to any new conditions imposed as a result of the Reinstatement.

If the Participating School has sent notice of its intent to terminate coverage, this Reinstatement section shall not apply.

**Changes in Premium Rates**

We have the right to change the Premium rates on any Participating School's Premium due date but will not do so more often than once in any six-month period, except for rate changes required due to Premium tax law changes.

Premium payments made in advance, or for more than a one-month period, will not affect any rights we have with regard to Premium changes.

Notwithstanding anything in the Policy to the contrary, the Program Manager may change the Premium rate on any date:

- the Master Policy is amended;
- there is a change in coverage provided or classes eligible; or
- there is a change in the risks We have assumed.

We will give 30 days' written notice of any change. Notice will be sent to the Policyholder and to the Participating School at the most recent address in our records.

**Clerical Error**

Any clerical error by the Company or the Program Manager shall not invalidate coverage otherwise in force, make the coverage of an ineligible person valid, or continue coverage ended by valid means. Neither the passage of time nor the payment of Premiums for a person who is not eligible for coverage under the terms of the Master Policy will make coverage valid for such person. If it is found that such a person was included when the Premium was figured for the Policy, the only liability shall be the proper refund of Premiums. In addition, when a person is no longer eligible for coverage under the Policy, the payment of Premiums for such person shall not continue coverage past the date such person ceases to be eligible. Again, the only liability shall be the proper refund of Premiums.

Any such clerical errors must be corrected and promptly reported to the Program Manager. The Program Manager maintains the right to recover from You any overpayment of benefits due to such clerical errors.

**Waiver**

Waiver of any provision of the Policy by the Company or the Program Manager shall not affect its right to enforce the provision at any time thereafter against any person or entity claiming rights under the Master Policy.

**Termination of Coverage by a Participating School**

A Participating School may cancel its coverage under the Master Policy by providing at least 30 days written notice to Program Manager at its office. Once coverage has been issued, coverage will remain in effect until the later of:

1. the date Program Manager receives such notice; or
2. the date set for termination by such notice;

subject to the coverage ending prior to this notice because of expiration of the Grace Period.

If Premiums are not paid, this coverage shall end as stated in the Grace Period section of the Master Policy.

**Termination of Coverage by the Company**

The Company or Program Manager may refuse to continue coverage under the Master Policy for a Participating School by providing written notice to it at least 30 days prior to the date of termination:

1. if the Participating School fails to meet minimum participation requirements; or
2. with respect to a provider network, if there is no longer any Covered Student who lives or attends school in the Area.

Coverage may be terminated prospectively at any time for fraud or misrepresentation without 30 days prior notice. Coverage may be rescinded back to the Effective Date for fraud or intentional misrepresentation of material fact with at least 30 days' prior written notice.

Company may end Accidental Death and Dismemberment coverage, if any, by giving notice in writing to the Participating School at least 30 days prior to the date it is to be canceled.

In the event the Participating School fails to meet either of the following minimum participation requirements, Company or Program Manager may terminate this coverage by giving written notice to the Participating School at least 30 days prior to the date the insurance will end:

1. the Participating School has fewer than 20 Covered Students during any given semester, trimester, or quarter; or
2. the Participating School fails to enroll all Eligible Students who do not have approved waivers, if applicable.

# IMPORTANT NOTICES

The Company agrees to insure eligible international students of each accepted Participating School against losses covered under the Accident and Sickness Policy (the "Policy") subject to its provisions, exceptions, and exclusions. The persons eligible to be insureds are those described in the Eligibility section of this Policy.

This Brochure summarizes is intended to summarize the Plan; it does not contain all terms and conditions of coverage. Please refer to the Policy document for all terms and conditions. Where there is a conflict between any or all of 1) the Policy, 2) the terms of any ancillary product, and/or 3) this Brochure, the terms of the Policy shall supersede, followed by the terms of the ancillary product.

## Important notices regarding the Patient Protection and Affordable Care Act (PPACA)

This insurance is not subject to, and does not provide certain insurance benefits required by, PPACA. The insurance benefits are stated in the Policy and each Participating School's Schedule of Benefits.

PPACA requires U.S. citizens and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are otherwise exempt from PPACA. In certain circumstances, penalties may be imposed on U.S. citizens and residents who do not maintain PPACA-compliant insurance coverage or who cease to qualify for exemption. Each Covered Student should consult a licensed, qualified attorney or tax professional to determine if PPACA's requirements apply to them.

This insurance is not a substitute for PPACA-compliant medical coverage. Lack of Minimum Essential Coverage may result in an additional payment with a Covered Student's taxes.

**The Policy provides limited benefits and is not intended to cover all medical expenses. Please read it carefully. The Policy is nonparticipating.**

No action at law or in equity may be brought to recover on the Policy prior to 60 days after proof of loss has been provided in writing, as required by the Policy. No such action may be brought after three years from the time written proof of loss is required to be given.

### Service of Legal Process

Subject to and without limiting, expanding, superseding, modifying or waiving any of the foregoing terms, pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or their successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of a Covered Person arising out of this insurance. Such process may be submitted specifically to the Superintendent, Commissioner, or Director of Insurance of the state in which the Covered Person resides. Further, the Company hereby designates and appoints John Emmanuel, Locke Lord LLP, Brookfield Place, 200 Vessey St, 20th Floor, New York NY 10281, as its attorney-in-fact and agent for service of process to whom the said officer or Commissioner is authorized to mail or serve any such process or a true copy thereof.