



INTERNATIONAL  
STUDENT  
INSURANCE

Greenville University – International Student Athletes

**Student Health Advantage Group**

Certificate #SHAAI00295815



*Committed  
to you!*

# USING YOUR INSURANCE

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



## TELADOC

Your plan includes free access to Teladoc, virtual telemedicine. If you have a minor or non-urgent medical need, you can use Teladoc to see a doctor or get a prescription from anywhere, at any time using your phone or computer. Please [visit our website](#) for more details.



## NON-EMERGENCY CARE

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



## EMERGENCY CARE

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

**Please Note** – an additional \$250 Deductible will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible.



## ID CARD

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.



## DOCTOR/HOSPITAL SEARCH

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, you can search for a network provider online.
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

## NEED HELP?

You can either visit your Student Zone or call the 24-Hour assistance line.

## STUDENT ZONE

The Student Zone is your one-stop resource for information, advice and assistance with your insurance plan.

[Greenville University Athletics Student Zone](#)

## 24-HOUR ASSISTANCE

MG are available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact IMG at:

Toll-free: (855) 731-9445  
Direct Dial: + 1 (317) 927-6806  
[CustomerCare@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com)

# INSURANCE PLAN

## BENEFITS

Benefits	Limit
Maximum Limit	\$500,000
Maximum Limit per Illness or Injury	\$300,000 The per Illness or Injury limit accumulate towards the Maximum Limit
Deductible for Eligible Medical Expenses	\$250 Per Illness or Injury
Coinsurance - In addition to Deductible	In-Network: Plan pays 90%, \$1,000 Out of Pocket Maximum Out-of-Network: Plan pays 80%, up to the Maximum Limit
Student Health Center Copayment - Not subject to Deductible	\$5 per visit. Coinsurance: Plan pays 100%
Pre-certification	<ul style="list-style-type: none"> <li>• Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.</li> <li>• Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the plan certificate provision for complete requirements and coverage.</li> <li>• All other Treatments &amp; supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.</li> <li>• Deductible is taken after reduction.</li> <li>• Coinsurance is applied to remainder of the reduced amount.</li> <li>• Refer to the plan certificate for a complete list of services that require Pre-certification.</li> </ul>
Pre-existing conditions	After 12 months of continuous coverage
Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Eligible Medical Expenses	90% in-network, 80% out-of-network
Physician Visits / Services - Surgery is not subject to the maximum visit limit	Maximum 1 visit per day. 90% in-network, 80% out-of-network
Hospital Emergency Room	Injury: Not subject to Emergency Room Deductible. Illness: Subject to a \$250 if not hospitalized. 90% in-network, 80% out-of-network
Teladoc Consultation - Not Subject to Deductible and Coinsurance	Mental or nervous disorders are not covered
Hospitalization / Room & Board	Average semi-private room rate. Includes nursing, miscellaneous and Ancillary Services. 90% in-network, 80% out-of-network
Intensive Care	90% in-network, 80% out-of-network

Outpatient Surgical / Hospital Facility	90% in-network, 80% out-of-network
Laboratory	90% in-network, 80% out-of-network
Radiology / X-ray	90% in-network, 80% out-of-network
Chemotherapy / Radiation Therapy	90% in-network, 80% out-of-network
Pre-admission Testing	90% in-network, 80% out-of-network
Surgery	90% in-network, 80% out-of-network
Reconstructive Surgery - Surgery is incidental to or follows Surgery that was covered under the Plan	90% in-network, 80% out-of-network
Assistant Surgeon	20% of the primary surgeon's eligible fee. 90% in-network, 80% out-of-network
Anesthesia	90% in-network, 80% out-of-network
Durable Medical Equipment	90% in-network, 80% out-of-network
Chiropractic Care - Medical order or Treatment plan required	90% in-network, 80% out-of-network
Physical Therapy - Medical order or Treatment plan required	Maximum 1 visit per day. 90% in-network, 80% out-of-network
Extended Care Facility - Upon direct transfer from acute care Hospital	90% in-network, 80% out-of-network
Home Nursing Care - Upon direct transfer from acute care Hospital	90% in-network, 80% out-of-network. Provided by a Home Health Care Agency
<b>Prescription Drugs and Medication</b> Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit	
Period of Coverage limit - Subject to the Coinsurance amounts listed below	Primary Insured Person: \$250,000 per person
Inpatient and Outpatient Surgery Prescription Drugs and Medication	90% in-network, 80% out-of-network
Emergency Room and Outpatient Office Visits Prescription Drugs and Medication	90% in-network, 80% out-of-network
Retail Pharmacy Prescription Drugs and Medication - Dispensing maximum for Retail Pharmacy: 90 days per prescription	Not Applicable in-network, 50% out-of-network

Mental or Nervous / Substance Abuse Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Inpatient Mental or Nervous / Substance Abuse	90% in-network, 80% out-of-network. Maximum limit: \$10,000. Not covered if incurred at the Student Health Center
Outpatient Mental or Nervous / Substance Abuse	90% in-network, 80% out-of-network. Maximum Limit per Day: \$50. Maximum Limit: \$500. Not covered if incurred at the Student Health Center
Emergency Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Emergency Local Ambulance	Period of Coverage Limit per Injury: \$350 Period of Coverage Limit per Illness \$350 (resulting in an Inpatient Hospitalization). 100% in-network, 100% out-of-network
Emergency Medical Evacuation - Must be approved in advance and coordinated by the Company	100% in-network, 100% out-of-network. Maximum Limit: \$500,000
Emergency Reunion - Reasonable and necessary travel costs and accommodations - Must be approved in advance by the Company	100% in-network, 100% out-of-network. Maximum Limit: \$50,000. Maximum Days: 15. Meal Maximum per Day: \$25.
Interfacility Ambulance Transfer - Services rendered in the United States	100% in-network, 100% out-of-network. Transfer must be a result of an Inpatient Hospitalization
Political Evacuation and Repatriation - Must be approved in advance by the Company	100% in-network, 100% out-of-network. Maximum Limit: \$10,000
Repatriation for Medical Treatment - Approved in advance and coordinated by the Company	100% in-network, 100% out-of-network. Maximum Benefit: \$100,000
Return of Mortal Remains - Return of Insured Person's Mortal Remains to Country of Residence - Must be approved in advance by the Company	100% in-network, 100% out-of-network. Maximum Limit: \$50,000. Local Burial / Cremation at place of death Maximum Limit: \$5,000
Other Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Accidental Death & Dismemberment - Not subject to Deductible and Coinsurance	Principal Sum: \$25,000. Death must occur within 90 days of the Accident
Dental Treatment due to Unexpected pain to sound, natural teeth	Period of Coverage Limit: \$350. 80% out-of-network
Non-emergency Treatment by a Dental Provider due to an Accident	Period of Coverage Limit per Injury: \$500. 80% out-of-network

<b>Traumatic Dental Injury</b> - Treatment at a Hospital Facility due to an Accident - Additional Treatment for the same Injury rendered by a Dental Provider will be paid 100%	90% in-network, 80% out-of-network
<b>Incidental Trip</b> - Insured Person's Country of Residence is not the United States	90% in-network, 80% out-of-network. Maximum Days: 14
<b>Intercollegiate, Interscholastic, Intramural, or Club Sports</b>	90% in-network, 80% out-of-network. Period of Coverage Limit per Illness or Injury: \$5,000
<b>Personal Liability</b> - Secondary to any other insurance - No coverage for Injury to a related Third Party or damage to related Third Person's property.	Combined Maximum Limit: \$10,000. Injury to Third Person Per Injury Deductible: \$100 Damage to Third Person's property per damage Deductible: \$100
<b>Terrorism</b> - Not subject to Deductible and Coinsurance	100% in-network, 100% out-of-network. Maximum Limit: \$50,000

This is summary description of the current Student Health Advantage benefits. For the full terms and conditions please refer to the plan certificate which can be downloaded from your [Student Zone](#).

## Eligibility:

If an Insured Person is not eligible, this Certificate is void ab initio and all Premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements:

- be an active Participant, Spouse of the Participant, or Children traveling with the Participant and residing outside their primary Country of Residence for a temporary period of time, and if Destination Country is the United States, Insured Person must hold one of the following visa types: F1/F2, J1/J2, M1/M2 or A1/A2
- be at least thirty-one (31) days old but not yet sixty-five (65) years old
- be listed as an Insured Person and/or as the Insured Person's Spouse and/or Child on the census and enrollment information provided by the Sponsoring Organization
- on the Effective Date and on subsequent renewal dates, be physically and legally residing in the Destination Country with the intent to reside there for at least thirty (30) days
- pay the required Premium on or before the Effective Date of Coverage



# PLAN BENEFITS

## EXPLAINED

### Medical Expenses

Subject to the Terms of this insurance, and the insurance plan shown in the Declaration, the Company will reimburse the Insured Person up to the amount shown in the BENEFIT SUMMARY for the following costs, Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Illness or Injury is covered under this Certificate, Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses"):

1. Charges incurred at a Hospital for:
  - a. daily room and board, nursing services, and Ancillary Services not to exceed the average semi-private room rate. A private room will be considered when no semi-private room is available or if medical necessity warrants this type of room. The private room rate is not to exceed the average private room rate.
  - b. daily room and board, nursing services, and Ancillary Services in an Intensive Care Unit
  - c. use of operating, Treatment or recovery room
  - d. services and supplies that are routinely provided by the Hospital to persons for use while an Inpatient
  - e. Emergency Treatment of an Injury, even if Hospital confinement is not required
  - f. Emergency Treatment of an Illness; however, an additional Deductible (as shown in the BENEFIT SUMMARY) will be required unless the Insured Person is directly admitted to the Hospital as Inpatient for further Treatment of that Illness
2. Charges incurred for Surgery at an Outpatient Surgical Facility, including services and supplies
3. Charges by a Physician for professional services rendered, including Surgery; provided, however, that Charges by or for an assistant surgeon will be limited and covered at the rate of up to twenty percent (20%) of the Usual, Reasonable and Customary charge of the primary surgeon; and provided, further, that the standby availability of a Physician or surgeon will not be deemed to be a professional service and is not eligible for coverage
4. Charges incurred for:
  - a. dressings, sutures, casts or other supplies that are Medically Necessary
  - b. diagnostic testing using Radiology, ultrasonography or laboratory services. Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services
  - c. Implant devices that are Medically Necessary; however, any Implants provided outside the PPO network are limited to a payment of no more than one hundred fifty percent (150%) of the established invoice price and/or list price for that item
  - d. basic functional artificial limbs, eye or larynx or breast prostheses, but not the replacement or repair thereof
  - e. reconstructive Surgery when the Surgery is incidental to and follows Surgery that was covered hereunder
  - f. radiation therapy or Treatment, and chemotherapy
  - g. hemodialysis for the Treatment of acute renal failure only and the Charges by a Hospital for processing and administration of blood or blood components
  - h. oxygen and other gases and their administration
  - i. anesthetics and their administration by a Physician
  - j. drugs that require a prescription by a Physician for Treatment of Illness or Injury, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of ninety (90) days of any one (1) prescription
  - k. care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital
  - l. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital
  - m. Emergency Local Ambulance Transport necessarily incurred in connection with:
    - an Injury
    - an Illness resulting in Hospital confinement as an Inpatient.

- n. Interfacility Ambulance Transfer must be a result of an Inpatient Hospital Admission, Medically Necessary and from one licensed health care Facility to another licensed health care Facility via air or land ambulance
  - o. Treatment of Mental or Nervous Disorders and Substance Abuse provided such Treatment is not incurred at a Student Health Center
  - p. chiropractic services prescribed by a Physician and performed by a professional chiropractor, and necessarily incurred to continue recovery from a covered Injury or covered Illness; services include manipulations, x-rays and laboratory tests ordered by the chiropractor
  - q. physical therapy prescribed by a Physician and performed by a professional physical therapist, and necessarily incurred to continue recovery from a covered Injury or covered Illness
  - r. Durable Medical Equipment, as defined herein, deemed to be Medically Necessary
5. Charges incurred for a Teladoc Consultation, Teleconsultation or Virtual Physician Visit subject to the limitations set forth in the BENEFIT SUMMARY
6. Charges for Treatment resulting from COVID-19/SARS-CoV-2
7. Charges incurred for Treatment at an Urgent Care Clinic
8. Charges incurred for Treatment at a Walk-in Clinic
9. Charges for Treatment of an Injury to the foot due to an Accident covered hereunder
10. Charges for Treatment of an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of Treatment
11. Charges for Dental Treatment as follows up to the amount shown in the BENEFIT SUMMARY:
- a. Charges for Treatment following Traumatic Dental Injury from a covered Accident that resulted in physical Injury to the Insured Person
  - b. Charges for necessary Dental Treatment of Unexpected pain to sound natural teeth
  - c. Charges incurred for non-emergency Dental Treatment necessary due to an Accident covered hereunder
12. Charges for value-added tax (VAT) or like tax incurred on Eligible Medical Expenses.

## Public Health Emergency

Subject to all other Terms of this insurance, in the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, the Company will cover an Illness or Injury incurred during the Period of Coverage and caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster when, prior to the issuance of a Travel Warning for the Host Country/Destination Country or a Global Travel Warning:

- 1. the Effective Date of Coverage has occurred; and
- 2. the Insured Person has arrived in the Host Country/Destination Country or Affected Area.

In the event that the applicable Travel Warning is removed for the Host Country/Destination Country or Affected Area, coverage for an Illness or Injury incurred during the Period of Coverage after the Travel Warning is removed, which was caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster will be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

Notwithstanding the above provisions of this section PUBLIC HEALTH EMERGENCY, COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

## Accidental Death and Dismemberment

### Accidental Death

Subject to the Terms of this insurance, and in the event the Insured Person has an Accident during the Period of Coverage which results in death during the Period of Coverage, the Company will pay an Accidental Death benefit in the amount of the Principal Sum shown in the benefit summary.

The Insured Person's death must occur within ninety (90) days of the Accident and result, directly and independently of all other causes, from an accidental bodily Injury which is unintended, unexpected, and unforeseen. The bodily Injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily Injury must be the sole cause of death. The Company will pay the benefit owed upon proper application therefor, in the following order:



- (a) To the beneficiary designated in writing by the Insured Person; or
- (b) To the Insured Person's closest surviving Relative; or
- (c) The Insured Person's estate; or
- (d) To a claimant entitled to payment under applicable small estate affidavit laws.

### Dismemberment

Subject to the Terms of this insurance and if the Insured Person has an Accident during the Period of Coverage which results in a loss identified in the benefit summary within ninety (90) days from the date of the Accident and during the Period of Coverage, the Company will reimburse the Insured Person the applicable loss/dismemberment shown in the benefit summary.

The maximum benefit payable for all dismemberments or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum shown in the benefit summary for Accidental Death.

The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the entire and irrecoverable loss of sight. The Insured Person's dismemberment must result, directly and independently of all other causes, from an accidental bodily Injury which is unintended, unexpected, and unforeseen. The bodily Injury must be evidenced by a visible contusion or wound. The bodily Injury must be the sole cause of dismemberment.

### Emergency Reunion

Subject to the Terms of this insurance, including without limitation the conditions and restrictions subparagraph below, Emergency Reunion expenses will be reimbursed to an Insured Person as outlined in the benefit summary, in cases where there has been an Emergency Medical Evacuation covered under the Terms of this insurance. Subject to the applicable Deductible and Coinsurance and other limits and sub-limits as specified in the benefit summary, and subject to the conditions and restrictions subparagraph below, the following costs and expenses incurred in respect of travel by a Relative or friend of the Insured Person will be reimbursable to the Insured Person upon the recommendation and prior approval of the Company:

- (a) The cost of a round-trip economy commercial airline ticket for one (1) Relative or friend from the airport nearest to the location of the Relative or friend at the time of the Emergency to the airport serving the area where the Insured Person is Hospitalized as a result of the Emergency or is to be Hospitalized as a result of the Emergency Medical Evacuation (to be determined pursuant to the Terms of the conditions and restrictions subparagraph, below), and return from whichever of such locations is actually selected to the point of the original departure.
- (b) Reasonable and necessary travel costs, meals (up to the amount shown in the benefit summary), transportation and accommodation expenses incurred in relation to the Emergency Reunion (but excluding entertainment).

### Emergency Medical Evacuation

Subject to the applicable Maximum Limit set forth in the benefit summary, and the other Terms of this insurance, including the exclusions provision and the conditions and restrictions subparagraph below, the Company will reimburse the Insured Person for the following transportation costs, when the Company or Plan Administrator arranges such transportation and expenses incurred by the Insured Person arising out of or in connection with an Emergency Medical Evacuation occurring while this Certificate is in effect and during the Period of Coverage:

- (a) Emergency air transportation to a suitable airport nearest to the Hospital where the Insured Person will receive Treatment
- (b) Emergency ground transportation necessarily preceding Emergency air transportation and from the destination airport to the Hospital where the Insured Person will receive Treatment
- (c) Return ground and air transportation, upon medical release by the attending Physician, to the country where the evacuation initially occurred or to the Insured Person's Country of Residence, at the Insured Person's option.

### Intercollegiate, Interscholastic, Intramural, or Club Sports

Subject to the Terms of this insurance, including without limitation the Deductible, Coinsurance, and limits and sub-limits set forth in the benefit summary, and the exclusions provision, the Company will pay up to the amount shown in the benefit summary for Eligible Medical Expenses for the Treatment of Injuries due to participation in Amateur Athletics, as well as athletic activities that are non-contact, non-collision, and engaged in by the Insured Person solely

for recreational, entertainment or fitness purposes or that are intercollegiate, interscholastic, or club sports participated in by high school or college students.

Once the sub-limit listed in the BENEFIT SUMMARY has been met, only participation in Amateur Athletics will be considered for coverage under this insurance up to the Maximum Limit.

## Political Evacuation and Repatriation

If the United States Department of State, Bureau of Consular Affairs or similar government organization of the Insured Person's Country of Residence orders the evacuation of all non-emergency government personnel from the Destination Country, due to political unrest, that becomes effective on or after the Insured Person's date of arrival in the Destination Country, the Company will reimburse up to the amount shown in the benefit summary for transportation to the nearest place of safety or for repatriation to the Insured Person's Country of Residence provided that all of the following conditions are met:

- (1) The Insured Person contacts the Company within ten (10) days of the United States Department of State, Bureau of Consular Affairs or similar government organization of the Insured Person's Country of Residence issuing the evacuation order.
- (2) The evacuation order pertains to persons from the same Country of Residence as the Insured Person
- (3) Political Evacuation and Repatriation is approved by the Company

In no event will the Company pay for a Political Evacuation if there is a Travel Warning or Emergency Travel Advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Destination Country. This coverage will provide the most appropriate and economical means of travel consistent under the circumstances of the Insured Person's health and safety.

## Return of Mortal Remains

In the event of the death of the Insured Person during the Period of Coverage as a result of an Illness or Injury covered under this insurance while the Insured Person is outside of his/her Country of Residence, the Company will reimburse the authorized personal representative or the estate of the Insured Person up to the amount shown in the benefit summary for the costs and expenses incurred to return the Insured Person's Mortal Remains to his/her Country of Residence and thereafter to the place of burial or other final disposition (but not including any costs of burial or other disposition); provided, however, that the Company must approve all costs and expenses related to the return of the Insured Person's Mortal Remains in advance as a condition to the availability of this benefit; or up to the amount shown in the benefit summary for preparation, local burial or cremation of the Insured Person's Mortal Remains at the place of death in accordance with the commonly accepted cultural and religious beliefs practiced by the Insured Person. Coverage is not provided for burial and cremation costs incurred for religious practitioners, flowers, music, food or beverages.

## Incidental Trip

As an accommodation and supplemental benefit and subject to the Terms of this insurance, the Insured Person will be covered under this insurance during incidental return trips to his/her Country of Residence up to the number of days shown in the benefit summary during the Period of Coverage beginning with the date the Insured Person first arrives back in his/her Country of Residence provided that:

- (1) The Insured Person has departed his/her Country of Residence prior to any Incidental Trip
- (2) The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage
- (3) The Country of Residence is not the United States
- (4) The intention or purpose of the Insured Person's return trip to the Country of Residence is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Country of Residence
- (5) The Insured Person's return trip to the Country of Residence does not result in receiving Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Country of Residence.

## Personal Liability

The Company will pay up to the amount shown in the BENEFIT SUMMARY if the Insured Person is legally responsible for:

- a. accidentally injuring someone; or

- b. damaging or losing somebody else's property.

CONDITIONS AND RESTRICTIONS: The following conditions apply to Personal Liability:

- a. the Insured Person must notify the Company of any cause for a legal claim against them as soon as they know about it or no later than five (5) days of any act, omission or occurrence that may create or impose any Personal Liability upon them
- b. the Insured Person must provide all the information the Company requires to allow the Company to take action on the Insured Person's behalf including any related documents
- c. the Insured Person must not have committed an intentional act that resulted in bodily Injury, damage to or loss of somebody else's personal property
- d. the Insured Person must not negotiate, pay, settle, admit or deny any claim unless they get the Company's permission in writing
- e. the Company will have full control over any legal representatives and any proceedings. The Company will be entitled to take over and carry out any claim in the Insured Person's name for their defense or prosecute for the Company's benefit.

NOT COVERED: The Company will not provide cover for any legal responsibility, injury, loss or damage:

- a. to members of the Insured Person's family, household, or a person the Insured Person employs
- b. that results from or is connected to the Insured Person's trade, profession or business
- c. that results from the Insured Person owning, using or living on any land or in buildings (except temporarily for the trip)
- d. that results from the Insured Person owning or using mechanically propelled vehicles (including e-bikes and drones), watercraft or aircraft, animals (other than horses and pet cats or dogs), guns or weapons (other than guns that are used for sport)
- e. that results from the Insured Person infecting any other person with any sexually transmitted disease or condition
- f. that results from punitive damages assessed against the Insured Person which is the result of intentionally inflicting bodily injury, damage to, or loss of personal property of somebody else's property.

## Assistance Services:

Upon enrollment, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the plan summary.

- Open 24 hours/day, 365 days a year
- Multi-lingual personnel
- Physicians / Nurses on staff
- Locate local facilities
- Help with emergency situations

# INSURANCE

## PLAN EXCLUSIONS

Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. **ECONOMIC SANCTIONS:** Notwithstanding any other Terms under this insurance, the Company shall not provide coverage or make any payments or provide any service or benefit to any Insured Person, beneficiary, or third party who may have any rights under this insurance to the extent that such coverage, payment, service, or benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or the United States of America.
2. **WAR; MILITARY ACTION:** The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:
  - (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
  - (b) mutiny, riot, strike, military or popular uprising, insurrection, insurgency, rebellion, revolution, military or usurped power
  - (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type
  - (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
  - (e) any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.
3. **TERRORISM:** The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism.

Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:

  - (a) the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism
  - (b) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country
  - (c) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. **PRE-EXISTING CONDITIONS:** Charges resulting directly or indirectly from or relating to any Pre-existing Condition, (whether physical or mental, regardless of the cause of the condition) are excluded from coverage under this insurance until the Insured Person has maintained coverage under this insurance plan continuously for at least twelve (12) months
5. **MATERNITY AND NEWBORN CARE:** All charges for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns are excluded from this insurance.
6. **PREVENTATIVE CARE:** Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance
7. Charges for any Treatment or supplies that are:

- (a) not incurred, obtained or received by an Insured Person during the Period of Coverage
  - (b) not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred
  - (c) not administered or ordered by a Physician
  - (d) not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
  - (e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
  - (f) in excess of Usual, Reasonable, and Customary
  - (g) related to Hospice care
  - (h) incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of their HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related illness, ARC Syndrome, AIDS and/or any other illness arising or resulting from any complications or consequences of any of the foregoing conditions
  - (i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
  - (j) performed or provided by a Relative of the Insured Person
  - (k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
  - (l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
  - (m) required or recommended as a result of complications or consequences arising from or related to any Treatment, illness, injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance
  - (n) for Congenital Disorders and conditions arising out of or resulting therefrom
8. Charges incurred for failure to keep a scheduled appointment
9. Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
10. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
11. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, drugs, recombinant adeno-associated virus vector-based gene therapy, and other medication Treatments associated with diagnoses related to genetic testing and discovery, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy
12. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing
13. Charges incurred for Custodial Care
14. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy
15. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling
16. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
17. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance
18. Elective Surgery or Treatment of any kind
19. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy; reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion
20. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
21. any illness or injury sustained while taking part in, practicing or training for athletic activities that are sponsored by any Governing Body or Authority including the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), and the National Junior College Athletic Association (NJCAA), or any other collegiate sanctioning or Governing Body, or the International Olympic Committee (except as otherwise expressly provided within the BENEFIT SUMMARY sub-limit for INTERCOLLEGIATE, INTERSCHOLASTIC, INTRAMURAL, OR CLUB SPORTS)
22. any illness or injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; wildlife safaris; and windsurfing
23. any illness or injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff

- diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from Ground Level; parkour; piloting a commercial or non-commercial aircraft; powerboating; scuba diving or sub aqua pursuits below a depth of 40 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying
- 24.any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
  - 25.any Illness or Injury sustained while taking part in backcountry skiing
  - 26.any Illness or Injury sustained while taking part in skiing off-piste
  - 27.any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities
  - 28.any Illness or Injury sustained while taking part in Professional Athletics
  - 29.any Illness or Injury sustained while taking part in Collision Sports (except as otherwise expressly provided within the BENEFIT SUMMARY sub-limit for INTERCOLLEGIATE, INTERSCHOLASTIC, INTRAMURAL, OR CLUB SPORTS)
  - 30.any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized Governing Body for the sport or activity
  - 31.any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider
  - 32.any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
  - 33.any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
  - 34.any willfully Self-inflicted Injury or Illness
  - 35.any sexually transmitted or venereal disease
  - 36.any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
  - 37.any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
  - 38.biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
  - 39.orthoptics, visual therapy or visual eye training
  - 40.any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails
  - 41.hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
  - 42.any sleep disorder, including without limitation sleep apnea
  - 43.any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
  - 44.any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
  - 45.any organ or tissue or other transplant or related services, Treatment or supplies
  - 46.any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
  - 47.any efforts to keep a donor alive for a transplant procedure
  - 48.any Illness or Injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance  
This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
  - 49.Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
  - 50.Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
  - 51.Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
  - 52.Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
  - 53.Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
  - 54.Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration (FDA) or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
  - 55.any Treatment for an Illness or Injury requiring an unapproved U.S. Food and Drug Administration (FDA) medical product,



- services, Surgery, Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device when an Emergency Use Authorization (EUA) is in place issued by the U.S. Food and Drug Administration (FDA)
- 56.Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies
- 57.Charges incurred for Dental Treatment, except as specifically provided for hereunder
- 58.Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies
- 59.Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and Treated in a dental office
- 60.Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
- 61.Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
- 62.Charges incurred for massage therapy
- 63.Charges incurred at a Hospital or Facility when the Insured Person checks themselves out Against Medical Advice of their Physician or leaves before reaching a Medically Necessary specified endpoint of Treatment
- 64.Charges incurred for the Worsening of an Illness or Injury after the Insured Person left a Hospital or Facility Against Medical Advice or was a Discharge Against Medical Advice
- 65.Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
- a. bodily or mental infirmity, Illness or disease
  - b. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

**Please note:** this brochure is a consolidated summary of the plan benefits. The official policy certificate is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.