2019-2020 | PLAN BENEFIT BROCHURE

Serviced By:

Gallagher

Study Abroad Accident & Sickness Insurance Plan

Underwritten by:
Allied World Assurance Company, Ltd.

This Insurance Plan is not available in MA, NY, and SD

C&F Trucking AH – 1211

Important Notices

This is a benefit plan designed to protect students against unforeseen emergency medical evacuation or repatriation of remains expenses if an emergency medical event should occur while they are studying outside their home country.

This is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the Policy on file with your school.

This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.

This insurance Policy is not basic health insurance or Major Medical insurance and is a limited benefit Accident and Sickness Insurance Policy.

The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school.

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Eligibility For Insurance

A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Plan Participant at the same time.
Class 1: Students, faculty and staff residing in the United States and traveling outside of the United States.

Dependents: Spouses of the above eligible Class and who's Application has been accepted by the Company.
Natural or legally adopted Dependent unmarried children of an above eligible class and under 26 years of age and whose Application has been accepted by the Company.

Policy Term Date

Policy term begins June 1, 2019 and ends May 31, 2020. Eligible students and their dependents may elect coverage on a monthly basis within the policy period. **Coverage requested before or after the policy term date will not be accepted.**

Plan Costs

Silver Study Abroad Plan		**Gold Study Abroad Plan**	
Age of Plan Participant	Monthly Rate	Age of Plan Participant	Monthly Rate
Less than 25	$37.00	Less than 25	$51.00
Age 25-30	$45.00	Age 25-30	$60.00
Age 31-40	$74.00	Age 31-40	$100.00
Age 41-49	$98.00	Age 41-49	$135.00
Age 50-59	$149.00	Age 50-59	$204.00
Age 60-65	$267.00	Age 60-65	$365.00

Enrollment Information

You may select a period of coverage from a minimum of 30 days to a maximum of 364 days.

To enroll in this Insurance Plan, go to www.gallagherstudent.com/studyabroad.

Dependent's Period of Coverage must coincide with, or be within, the Primary Insured's dates of coverage. Should You wish to continue Your coverage at the end of the initial period, We will then determine You and Your dependents' eligibility for an additional Period of Coverage.

Period of Coverage for Plan Participant

A Person will become a Plan Participant under the Plan Document, provided proper premium payment is made, on the latest of:
1) The Effective Date of the Plan Document; or
2) The date the Company receives a completed application or enrollment form; or
3) The moment He departs their Home Country airspace**.**

Insurance for a Plan Participant will end on the earliest of:
1) The date He is no longer in an Eligible Class; or
2) The date the Plan Participant returns to his or her Home Country; or
3) The expiration of 364 days from the Effective Date of Coverage.

Premium Refund Policy

Unless the trip is cancelled and We are notified in writing prior to the effective date of Your coverage, all premiums receive by Us will be nonrefundable.

How the Medical Expense Benefit Works

If You are injured or become sick during Your study abroad and require medical attention, such as treatment from doctors, hospitalization and medication, this Plan can help protect You against the unexpected medical costs that may occur during Your stay.

There are two Insurance Plans available to You, the Silver Plan and the Gold Plan. Dependents only have the option to enroll in the Silver Plan. You will be insured under the Plan selected on the Enrollment Form.

If You incur costs for covered medical services during the period of coverage You requested and paid for, the Plan works as follows:

Silver Plan:

If You are enrolled in the Silver Plan, You are responsible for the first $50.00 for each Covered Expense (this is called the Deductible). The Deductible is applied separately to each Covered Accident or Sickness. After the Deductible, most services will be paid at 100% of the Covered Expense incurred for the first $5,000. Then, the Plan will pay 80% (You are responsible for the remaining 20% -- this is called Coinsurance) of the Covered Expenses incurred in excess of $5,000 but less than $25,000. Thereafter, the Plan will pay 100% of the Covered Expenses incurred in excess of $25,000 up to the Lifetime Aggregate Maximum of $250,000. Please refer to the Schedule of Benefits below.

Gold Plan:

If You are enrolled in the Gold Plan, the Insurance Plan will pay 100% of the Covered Expenses, except as specified in the Schedule of Benefits below, up to the Lifetime Aggregate Maximum of $250,000.

Schedule of Benefits

If a Covered accident or Covered Sickness occurs during the Period of Covered, only those expenses specifically described below which are incurred within the Maximum Benefit Period and which are not excluded (see Exclusions section) are considered Covered Expenses. Covered Expenses are subject to the Usual and Customary Expenses incurred by the Plan Participant. All Covered Expenses are based on a per Covered Accident or per Covered Sickness.

Schedule of Benefits
Covered Medical Expenses for Accident or Sickness

PLAN BENEFITS	SILVER PLAN	GOLD PLAN
Lifetime Aggregate Maximum	$250,000	$250,000
Deductible	$50 per Plan Participant per Accident or Sickness	$0
Coinsurance	100% to $5,000; 80% to $25,000; 100% thereafter to Lifetime Aggregate Maximum	100% of Usual & Customary Expenses up to Lifetime Aggregate Maximum
Room and Board: Expenses for hospital room and board and general nursing care for: 1. The semi-private room rate: 2. Intensive Care Unit:	 Up to $1,000 per day Up to $1,500 per day	 Up to $2,500 per day Up to $2,500 per day
Miscellaneous Hospital Services and Supplies: a) cost of operating room; b) laboratory tests; c) x-ray examinations; d) anesthesia; e) drugs (excluding take home drugs) or medicines; and f) therapeutic services and supplies	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses
Surgeon In-Patient/Outpatient Benefit: Expenses made for diagnosis, treatment and surgery by a Physician	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses
Outpatient Prescription Drugs	80% of Usual & Customary Expenses, up to $2,500	80% of Usual & Customary Expenses, up to $2,500
Doctor Visits	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses, limited to one visit per day
Elective Termination of Pregnancy	80% of Usual & Customary Expenses, up to a maximum of $500	100% of Usual & Customary Expenses, up to a maximum of $500
Ambulance Expense	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses

Dental Expense for accidental Injury to Sound Natural Teeth	80% of Usual & Customary Expenses up to $250 per tooth, up to a maximum of $2,500 per Covered Accident	100% of Usual & Customary Expenses up to $250 per tooth, up to a maximum of $2,500 per Covered Accident
Physiotherapy: if recommended by a doctor for the treatment of a specific Covered Accident or Covered Sickness and administered by a licensed physical therapist	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses
Maternity & Pre-Natal Care Expense: Expenses directly related to pregnancy, including childbirth and associated newborn nursery hospital expenses	Subject to Deductible and Coinsurance	100% of Usual & Customary Expenses
Outpatient Mental or Nervous Disorders	80% of Usual & Customary Expenses up to a maximum of $3,000	100% of Usual & Customary Expenses up to maximum of $3,000
Inpatient Mental or Nervous Disorders	50% of Covered Expenses up to a maximum of 30 days	50% of Covered Expenses up to a maximum of 30 days
Outpatient Substance Abuse Disorders	80% of Usual & Customary Expenses up to a maximum of $3,000	100% of Usual & Customary Expenses up to maximum of $3,000
Inpatient Substance Abuse Disorders	50% of Covered Expenses up to a maximum of 30 days	50% of Covered Expenses up to a maximum of 30 days
ADDITIONAL BENEFITS		
Accidental Death & Dismemberment	$15,000	$25,000
Home Country Extension	$5,000, up to 30 days	$5,000, up to 30 days
Athletic Sports &Hazardous Activity Coverage	N/A	After $100 deductible, covered at 100% of Usual & Customary Expenses up to maximum of $50,000
Baggage Loss & Personal Effects	N/A	$500 of Actual Charge ($100 maximum per item)
Trip Interruption	N/A	$1,500 of Actual Charge
Trip Cancellation	N/A	$1,500 of Actual Charge
Medical Evacuation	$250,000	$250,000
Emergency Medical Repatriation of Remains	$250,000	$250,000
Political & Natural Disaster Evacuation	$25,000	$25,000
Terms of Payment	Coordination of Benefits	Coordination of Benefits
Dependents are ONLY eligible for the Silver Plan		

Definitions

Please see policy on file with your school for a complete list of Definitions.

ACCIDENT means a sudden, unforeseeable, external event that result in Injury to the Plan Participant
AIDS means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.
Application means the Participation Agreement for the Plan Document.
Benefit Period means the period of time from the date of the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.
Caregiver means an individual employed for the purpose of providing assistance with activities of daily living to the Plan Participant or to the Plan Participant's Immediate Family member who has a physical or mental impairment. The Caregiver must be employed by the Plan Participant or the Plan Participant's Immediate family member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.
Child means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.
Child Caregiver means an individual providing basic childcare service needs for the Plan Participant's minor children under the age of 18 while the Plan Participant is on the Trip without the minor children. The arrangement of being the Child Caregiver while the Plan Participant is on the Trip must be made 30 or more days prior to the Scheduled Departure Date.
Civil Union Partner means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits that are afforded a spouse. Throughout the Plan Document, a party to a civil union shall be included in any definition or use of the terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships. This

includes the terms 'marriage' or 'married' or variations thereon. The term spouse or dependent includes civil union couples whenever used.

Class means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region**.**

Coinsurance means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means Allied World Assurance Company, Ltd. **Also hereinafter referred to as We, Us and Our.**

Complications of Pregnancy means a condition which:

- When pregnancy is not terminated, requires Medical Treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy.
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible;

Complications of Pregnancy will not include:

- False Labor;
- Occasional spotting;
- Physician prescribed rest during the period of pregnancy;
- Morning Sickness;
- Preeclampsia; and
- Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is *non*-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

Deductible means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

Cosmetic Surgery means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions**.**

Covered Accident means an Accident that occurs by a Plan Participant and results in a Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

Custodial Care means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

Deductible means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Plan Document. It applies separately to each Plan Participant.

Dentist means a legally licensed physician of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Dependent means a Plan Participant's:

1) lawful spouse, if not legally separated or divorced, **[**or Domestic Partner**]**or Civil Union Partner.
2) unmarried Children under age 26.

The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

Domestic Partner means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Elective Treatment and Procedures means any Medical Treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by the Company to be research or experimental or that is not recognized as a generally accepted medical practice.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Plan Document is in force.

Emergency means an Sickness or Injury for which the Plan Participant seeks immediate Medical Treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

Expatriate means (1) a person working or living outside their country of citizenship; (2) a person working outside their country of citizenship and outside the employer's country of domicile; or (3) non-U.S. citizens working in the United States.

Extended Care Facility means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

He, His and Him includes "she", "her" and "hers."

Health Care Plan means any contract, Plan Document or other arrangement for benefits or services for medical or dental care or treatment under:

1) Group or blanket insurance, whether on an Plan Participant or self-funded basis;
2) Hospital or medical service organizations on a group basis;
3) Health Maintenance Organizations on a group basis.
4) Group labor management plans;
5) Employee benefit organization plan;
6) Professional association plans on a group basis; or
7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8) Automobile no-fault coverage (unless prohibited by law).

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment or has established Permanent Residence.

Home Health Care means nursing care, treatment and Daily Living Services provided in the Plan Participant's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1) the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant's Immediate family member or other persons residing with the Plan Participant without causing undue hardship;
2) nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3) Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

Home Health Care consists of, but shall not be limited to, the following:

- Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.
- Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
- Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Evidence of Coverage if the Plan Participant had

remained in the Hospital.

Hospital means an institution licensed, accredited or certified by the State that:

1) Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3) Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4) Has a staff of one or more licensed Physicians available at all times;
5) Provides organized facilities for diagnosis, treatment and surgery, either
   a) on its premises; or
   b) in facilities available to it, on a pre-arranged basis;
6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7) Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1) the Joint Commission of Accreditation of Hospitals; or
2) the American Osteopathic Association; or
3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Plan Document.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.]

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Immediate Family means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Inpatient means a Plan Participant who is confined in an institution and is charged for room and board.

Insurance means the coverage that is provided under the Plan Document.

Intensive Care Unit means a neonatal intensive care unit, cardiac care unit, or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Intoxicated means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

Maximum Benefit means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; and
2) Prescribed or ordered by a Physician or furnished by a Hospital; and
3) Performed in the least costly setting required by the condition; and
4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the 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;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or

pursuant to a more conservative form of treatment.

Description of Benefits

The following Provisions explain the benefits available under the Plan. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

Emergency Medical Evacuation Benefit

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits subject to pre-approval from the Program Medical Advisor.

Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on Your Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the authorized travel assistance company).

Repatriation of Bodily Remains Benefit

Emergency Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 90 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

- one-way Economy Transportation;
- other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

Emergency Reunion Benefit

If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid, up to $10,000, to transport one person, chosen by You , by Economy Transportation, for a single visit to and from Your bedside.

Home Country Extension Benefit

We will pay up to a maximum of $5,000, 30 days maximum, for Eligible Expenses incurred in your Home Country related to an Injury or Sickness which occurred, was diagnosed and treated outside your Home Country during your period of coverage.

Political Evacuation and Natural Disaster Benefit

If Plan Participant requires emergency evacuation or return of deceased remains due to the following reasons, which places him/her in imminent bodily harm as determined by the travel assistance company security personnel, in accordance with local and U.S. authorities, the travel assistance company security shall arrange, and the company will pay for Plan Participant's transportation to the nearest safe location.

- Officials of the foreign country or the embassy of the country with which the Plan Participant is a national has issued for reasons other than medical, a recommendation that categories of persons which include the Plan Participant should leave the foreign country; and/or
- Plan Participant is being expelled or declared persona non grate on the written authority of the recognized government of the foreign country; and/or
- The Political and military events in the foreign country have created a situation in which the Plan Participant is in danger of imminent bodily harm to the extent that the Plan Participant must be removed from the foreign country; AND

- The Plan Participant cannot obtain commercial transportation to the nearest safe location within a time period which will enable the Plan Participant to leave the foreign country in time to avert imminent bodily harm or to comply with the time allowed to leave the foreign country pursuant to the orders of the recognized government of that foreign country.

The Plan Participant must contact the travel assistance company to arrange transportation to the nearest safe location.

The method of transportation will be as deemed most appropriate to ensure his/her safety. If evacuation becomes impractical due to hostile or dangerous conditions, the travel assistance company security will maintain contact with and advise Plan Participant until evacuation becomes viable or the political or social upheaval has resolved.

Should commercial flights be available, but transportation to the airport will place the Plan Participant in imminent bodily harm, the travel assistance company security shall arrange and pay for his/her secure transport to the airport. Airfare change fees are the responsibility of the Plan Participant once he/she reaches an airport where normal commercial flight is available.

Athletic & Hazardous Activity Coverage

Coverage is provided up to the maximum amount payable as stated in the schedule if Your Injury results from the below enumerated Athletic Sports & Hazardous activities:

1) Intercollegiate or Interscholastic Athletics, Club Sports, and Organized Amateur Sports - resulting from: Baseball; Cross Country; Golf; Softball; Swimming; Tennis; Track and Field; Volleyball; Wrestling.

2) Other Athletic Sports and Hazardous Activities: Jet, Snow, and Water Skiing; Motorcycling; Mountain Climbing (under 14 thousand feet); Parasailing; Scuba Diving; Surfing; Whitewater Rafting (up to and including class V rapids only); Wind Surfing.

• NOTE: Any Athletic Sport & Hazardous Activity not expressly covered hereunder is excluded from this Plan Document unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

Baggage Loss & Personal Effects Benefit

*(*Benefits will be provided to the Plan Participant, up to the Maximum Benefit Amount shown in the Plan Participant's Schedule of Benefits: (a) against all risks of permanent loss, theft or damage to the Plan Participant's Baggage and Personal Effects; (b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Plan Participant's Plan; and (c) occurring while coverage is in effect. For the purposes of this benefit: "Baggage and Personal Effects" means goods being used by the Plan Participant during the Plan Participant's Trip.
The lesser of the following amounts will be paid:
1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
2) the cost to repair or replace the article with material of a like kind and quality; or

Baggage and Personal Effects does not include:

1) animals;
2) automobiles and automobile equipment;
3) boats or other vehicles or conveyances;
4) trailers;
5) motors;
6) aircraft;
7) bicycles, except when checked as baggage with a Common Carrier;
8) household effects and furnishings;
9) eyeglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;
11) artificial limbs or other prosthetic devices;
12) prescribed medications;
13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
15) computer hardware or software.

Trip Cancellation Benefit

Prepaid Payments the Plan Participant paid for Travel Arrangements for the cost of airline-imposed fees to rebank frequent flyer miles for air flights to join the Plan Participant 's Trip**]** when the Plan Participant is prevented from taking the Trip due to:

1) The Plan Participant's or an Immediate family member's death, which occurs before departure of the Trip;

2) *The Plan Participant's covered Sickness or Injury, which: a) occurs before departure of the Trip, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Physician, and c) and prevents the Plan Participant's participation in the Trip;*

The maximum payable under this Trip Cancellation Benefit is the lesser of the total amount of coverage the Plan Participant purchased or the Maximum Benefit Amount shown in the Plan Participant's Schedule of Benefits.

Trip Interruption Benefit

Benefits will be paid, up to the lesser of a) the Maximum Benefit Amount shown in the Plan Participant's Schedule of Benefits ; or b) 100% of the total amount of coverage the Plan Participant purchased, to reimburse the Plan Participant for the Prepaid Payments for unused non-refundable land or water Travel Arrangements.

Trip Interruption must be due to:

1) An Immediate family member's, death, which occurs while the Plan Participant is/are on the Plan Participant's Trip;
2) The Plan Participant's or an Immediate family member's, covered Sickness or Injury which: a) occurs while the Plan Participant is on the Plan Participant's Trip, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents the Plan Participant's continued participation on the Plan Participant's Trip;
3) For the Other Covered Reasons listed below; provided such circumstances occur while coverage is in effect.
   "Other Covered Reasons" means:
   a) the Plan Participant's primary place of residence being rendered uninhabitable by fire, flood, or other Natural Disaster; The Company will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes the Plan Participant's destination accommodations uninhabitable. The Plan Participant's destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a storm, snow storm, blizzard or hurricane is named on or before the Effective Date of the Plan Participant's Trip Cancellation coverage**.**

Coordination of Benefits Provision

When a plan participant is covered under more than one valid and collectible health plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the coordination of benefits provision is included in the plan document on file with the plan manager.

Pre-Existing Condition Limitation

A Pre-Existing Condition is a Sickness or Accident, or a related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within 3 months prior to the Effective Date of the Plan Participant's coverage under this Plan. Pre-Existing Conditions shall be excluded from coverage for a period of 3 months following the Effective Date of coverage.

However, this limitation will not apply is the Plan Participant: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 3 consecutive months while covered by the Plan for such condition; or 2) has been covered by the Plan for more than 6 consecutive months; or 3) was previously covered for such Pre-Existing Condition under Credible Coverage and such Credible Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

Exclusions

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2) War or any act of war, declared or undeclared;
3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5) Voluntary, active participation in a riot or insurrection;
6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
7) Organ transplants;

8) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
9) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
11) Treatment of acne;
12) Charges which are in excess of Usual, Reasonable and Customary charges;
13) Charges that are not Medically Necessary;
14) Charges provided at no cost to the Plan Participant;
15) Expenses incurred for treatment while in Your Home Country;
16) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
17) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
18) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participating Organization; or an Immediate Family member of the Plan Participant;
19) Duplicate services actually provided by both a certified nurse midwife and Physician;
20) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
21) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
22) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
23) Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 3 months under the same insurance plan;
24) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
25) Pregnancy or childbirth, miscarriage resulting from an accident; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
26) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
27) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
28) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
29) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
30) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
31) Weak, strained or flat feet, corns, calluses, or toenails;
32) Private-duty nursing services;
33) The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
34) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature**;**
35) Treatment paid for or furnished under any other individual or group Plan Document, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
36) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse; snowmobiling; snorkeling; spelunking; and snowboarding.
37) Rest cures or custodial care;
38) Treatment of Mental and Nervous Disorders;
39) Weight reduction programs or surgical treatment of obesity treatment of venereal disease;
40) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body **(**Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
41) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
42) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b) While being used for any test or experimental purpose; or
    c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or

    Except as a fare paying passenger on a regularly scheduled commercial airline.

43) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
44) You are being exposed to the utilization of nuclear, chemical or biological weapons of mass destruction.
45) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of $7,500;

Please keep this brochure as a summary of all the same terms and conditions outlined in this brochure including benefits, limitations, and exclusions as underwritten by Allied World Assurance Company, Ltd. In the event of a discrepancy, the Plan Document will prevail.

Non-Insurance Travel Assistance Services:

ADD: are not provided by Allied Assurance Company, LTD.

The Travel Assist benefits are designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not their country of permanent residence), with worldwide, 24-hour, emergency assistance services during the terms of coverage under the Student Accident & Sickness Plan. The assistance services are not insurance and are not underwritten by Allied World Assurance Company, Ltd. The assistance services are provided by On Call International.

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For more information, or a detailed list of services, please call:

In the United States, toll-free:	1-844-884-1206
Worldwide, collect:	1-603-328-1728

Claims Procedure

In the event a covered loss occurs or You receive medical Treatment, please submit an itemized bill, that has been translated into English, along with the amount paid (in U.S. dollars) to the claims company listed below within 90 days of the covered loss or Treatment or as soon as reasonably possible. We suggest that You keep a copy of the information You submit for Your records.

HealthSmart Benefit Solutions
3320 West Market Street, Suite 100
Fairlawn, OH 44333
Telephone: 1-800-331-1096 or 1-330-576-9049
Email: akronclaims@healthsmart.com

Complaint Handling Procedures

In the event that You are dissatisfied and wish to make a complaint You can do so to the Complaints team at info@awac.com.

It is Our intention always to supply a first-class standard of service and should You remain dissatisfied and are unable to resolve the situation, or You wish to make an enquiry regarding this insurance You may contact Us at the following address:

Allied World Assurance Company, Ltd
27 Richmond Road
Pembroke HM08
Bermuda

Tel: +1 441 278 5400
Email: info@awac.com

Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). We have taken steps to ensure your information is held securely.

Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above.

Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Short Form Notice and Consent

To provide our services as an insurer, [intermediary] will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by [intermediary] and by us, so that we can process your insurance and deal with any claim you make.
We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, sub-contractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by [intermediary] and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address.

Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end.

Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.

Questions? Need More Information?

For general information regarding enrollment or benefits, please contact:

Gallagher Student Health & Special Risk
Telephone: 1-800-933-4723 or 1-617-769-6052