

INTERNATIONAL STUDENT SERVICES, INC.

STUDY ABROAD

**ACCIDENT & SICKNESS
INSURANCE
PROGRAM**

STUDY GLOBAL PREMIER

\$100,000 Maximum Benefit

Plan A Option

Deductible: None

Plan B Option

Deductible: \$100 per Condition

2014 - 2015

Brochure Number: 2665 (14)

ELIGIBILITY

U.S. citizens, international students, scholars, or faculty members under the age of 65 who are temporarily taking part in international educational activities outside of the United States are eligible for coverage. A Covered Person is not eligible for coverage in their home country.

Please note: On-line students and distance learning students solely taking off-campus home study, correspondence, or television courses are not eligible to enroll in this insurance plan. A Covered Person must be physically and actively participating in a school-sponsored overseas study abroad program to enroll in this insurance plan and must remain an active participant for coverage to remain in effect.

Individual's who wish to be covered under this insurance program must purchase a minimum of 10 days of coverage under either Plan A or Plan B.

EFFECTIVE DATE OF COVERAGE

Coverage for an eligible Person who makes the required premium payment will begin on the latest of the following dates:

- 1) the Policy Effective Date, 12:01 AM Standard Time on August 1, 2014, provided that the policy premium has been paid; or
- 2) the date he or she is eligible; or
- 3) the date of the scheduled Trip departure date; or
- 4) the date of his or her departure from the home country.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision.

The Covered Person's coverage is effective 24 hours a day on a worldwide basis except when in his/her Home Country.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Person will end on the earlier of the date:

- 1) the Policy terminates, 12:01, Standard Time, on August 1, 2015.
- 2) the Insured is no longer eligible.
- 3) the period ends for which premium is paid.
- 4) the Insured fails to pay the required premium, if the Insured is so required.
- 5) the scheduled Trip return date;
- 6) the Insured returns to his or her Home Country

Premiums are not refundable unless the trip is cancelled and the Company is notified in writing prior to the Effective Date of Coverage; however, there will be a \$25 processing fee for the cancellation. If the trip is interrupted or cancelled for any reason after the Effective Date of Coverage, partial refunds are not available.

EXTENSION OF BENEFITS

The Company will extend benefits under the plan for 90 days after a Covered Person's coverage would otherwise end if on that date he or she is:

- 1) Hospital Confined for an Injury or Sickness covered by the plan; and
- 2) under a Doctor's care.

Any benefits payable under this provision will not exceed the Benefit Maximums as shown on the Schedule of Benefits or elsewhere herein, and only benefits for the Injury or Sickness causing the disability will be continued. Benefits are not continued for expenses incurred in the Covered Person's Home Country.

DEFINITIONS

Accident - means a sudden; unexpected; and unintended event.

Covered Accident - means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

Doctor means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include: a Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

Home Country - means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

Injury – means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Medical Emergency - means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) 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 Covered Expense.

Sickness - means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charges - means the average amount charged by most providers for treatment; service; or supplies in the geographic area where the treatment; service; or supply is provided.

Pre-existing Conditions - means a Sickness, disease; or other condition of the Covered Person that in the 6 month period before the Covered Person's coverage became effective under the Policy 1) first manifested itself; worsened; became acute; or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment or 2) required taking prescribed drugs or medicines unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor, or treatment has been recommended by a Doctor.

SCHEDULE OF BENEFITS

Plan A

Maximum Benefit: \$100,000 per Injury and Sickness
Deductible: None

Plan B

Maximum Benefit: \$100,000 per Injury and Sickness
Deductible: \$100 per Injury and Sickness

The Company will pay benefits, as described below, for the Usual and Customary Charges incurred while the Covered Person's coverage is in force for treatment by a licensed Doctor for: 1) accidental bodily Injury when first treatment commences within 90 days of the date of Injury, or 2) Sickness beginning with the date of first treatment, not to exceed a Maximum Benefit of \$50,000 per Injury and Sickness.

INPATIENT BENEFITS

Room & Board Expense: daily semi-private room rate, including general nursing care	100% of Usual & Customary Charges
Intensive Care: including 24-hour nursing care	100% of Usual & Customary Charges
Hospital Miscellaneous Expenses: for services and supplies such as: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); 6) miscellaneous supplies; and 7) pre-admission testing	100% of Usual & Customary Charges
Physiotherapy: when prescribed by the attending Doctor and administered by a professional physical therapist	100% of Usual & Customary Charges
Surgery: Doctor's fees for a surgical procedure	100% of Usual & Customary Charges
Anesthetist Services: in conjunction with surgery	100% of Usual & Customary Charges
Assistant Surgeon: when undergoing a surgical procedure	100% of Usual & Customary Charges
Registered Graduate Nurse: when prescribed by the attending Doctor	100% of Usual & Customary Charges
Doctor's Visits: one visit per day when a surgery benefit is not paid	100% of Usual & Customary Charges
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction	100% of Usual & Customary Charges

OUTPATIENT BENEFITS

Surgery: Doctor's fees for a surgical procedure	100% of Usual & Customary Charges
Day Surgery Miscellaneous: when surgery is performed in a hospital emergency room, trauma center, Doctor's office, outpatient surgical center or clinic, for services and supplies such as: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) miscellaneous supplies	100% of Usual & Customary Charges
Anesthetist Services: in conjunction with surgery	100% of Usual & Customary Charges
Assistant Surgeon: when undergoing a surgical procedure	100% of Usual & Customary Charges
Doctor's Visits: one visit per day when a surgery benefit is not paid	100% of Usual & Customary Charges
Physiotherapy: when prescribed by the attending Doctor and performed by a professional physical therapist necessary to continue recovery from a covered Injury or Sickness; limited to one visit per day	100% of Usual & Customary Charges
Chiropractic Care: treatment with manipulation or massage of spinal and	100% of Usual & Customary Charges
musculoskeletal structures; the total amount payable for any or all covered medical expenses incurred for services rendered by a certified and licensed Chiropractor.	
Medical Emergency Expenses: incurred in a hospital emergency room, surgical center, or clinic	100% of Usual & Customary Charges
Diagnostic X-ray Services: when prescribed by the attending Doctor	100% of Usual & Customary Charges
Radiation Therapy: when prescribed by the attending Doctor	100% of Usual & Customary Charges
Laboratory Procedures: when prescribed by the attending Doctor	100% of Usual & Customary Charges
Miscellaneous Tests and Procedures: when prescribed by the attending Doctor for an incurred loss for which no other policy benefit is provided	100% of Usual & Customary Charges
Shots or Injections: administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	100% of Usual & Customary Charges
Chemotherapy: when prescribed by the attending Doctor	100% of Usual & Customary Charges
Prescription Drugs: when prescribed for a covered Injury or Sickness	100% of Usual & Customary Charges
Psychotherapy: the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction; covered as any Sickness	100% of Usual & Customary Charges

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SCHEDULE OF BENEFITS

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	100% of Usual & Customary Charges
Braces and Appliances: when prescribed by the attending Doctor exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered)	100% of Usual & Customary Charges
Dental braces, except when necessitated by accidental bodily Injury, are not covered.	
Dental Treatment: for treatment of Injury to sound, natural teeth	100% of Usual & Customary Charges
Consultant Doctor Services: when requested and approved by the attending Doctor	100% of Usual & Customary Charges
Therapeutic Termination of a Pregnancy: covered as any other Sickness	100% of Usual & Customary Charges

PRIMARY INSURANCE

The Company shall pay benefits on a primary basis, regardless of any other coverage the Covered Person may have.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the Benefit Amount shown below, if Injury to the Covered Person results, within 180 days from the date of Accident, in any one of the losses shown below.

<u>Loss</u>	<u>Benefit</u>
Life	\$10,000
Two or more Members.....	\$10,000
Loss of One Hand or Foot	\$ 5,000
Loss of Sight in One Eye	\$ 5,000
Thumb and Index Finger of Same Hand	\$ 5,000

Definitions:

Member means hand or foot, sight, speech, and hearing.

Loss of One Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye.

Severance means the complete separation and dismemberment of the part from the body.

GENERAL LIMITATION

Limitation on Multiple Covered Losses: If a Covered Person suffers more than one Covered Loss as a result of the same Accident, the Company will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Policies: If a Covered Person can recover benefits under more than more than one accident policy written by the Company, we will pay under only one policy, the policy which offers the Covered Person the largest benefit.

EXCLUSIONS

Unless specifically provided herein, The Company will not pay benefits for any loss that is caused by, or results from:

1. suicide or attempted suicide.
2. intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. piloting or serving as a crewmember.
5. commission of, or attempt to commit: a felony; or being engaged in an illegal occupation.
6. active participation in a riot, or insurrection.
7. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
a) a fare-paying passenger on a regularly scheduled commercial or charter airline; b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
8. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
10. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
11. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
12. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policy holder: cave diving; motorcycling; rock climbing; ice climbing; mountain climbing; horse riding; base jumping; heli-skiing; motorcycle racing; climbing above 20,000 feet; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; caving or spelunking; extreme skiing; scuba diving; professional or semi-professional sports; extreme sports; racing including stunt show or speed test of any motorized or non-motorized vehicle; or similar hazardous activities.
13. pre-existing Conditions for a period of twelve (12) months from the Covered Person's effective date of coverage, as defined herein.
14. treatment by any Immediate Family Member or member of the Covered Person's household.
15. pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
16. treatment of hernia; congenital weakness; detached retina unless caused by an Injury.
17. mental and nervous disorders.
18. expense incurred for treatment of: temporomandibular; or craniomandibular joint dysfunction; and associated myofascial pain.
19. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
20. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
21. blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
22. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
23. any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
24. treatment or service provided by a private duty nurse.
25. replacement of artificial limbs; eyes; and larynx.
26. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
27. eyeglasses, contact lenses, hearing aids, wheelchairs, examinations or prescriptions for them, or repair or replacement of artificial limbs, orthopedic braces, or orthotic devices.

EXCLUSIONS (Continued)

28. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
29. conditions that are not caused by a Covered Accident or Sickness.
30. participation in any activity or hazard not specifically covered by the Policy.
31. any: treatment; service; or supply not specifically covered by the Policy.
32. any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
33. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
34. routine nursery care.
35. routine physicals.
36. elective surgery.
37. birth defects and congenital anomalies; or complications which arise from such conditions.
38. routine dental care and treatment.
39. rest cures or custodial care.
40. organ or tissue transplants and related services.
41. Injury or Sickness that occurs from the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.
42. Injury sustained while participating in amateur; club; interscholastic, intercollegiate; professional; or semi-professional sports.
43. confinement or institutional care.
44. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
45. services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
46. treatment relating to birth defects and congenital conditions; or complications arising from those conditions.
47. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
48. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
49. expenses incurred for birth control including surgical procedures and devices.
50. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury.
51. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
52. treatment of acne.
53. expenses incurred for Trips taken for the purpose of seeking medical care.
54. expenses incurred while traveling against the advice of a medical professional.

CLAIM PROCEDURE

In the event of Injury or Sickness, the Covered Person should:

1. Report at once to the nearest doctor or hospital.
2. Secure a claim form from **website www.insuranceforstudents.com** or from the address below. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of Injury/Sickness, and description and charge for each service provided. If no nature of Injury/Sickness is indicated on the bill, please also provide office notes from the doctor or hospital to support the nature of the Injury/Sickness. **Mail or fax to the Plan Administrator:**

AMA & ASSOCIATES

P. O. BOX 659570
San Antonio, Texas 78265-9570
Toll Free: 800-456-7480
Fax: 210-822-4113

THE COMPANY MUST BE NOTIFIED WITHIN 90 DAYS FROM DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS

Failure of a claimant to cooperate in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

MARKETED BY:

INSURANCE FOR STUDENTS, INC.

5295 Town Center Road, Suite 101
Boca Raton, Florida 33486
Toll Free: 800-356-1235
Fax: 954-772-0872
Web: www.insuranceforstudents.com

UNDERWRITTEN BY:

CATLIN INSURANCE COMPANY INCORPORATED

3340 Peachtree Road, Suite 2950
Atlanta, GA 30326

Policy Number: BAH 4001806 0814

IMPORTANT INFORMATION: Please retain this brochure as it outlines the provisions of the Policy. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Policy. For more information and details of terms, conditions limitations and exclusions of coverage, please refer to the Policy on file at Insurance For Students. Coverage, definitions, exclusions and other provisions may vary and may not be available in all states. In the event of a claims dispute, the Policy will prevail.

WORLDWIDE ASSISTANCE

AMA & Associates is happy to provide worldwide travel, medical, security and natural disaster assistance services through an arrangement with FrontierMEDEX, a leader in the assistance industry. With a single phone call to the FrontierMEDEX Emergency Response Center (ERC), students can receive help with a number of travel or medical issues.

Key Services of FrontierMEDEX Assistance

- Provides emergency medical evacuations and medically necessary repatriations*
- Provides security/political and natural disaster evacuations*
- Transportation to join a hospitalized participant*
- Return of dependent children*
- Repatriation of remains*
- Online destination medical, safety, and travel intelligence tools
- Provides passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Locates medical care providers, translation and interpreter services
- Facilitates emergency ticket, credit card and passport replacement, funds transfer assistance and missing baggage assistance
- Makes referrals for local legal services and bail bond services

*Costs for these services are included within their limits. Please refer to your program description for further information. All other expenses are the responsibility of the insured.

To contact FrontierMEDEX 24/7/365, call:

+1-410-453-6330.