

**INTERNATIONAL**

**ACCIDENT & SICKNESS  
INSURANCE  
PROGRAM**

**Designed for International Students**

**BASIC PLAN**

**\$50,000 Maximum Benefit  
13 Week Benefit Period**

**2018 - 2019**

**Brochure Number: 2653 (18)**

**This plan is NOT available in the states of:  
California, Colorado, Maryland, Massachusetts, New Hampshire, New York, and Washington.**

## ELIGIBILITY

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All international Students who are under the age of 65, have a current passport and hold an F1 or M1 visa, and temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities are eligible to enroll in this insurance Plan.

Insured Students may also purchase dependent coverage. Eligible dependents are the Insured's lawful spouse under the age of 65 or Domestic Partner; or a Dependent Child. A Dependent Child is an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends chiefly on the Insured for support and maintenance. The Insured must send the Company satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. In no event will a Dependent be eligible if the Student is not eligible.

**Please note:** Individuals holding a J1 visa are not eligible for this plan. Students taking the following courses are not eligible to enroll in the insurance plan: distance learning courses; students solely taking off-campus internet, home study, correspondence, or television courses; courses taken for audit.

Individuals residing in the states of California, Colorado, Maryland, Massachusetts, New Hampshire, New York and Washington are **not** eligible to purchase this insurance plan.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is to refund premium less any claims paid.

## EFFECTIVE DATE OF COVERAGE

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Coverage for an eligible Student 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, 2018, 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 AM, Standard Time on the date determined by this provision. A Dependent who meets the eligibility requirements shall have an effective date the latest of: 1) the Covered Student's Effective Date of Coverage, 2) the date requested in the enrollment form for Dependent coverage, or 3) the day after date of postmark when premium is received by the Company Agent or Administrator.

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

## TERMINATION DATE OF COVERAGE

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Coverage for a Covered Student will end on the earliest of the date:

- 1) the Policy terminates, 12:01 AM, Standard Time on August 1, 2019.
- 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

Coverage for any dependent shall terminate as indicated above or on the time and date the Covered Student's insurance terminates, whichever is earlier.

A pro-rated refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

**Please note: Coverage is not automatically renewed. Students are responsible for keeping their coverage in force.**

## EXTENSION OF BENEFITS

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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 shown under the Schedule of Benefits.

## CONTINUOUS COVERAGE

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Coverage for a Covered Person will be considered as continuous during consecutive periods of insurance under this insurance plan (such as Fall and Spring, Spring and Summer, etc.) when premium payment due is received by the Company Agent or Administrator within 31 days of the due date regardless of any breaks in calendar days between consecutive periods of insurance under this insurance plan (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.

## DEFINITIONS

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

**Co-payment** - means the dollar amount of Covered Expenses that a Covered Person must pay prior to receiving benefits. A co-payment is exclusive of any Deductible and/or Co-insurance.

**Co-insurance** - means the percentage amount of an incurred loss for which the Covered Person is responsible. The co-insurance is exclusive of any Deductible or Co-payment.

**Deductible** - means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before Out of Country Medical Expenses Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**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 the Company 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 air conditioners; air purifiers; motorized transportation equipment; escalators or elevators in private homes; eye glass frames or lenses; hearing aids; swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the 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.

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## SCOPE OF COVERAGE

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The Company will pay Covered Expenses after the Covered Person satisfies any deductible/copayment; and only when they are in excess of amounts paid by any other Health Care Plan.

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## COMPANY'S RIGHT OF SUBROGATION

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In the event the Covered Person requires medical treatment due to another Person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays towards the Covered Person's medical expenses.

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## PREFERRED PROVIDER NETWORK

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If the Covered Person uses a provider from the Preferred Provider Network, the Company will reimburse covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **PHCS, a MultiPlan Preferred Provider Network**, that has contracted with numerous hospitals, Doctors and other health care providers in order to administer care at a prearranged, preferred dollar amount. If the Covered Person chooses to use a Non-Network Provider, benefits will be **reduced as shown on the Schedule of Benefits**. It is the Covered Person's responsibility to always verify that the provider continues to be a Network Provider when calling for an appointment or at the time of visit. A list of participating providers is available on MultiPlan's website at [www.multiplan.com](http://www.multiplan.com), then select **PHCS Network**, or call their toll free number **1-800-922-4362**.

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## OPTUMRX PHARMACY NETWORK

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### **\$1,500 Benefit**

The pharmacy network provides prescription drug coverage for all covered conditions with the exception of preventive drugs. Prescriptions must be filled at a participating **OptumRX** pharmacy. The **Covered Person is responsible for a \$10 co-payment per generic prescription; \$15 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

Participating pharmacies include, but are not limited to: Walgreens, Wal-Mart, CVS, Kroger, Kmart, and Target. For specific locations or additional participating pharmacies, and for other member services information, please call **OptumRX** at **800-207-2568**, or access their website at [www.myoptumrx.com](http://www.myoptumrx.com). This service is available 24/7 after the issuance of the identification/prescription card.

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## PRE-EXISTING CONDITIONS

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Pre-existing Conditions are not covered under this plan. A Pre-existing Condition is defined as 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

**Maximum Benefit: \$50,000 per Injury and Sickness**

**Deductible: \$25 per Injury and Sickness**

The Company will pay benefits, as described below, for the Eligible Medical Expenses 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 the Maximum Benefit of \$50,000 per Injury and Sickness. **Benefits will be provided for a period of 13 weeks from the date of Injury or date of first treatment for a Sickness.**

### IN PPO\* NETWORK

After the Deductible and any co-payments are satisfied, the Plan will pay 80% of the In-Network charges for covered medical expenses.

### OUT OF PPO\* NETWORK

After the Deductible and any co-payments are satisfied, the Plan will pay 60% of the Usual and Customary Charges for covered medical expenses (see Usual & Customary definition).

PPO\* - Preferred Provider Organization

	IN-NETWORK	OUT-OF-NETWORK
<b><u>INPATIENT BENEFITS - \$100 Co-payment per Hospital Admission</u></b>		
<b>Room and Board Expense:</b> semi private room, including general nursing care .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Intensive Care:</b> including 24-hour nursing care .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Hospital Miscellaneous Expenses:</b> for services and supplies such as: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) medicines (excluding take-home drugs); 6) therapeutic services; 7) miscellaneous supplies; and 8) pre-admission testing .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Physiotherapy:</b> when prescribed by the attending Doctor and administered by a licensed physiotherapist .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Surgery:</b> Doctor's fees for a surgical procedure .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Anesthetist Services:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Assistant Surgeon:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Registered Graduate Nurse:</b> when prescribed by the attending Doctor .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Doctor's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	80% of PPO Allowance .....	60% of Usual & Customary
<b><u>OUTPATIENT BENEFITS</u></b>		
<b>Surgery:</b> Doctor's fees for a surgical procedure .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Day Surgery Miscellaneous:</b> 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 .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Anesthetist Services:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Assistant Surgeon:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Doctor's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	<b>\$25 Co-pay per Visit /</b> .....	<b>\$25 Co-pay per Visit /</b> .....
	80% of PPO Allowance .....	60% of Usual & Customary
<b>Physiotherapy:</b> when prescribed by the attending Doctor and performed by a professional physical therapist, and necessary to continue recovery from a covered Injury or Sickness; limited to one visit per day .....	<b>\$25 Co-pay per Visit /</b> .....	<b>\$25 Co-pay per Visit /</b> .....
	80% of PPO Allowance .....	60% of Usual & Customary
<b>Chiropractic Care:</b> covered as any condition; one visit per day .....	80% of PPO Allowance / .....	60% of Usual & Customary /
	\$50 per Visit / .....	\$50 per Visit /
	10 Visits Maximum .....	10 Visits Maximum
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center or clinic .....	<b>\$250 Co-pay per Visit /</b> .....	<b>\$250 Co-pay per Visit /</b> .....
	80% of PPO Allowance .....	60% of Usual & Customary
<b>Diagnostic X-rays Services:</b> when prescribed by the attending Doctor .....	<b>\$25 Co-pay per Visit /</b> .....	<b>\$25 Co-pay per Visit /</b> .....
	80% of PPO Allowance .....	60% of Usual & Customary
<b>Radiation Therapy:</b> when prescribed by the attending Doctor .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Laboratory Procedures:</b> when prescribed by the attending Doctor .....	<b>\$25 Co-pay per Visit /</b> .....	<b>\$25 Co-pay per Visit /</b> .....
	80% of PPO Allowance .....	60% of Usual & Customary
<b>Miscellaneous Tests and Procedures:</b> when prescribed by the attending Doctor for an incurred loss for which no other policy benefit is provided .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Shots and Injections:</b> administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Chemotherapy:</b> when prescribed by the attending Doctor .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Prescription Drugs:</b> when prescribed for a covered Injury or Sickness .....	See OptumRX Pharmacy Network herein	

**SCHEDULE OF BENEFITS (Continued)**

<b><u>OTHER BENEFITS</u></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Ambulance Service:</b> transportation to or from a hospital .....	\$500 Maximum .....	\$500 Maximum
<b>Braces and Appliances:</b> 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) Dental braces, except when necessitated by accidental bodily Injury, are not covered.	80% of PPO Allowance .....	60% of Usual & Customary
<b>Durable Medical Equipment:</b> rental charge for a standard basic hospital bed and/or a standard basic wheelchair, or purchase of, whichever is less.	80% of PPO Allowance .....	60% of Usual & Customary
<b>Consultant Doctor Services:</b> when requested and approved by the attending Doctor .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Customary
<b>Dental Treatment:</b> for treatment of Injury to sound, natural teeth; covered as any Injury	80% of PPO Allowance / \$250 per Tooth .....	60% of Usual & Customary / \$250 per Tooth
<b>Motor Vehicle Accidents:</b> covered as any Injury .....	80% of PPO Allowance / \$10,000 Maximum .....	60% of Usual & Customary / \$10,000 Maximum
<b>Pregnancy:</b> covered as any Sickness when conception occurs while insured hereunder	80% of PPO Allowance .....	60% of Usual & Customary
<b>Venereal Disease:</b> covered as any Sickness .....	80% of PPO Allowance .....	60% of Usual & Customary
<b>Therapeutic Abortion:</b> covered as any Sickness; per policy year .....	80% of PPO Allowance / \$500 Maximum .....	60% of Usual & Customary / \$500 Maximum

**PSYCHOTHERAPY**

Benefits will be payable for treatment of Mental and Nervous Disorders, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. For treatment on an "Inpatient" basis, benefits will be the lesser of:
  - a. The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
  - b. The first \$7,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$6,300 per policy year; or
  - c. The difference between \$7,000 and the benefits paid for Outpatient services.
  
2. For treatment on an "Outpatient" basis, benefits will be the lesser of:
  - a. The first \$2,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$1,800 per policy year; or
  - b. The difference between \$7,000 and the benefits paid for Inpatient Hospital Services.

Benefits are reduced if treatment is received from a provider who is not in the PHCS, MultiPlan network.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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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

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**Unless specifically provided in the Schedule of Benefits**, 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 Policyholder: cave diving; motorcycling; rock climbing; ice climbing; mountain climbing; horse riding; base jumping; heli-skiing; motor-cycle 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 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 myofacial 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)

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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

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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](http://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. Mail or fax to the **Program Administrator**:

### **AMA & ASSOCIATES**

P. O. BOX 65139  
San Antonio, Texas 78265  
Toll Free: 800-456-7480  
Fax: 210-822-4113  
E-mail: [customerservice@amaofsa.com](mailto:customerservice@amaofsa.com)

### **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.

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### **MARKETED BY:**

#### **INSURANCE FOR STUDENTS, INC.**

1690 South Congress Avenue, Suite 101  
Delray Beach, Florida 33445  
Toll Free: 800-356-1235  
Fax: 954-772-0872  
Web: [www.insuranceforstudents.com](http://www.insuranceforstudents.com)

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### **UNDERWRITTEN BY:**

#### **CATLIN INSURANCE COMPANY INCORPORATED**

1999 Bryan Street, Suite 900  
Dallas, TX 75201

**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.

# ON CALL INTERNATIONAL

## GLOBAL ASSISTANCE PROGRAM

AMA & Associates is happy to provide worldwide travel, medical, and security assistance services through an arrangement with On Call International, a leader in the travel assistance industry. With a single phone call to the On Call Global Response Center, an Insured Person can receive help with a number of travel or medical issues.

<u>Key Benefits</u>	<u>Limits per Insured Person, per Insured Event</u>
Emergency Medical Evacuation and/or Repatriation .....	\$250,000
Political and Natural Disasters Evacuation** .....	\$100,000
Repatriation of Remains or Burial .....	\$50,000
Emergency Reunion .....	\$12,500 when hospitalized for more than 3 days
Bereavement Reunion .....	\$5,000
Return Home due to Felonious Assault .....	\$5,000
Emergency Reunion due to Felonious Assault .....	\$5,000
Return Home due to Family Member Death or Illness .....	\$5,000
Emergency Assistance .....	Included

\*\* Applicable for international travel outside the United States only.

**Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.**

The Insured Person also has access to the following assistance services. There are no monetary benefits associated with these services.

### Medical Assistance

Pre-Trip Planning; Medical, Dental and Pharmacy Referrals; Medical Monitoring; 24 Hour Nurse Help Line; Dispatch of Medicine; Coordination of Benefits.

### Travel & Security Assistance

Pre-Trip Information & Active Travel Advice; Translator and Interpreter Assistance; Emergency Travel Funds Assistance; Legal Consultation and Referral; Lost/Stolen Document Replacement; Emergency Message Forwarding.

**Call collect from anywhere in the world: +1 603-952-2047**

**Call toll free from United States or Canada: 1-855-226-8490**

**Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)**

This is a brief summary of On Call International's Global Assistance Program for Insured Participants. Please see On Call International's Program Description for full Terms and Conditions of the services and benefits offered in this plan.