

**Insurance for Students**  
**Study Abroad**  
**Comprehensive**  
**Health Insurance Program**

*Insuring Today's Need for Tomorrow's Future*

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*Plan Administrator*

***AMA & Associates***

*Marketed by*

***Insurance For Students (IFS)***

## ELIGIBILITY

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Citizens of the United States and international students who are enrolled as full-time students at U.S. Institutions and who are temporarily participating in international educational activities for academic credit are eligible for coverage. International students are not eligible for coverage in their home country.

Insured students may also purchase dependent coverage. Eligible dependents are the spouse (residing with the Insured Student) and unmarried children under 19 years of age who are not self-supporting and reside with the Insured student. Dependent eligibility expires concurrently with that of the Insured Student.

## ENROLLMENT

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Insurance coverage may be purchased to cover any period of time from one month to twelve months.

## PERIOD OF COVERAGE

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Once your application is accepted with the correct payment, the effective date of coverage is the policy effective date, the date of departure for foreign assignment, or your requested date, whichever is later. Thereafter, the coverage is effective 24 hours a day outside the United States. Coverage terminates when the first of the following occurs: 1) termination of the Policy; 2) upon termination of participation in the international educational activities; 3) upon expiration of the period of coverage requested in the enrollment form, including any requested extension thereof; 4) upon written notice from the Insured specifying when termination is desired but not earlier than the date received, or 5) upon application for permanent residency status in a country other than the United States. Unearned premium will only be returned for the number of full months of unexpired coverage, and only if no claims have been filed.

## CONTINUOUS COVERAGE

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Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

## EXTENSION OF BENEFITS AFTER TERMINATION

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The coverage provided under the policy ceases on the Termination Date. However, if an Insured continues to incur eligible expenses for a covered injury or illness which occurred while abroad on an official school-sponsored activity, and for which benefits were paid before the termination date, covered medical expenses for such injury or illness will continue to be paid until 30 days after returning to the United States.

The total payments made in respect to the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

This coverage extension will not apply to termination initiated by an Insured Person, Participating Organization, or Institution of the Policyholder.

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## EXCESS BENEFITS

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Medical benefits will be provided on a first dollar basis without regard to other medical insurance while coverage is in force as to the insured individual. However, for those expenses incurred within the borders of the United States, benefits shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

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## ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

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The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below, within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

<u>For Loss of:</u>	<u>Benefit</u>
Life .....	\$ 10,000.00
Both Hands or Both Feet or Sight of Both Eyes .....	\$ 10,000.00
One Hand and One Foot .....	\$ 10,000.00
Either Hand or Foot and Sight of One Eye .....	\$ 10,000.00
Either Hand or Foot .....	\$ 5,000.00
Sight of One Eye .....	\$ 5,000.00

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

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## DEFINITIONS

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**Illness** - means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

**Injury** – means bodily injury caused by an accident that: (1) occurs while the policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity and (3) results directly and independently of all other causes in a covered loss.

**Medical Emergency** - means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) within 72 hours of the date of injury or onset of illness, such that a prudent layperson with average knowledge of health and medicine could reasonably expect that his health or bodily functions would be in serious jeopardy without immediate medical attention.

**Physician** – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Usual and Customary Charges** - means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

## MEDICAL EXPENSE BENEFITS SCHEDULE

### \$250,000 MAXIMUM BENEFIT

#### **\$50 Deductible Per Injury or Per Illness**

The Company will pay benefits, as described below, for the Usual and Customary charges incurred while the Insured Person's coverage is in force for treatment by a licensed physician for: 1) accidental bodily injury when first treatment commences within 90 days of the date of injury, or 2) illness beginning with the date of first treatment.

Subject to the deductible, benefits will be paid at 100% of the Usual and Customary charges, limited to any maximums shown, not to exceed the aggregate maximum benefit of \$250,000 per accidental bodily injury and illness. The aggregate maximum benefit for dependents is limited to \$50,000 per accidental injury and illness.

#### **INPATIENT EXPENSES**

<b>Room &amp; Board Expense:</b> daily semi-private room rate, including general nursing care .....	Semi-Private Room Rate
<b>Intensive Care:</b> including 24-hour nursing care .....	Covered under Room & Board Expense
<b>Hospital Miscellaneous Expenses:</b> for services and supplies limited to: 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 .....	Usual & Customary Charges
<b>Physiotherapy:</b> when prescribed by the attending physician and administered by a licensed physiotherapist .....	Usual & Customary Charges
<b>Surgery:</b> Physician's fees for a surgical procedure will be paid in accordance with the Medicode, Inc. schedule .....	Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	Usual & Customary Charges
<b>Registered Graduate Nurse:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	Usual & Customary Charges
<b>Psychotherapy:</b> the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction .....	Usual & Customary Charges

#### **OUTPATIENT EXPENSES**

<b>Surgery:</b> Physician's fees for a surgical procedure will be paid in accordance with the Medicode, Inc. schedule .....	Usual & Customary Charges
<b>Day Surgery Miscellaneous:</b> when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take home drugs); and 6) miscellaneous supplies .....	Usual & Customary Charges
<b>Anesthetist Services:</b> in conjunction with surgery .....	Usual & Customary Charges
<b>Physician's Visits:</b> one visit per day when a surgery benefit is not paid .....	Usual & Customary Charges
<b>Physiotherapy:</b> when prescribed by the attending physician after a surgical procedure has been performed, and when administered by a licensed physiotherapist, limited to one visit per day .....	Usual & Customary Charges
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center, or clinic ...	Usual & Customary Charges
<b>Diagnostic X-ray Services:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Laboratory Procedures:</b> when prescribed by the attending physician .....	Usual & Customary Charges
<b>Miscellaneous Tests and Procedures:</b> incurred loss for which no other policy benefit is provided .....	Usual & Customary Charges
<b>Prescription Drugs:</b> for a covered injury or illness .....	50% of Usual & Customary Charges
<b>Psychotherapy:</b> the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, to a maximum of .....	\$3,000

#### **OTHER BENEFITS**

<b>Dental Treatment:</b> for treatment of injury to sound, natural teeth .....	\$100 Per Tooth
to a maximum of .....	\$500
<b>Cosmetic Surgery:</b> for treatment rendered on an inpatient or outpatient basis when made necessary by mastectomy, to include reconstruction of the breast upon which a mastectomy was performed when for the purpose of obtaining breast symmetry .....	Usual & Customary Charges
<b>Alcohol-Related Injury:</b> to a maximum of .....	Covered As Any Other Injury
<b>Therapeutic Abortion:</b> to a maximum of .....	\$500
<b>Newborn Nursery Care:</b> to a maximum of .....	\$500
<b>Chiropractic Care:</b> .....	80% of Usual & Customary Charges
Not to exceed .....	\$35 Per Visit / 10 Visits Maximum
<b>Prescription Drugs (Inpatient):</b> for a covered injury or sickness .....	100% of Usual & Customary Charges

## EXCLUSIONS

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Unless otherwise provided within the Schedule of Benefits, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith;
6. For pregnancy or child birth (except when conception occurred while insured hereunder); elective abortion; elective caesarean section;
7. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders(except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: traveling upon a motorcycle, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.

## CLAIM PROCEDURE

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In the event of injury or illness, the Individual should:

1. Report at once to the nearest doctor or hospital.
2. Secure a claim form from **www.insuranceforstudents.com**, or from the address below. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of illness/injury, and description and charge for each service provided. **Mail or fax to the Plan Administrator:**

**AMA & ASSOCIATES**  
P. O. BOX 659570  
San Antonio, TX 78265-9570  
1-800-456-7480  
FAX: 1-210-822-4113

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

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This Plan is Underwritten By

**The Insurance Company of the State of Pennsylvania  
with its principal place of business in New York, New York**

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For Questions on Enrollment, Contact

**Insurance For Students**  
600 Corporate Drive, Suite 101  
Ft. Lauderdale, FL 33334  
1-800-356-1235  
**www.insuranceforstudents.com**

**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Master Policy which is on file at Insurance For Students. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.

Policy No.: GLB9710935

## INTERNATIONAL ASSISTANCE PROGRAM

Provided by: American International Group

The International Assistance Program (IAP) is offered along with this Accident and Sickness Insurance Program. The premium rates include both programs. The IAP program provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you.

### Highlights of this program include:

#### Transportation

- **Emergency Evacuation and Medically Necessary Repatriation:** benefits are provided to a maximum single limit of \$100,000 if an Injury or Sickness results in necessary evacuation or repatriation. Both must be ordered by a legally licensed Physician and approved by The Company.
- **Return of Mortal Remains:** benefits are provided to a maximum of \$20,000 to return the covered person's body to his/her home country, including cost of embalming, cremation, and necessary coffin.
- **Transportation to Join Disabled Member:** when a covered person is hospitalized for more than seven days, economy, round trip transportation to the place of hospitalization is provided to a person chosen by the covered person, including \$100 per day for 30 days for accommodations, meals and transportation in the area of hospitalization.

**All Transportation Expenses must be:** 1) recommended by the attending Physician; 2) required by the standard regulations of the conveyance transporting the covered person; and 3) **verified and approved in advance by the Assistance Company.**

#### Worldwide Emergency Assistance Services

The Company can assist with the following services (**the covered person is responsible for all the costs involved**): pre-departure information; lost/stolen luggage and personal effects; trip interruption; medical evaluation and referrals; critical care monitoring; lost document assistance; emergency personal cash transfer; emergency medication; emergency message transmission; shipment of medical records, and legal referrals worldwide/bail bonds.

#### When to Contact AIG Assist:

- \* When you require medical assistance or have a medical emergency.
- \* For all non-medical situations (lost luggage, lost documents, legal help, etc.).
- \* Whenever there is a question.

#### How to Contact the AIG Assist 24-hour Worldwide Call Center:

##### Phone Numbers

Inside the USA or Canada ..... (800) 310-5244

From Countries other than the USA or Canada:

- \* Request an international operator
- \* Request the international operator

**to place a collect call to** ..... (713) 267-2525

#### Terms & Conditions

**The Assistance Company is not responsible for any loss caused by or resulting from:**

Suicide or attempted suicide; Intentionally self-inflicted injuries; War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not); civil war; Mental or emotional disorders, unless hospitalized; Being under the influence of drugs or intoxicants unless prescribed by a Physician; Commission or the attempt to commit a criminal act; Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest; Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; mild lesions; simple injuries including but not limited to, sprain, simple fractures, or mild sickness that can be treated locally and do not prevent You from continuing Your studies abroad; infections under treatment and not healed; Pregnancy and childbirth (except for complications of pregnancy); and if travel is undertaken for the sole purpose of securing medical treatment.