Campbellsville University

2025-2026 International Student Health Plan

Policy Brochure

POLICY HOLDER:	Campbellsville University
POLICY NUMBER:	17-5406-25
EFFECTIVE DATE:	August 1, 2025 at 12:00 AM
EXPIRATION DATE:	July 31, 2026 at 11:59 PM

This brochure has been designed to illustrate the highlights of this insurance coverage; it does not include all coverage details. Please see the Certificate for complete details. If there is any conflict between this brochure and the Certificate, the Certificate will prevail.

Table of Contents

Eligible Persons 3

Enrollment for Coverage 3

Payment and Refund of Premium 3

Scope of Coverage 3

Effective and Termination Date 4

Coverage of Newborn Infants 4

Coverage for Sports Related Injuries 4

Accident or Sickness Medical and Other Expense Benefits 5

Schedule of Benefits 6

AcademicLiveCare: A Telehealth Solution 8

Accidental Death and Dismemberment (AD&D) Benefits 9

General Exclusions 10

General Definitions 13

Claim Provisions 19

How to File a Claim 22

Privacy Practices 23

Eligible Persons

An Eligible Person is an individual who meets all the requirements of the Covered Classes shown below:

Class 1. An international student, scholar, or other person with a valid F, J or M visa status, temporarily located outside His Home Country as a non-resident alien and:

a. Is engaged in educational or cultural activities of the Participating Member; and
b. Has not obtained permanent residency status in the United States; and
c. Is not a U.S. Citizen.

Enrollment for Coverage

A Covered Person will be eligible for coverage under the Policy subject to the particular types and amounts of benefits.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Payment and Refund of Premium

All premiums are payable in advance for each policy term in accordance with the Company's premium rates. The full premium must be paid even if the premium is received after the Policy Effective Date. There is no pro rata or reduced premium payment for late enrollees.

If a Covered Person goes on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization, We will refund any premium paid for this time upon Our receipt of proof of service.

Scope of Coverage

Covered Expenses and any applicable Policy Aggregate Deductible and specific benefit Coinsurance, Copayments, Deductibles, Benefits Periods, Out-of-Pocket Maximum, Benefit Limits and Benefit Maximums are shown in the Schedule of Benefits.

Other Health Care Plan Benefits
When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Primary Medical Expense
We will pay the Coinsurance percentage of the charges without regard to any Health Care Plan the Covered Person may have, after any applicable Deductible, Coinsurance, Copayments and Out-of-Pocket Maximums have been satisfied.

Effective and Termination Date

Coverage for a Covered Person that will be covered by the Policy starts at 12:00 AM on the latest of the following: (1) The date the requirements of a Covered Person shown in the Schedule of Benefits are met; or (2) The moment He Departs His Home Country's airspace. Thereafter, the benefits are effective 24 hours a day.

Coverage for Covered Person will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates;
2. The date the Participating Member is no longer eligible to sponsor coverage under the Policy;
3. The date on which the Covered Person ceases to meet the requirements of an Eligible Person shown in the Schedule of Benefits;
4. The date the Covered Person permanently leaves the Country of Assignment for His Home Country;
5. The date the Covered Person requests cancellation of coverage (the request must be in writing);
6. The premium due date for which the required premium has not been paid, subject to the Grace Period provision; or
7. The end of any period of coverage.

Coverage will end at 11:59 PM on the last date of benefits. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of: (1) the end of the Benefit Period; and (2) the date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

Coverage of Newborn Infants

Expenses for routine nursery care means the charges of a Hospital and attending Physician for the care of a healthy newborn infant while Confined. Care includes treatment of standard neo-natal jaundice. In order to continue the coverage of a newborn child beyond the 31st day following His date of birth or of an adopted child beyond the 31st day following His placement:

1. written notice of the birth or of placement of the child must be provided to Us or to the Participating Member within 31 days from the date of birth or placement; and
2. the required payment of the appropriate premium, if any, must be received by Us.

If 1. and 2. above are not satisfied, coverage of a newborn child or of the adopted child will terminate 31 days from the date of birth or placement.

Coverage for Sports Related Injuries

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a covered Injury resulting directly and independently of all other causes from a covered Accident that occurs while He is participating in one of the following Covered Activities relating to Intercollegiate, Intramural, Club Sports:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a Supervised and Sponsored Sports Activity; or
5. covered Sports Travel.

Accident or Sickness Medical and Other Expense Benefits

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Medically Necessary treatment of a covered Sickness or Injury that resulted directly and independently of all other causes from a covered Accident or Sickness.

Benefits will be paid:

1. When Covered Expenses incurred exceed any applicable Policy Aggregate, Coinsurance, Copayments, Out-of-Pocket Maximums and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
2. As long as the first Covered Expense has been incurred within the number of days specified in the Schedule of Benefits; and
3. Until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. Until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
5. Until Benefits paid for all Covered Persons under the Policy equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

Carry your insurance ID card with you at all times. The Provider Network for this plan is **UnitedHealthcare Options.**

Schedule of Benefits

Covered Expenses for which benefits are payable are outlined below. *If benefits listed below differ in any way from the policy, the policy will govern.*

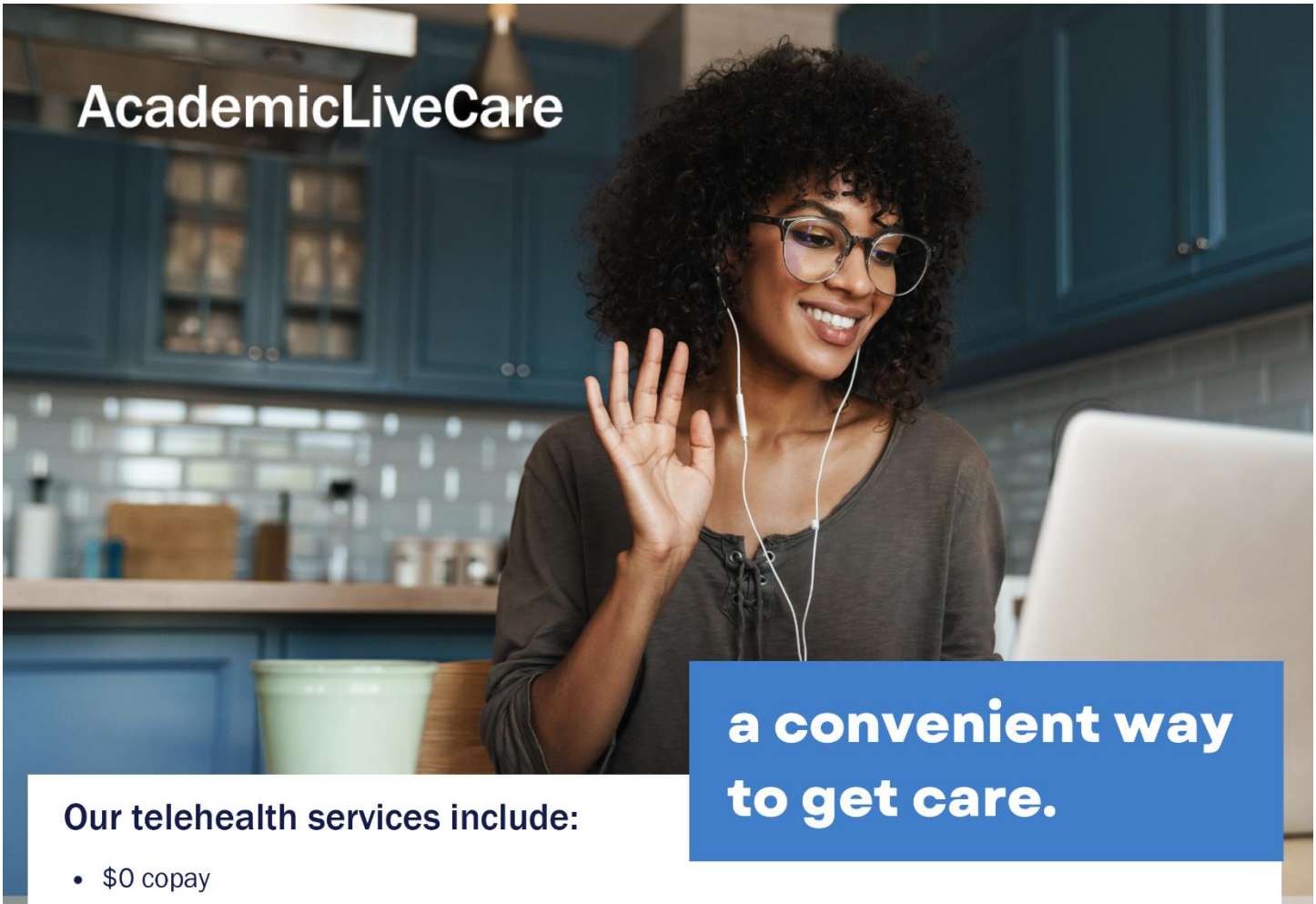
Any benefit limits and Benefit Percentages, Coinsurance, Copayments for Accident & Sickness Medical Expense Benefits apply, unless otherwise specified, on a per Covered Person basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable. Any Coinsurance, Copayments, Deductibles, Benefit Periods, Out-of-Pocket Maximums, Benefit Limits and Benefit Maximums apply on a per Covered Person basis.

Negotiated Rate is referred to as NR and Usual & Customary Charges are referred to as U&C in this schedule.

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS	IN NETWORK	OUT OF NETWORK
Total Maximum per Accident or Sickness	$250,000	
Coinsurance	100% of the Negotiated Rate (NR)	80% of Usual & Customary (U&C)
Out-of-Pocket Maximum per Policy Year	$5,000	
Deductible per Policy Year	$75	$75
∗ *All Physician Visit Copayments, or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.*		
COVERED EXPENSES	**IN NETWORK**	**OUT OF NETWORK**
In-Patient Hospital Services		
Room and Board Expenses	100% of NR at the semi-private room rate, $100 Copay per visit	80% of U&C at the semi-private room rate, $200 Copay per visit
Intensive Care Unit or Coronary Care Unit Expenses	100% of NR at the semi-private room rate, $100 Copay per visit	80% of U&C at the semi-private room rate, $200 Copay per visit
Hospital Miscellaneous Expenses	100% of NR	80% of U&C
Emergency Room & Emergency Room Treatment	100% of NR, $250 Copay per visit Copay waived if admitted.	80% of U&C, $500 Copay per visit Copay waived if admitted.
Out-Patient Hospital Miscellaneous Expenses	100% of NR, $100 Copay per visit	80% of U&C, $200 Copay per visit
Physician Services		
Surgery	100% of NR	80% of U&C
Assistant Surgeon	100% of NR	80% of U&C
Physician Assistant	100% of NR	80% of U&C
Use of Physician's Surgical Facilities	100% of NR	80% of U&C
Second Opinion or Consultation	100% of NR, $25 Copay per visit	80% of U&C, $50 Copay per visit
Anesthesia and its Administration	100% of NR	80% of U&C
In-Hospital Visits	100% of NR	80% of U&C
Out-Patient Office Visits	100% of NR, $25 Copay per visit	80% of U&C, $50 Copay per visit
Out-Patient X-Rays	100% of NR	80% of U&C
Out-Patient CT Scans, PET Scans, & MRIs	100% of NR	80% of U&C
Out-Patient Laboratory Tests	100% of NR	80% of U&C
Out-Patient Physical Therapy	100% of NR, 30 visit maximum per Policy Year	80% of U&C, 30 visit maximum per Policy Year
In-Patient Physical Therapy	100% of NR, 30 visit maximum per Policy Year	80% of U&C, 30 visit maximum per Policy Year
Ambulance Services - Ground	100% of NR	80% of U&C

Dental Services *For injury to natural teeth only.*	100% of NR up to $250 per covered Accident	80% of U&C up to $250 per covered Accident
Prescription Drugs *Based on a 30-day supply per prescription.* *Prescriptions dispensed while In-Patient at a Hospital are covered at 100%.* *Includes coverage for Contraceptive Drugs & Devices.*	80% of Actual Charges	80% of Actual Charges
Intercollegiate Sports Conditions *All Copays apply. $10,000 per Injury maximum.*	100% of NR	80% of U&C
Amateur, Intramural, Club, and Recreational Sports Conditions	100% of NR	80% of U&C
Behavioral Health Services Expense Benefit - Mental and Nervous Disorders		
In-Patient Expenses	100% of NR up to $10,000 30 day maximum	80% of U&C up to $10,000 30 day maximum
Out-Patient Expenses	100% of NR up to $1,000 30 visit maximum	80% of U&C up to $1,000 30 visit maximum
Wellness Expense Benefit *Maximum Benefit is $500 per Policy Year.*	100% of NR	80% of U&C
Pregnancy, Complications of Pregnancy, Maternity and Pre-Natal Expense Benefit *Conception must occur while continuously covered under the Participating Member's plan.*	100% of NR	80% of U&C
Routine Nursery Care *Maximum Benefit is $500.*	100% of NR	80% of U&C
Elective/Therapeutic Termination of Covered Pregnancy Expense Benefit *Maximum Benefit is $500.*	100% of NR	80% of U&C
Behavioral Health Services Expense Benefit - Alcohol & Drug Abuse		
In-Patient Expenses	100% of NR up to $10,000 30 day maximum	80% of U&C up to $10,000 30 day maximum
Out-Patient Expenses	100% of NR up to $1,000 30 visit maximum	80% of U&C up to $1,000 30 visit maximum
Out-Patient Back & Spine Treatment (including chiropractic)	100% of NR up to $500 10 visits per condition on an Out-Patient Basis up to $50 per visit	80% of U&C up to $500 10 visits per condition on an Out-Patient Basis up to $50 per visit
Walk-in Clinic or Urgent Care Facility	100% of NR, $25 Copay per visit	80% of U&C, $50 Copay per visit
Self-Inflicted Injury or Suicide	100% of NR	80% of U&C
Pre-Existing Conditions during the first 6 months of continuous coverage *Maximum Benefit is $1,000 per Accident or Sickness*	100% of NR	80% of U&C
Orthopedic Devices; Prosthetic Devices; and Orthotics	100% of NR	80% of U&C
OTHER EXPENSE BENEFITS		
Emergency Medical Evacuation or Repatriation**	Unlimited	
Repatriation of Mortal Remains**	Unlimited; up to a maximum of $3,000 for the immediate family to use for expenses associated with traveling to a funeral or actual funeral related expenses such as an urn, casket, coffin, burial or funeral expenses and up to a maximum of $2,500 for air travel expenses for a family member/companion	
Emergency Family Travel Arrangement**	For up to 2 family members or friends to visit student, up to $10,000 with 3-day hospitalization, limited to $300 per day for lodging and $50 per day for daily meals	

*** Services must be paid and arranged by Academic Emergency Services. See the Academic Emergency Services Plan Description for full terms and conditions of the services and benefits offered by Academic Emergency Services.*



a convenient way to get care.

Our telehealth services include:

- $0 copay
- 24/7 access to urgent care services
- Scheduled appointments for therapy, psychiatry, and nutrition
- Accessible via desktop or mobile phone
- Secure and 100% confidential

Our telehealth services are commonly used for:

Therapy/Counseling	Psychiatry/Medication	Urgent Care	Nutrition
• Stress Management	• Panic Attacks	• UTI	• Weight loss
• LGBTQ Counseling	• Anxiety Disorders	• Pink-Eye	• Digestive disorders
• Grief	• Cognitive Disorder	• Rashes	• Food allergies
• OCD	• Depression	• Stomach Flu	• Gluten free diets
• PTSD/Trauma	• Social Anxiety	• STDs	• Pregnancy diets
• Couples Therapy	• General Anxiety	• Cold Sores	• High cholesterol
• Life Changes	• PTSD	• Acne	• Sports nutrition
• Insomnia	• and more...	• and more...	• Meal planning

View the AcademicLiveCare User Guide to get started

Accidental Death and Dismemberment (AD&D) Benefits

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a covered Accident within the applicable time period specified in the Schedule of Benefits.

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable.

If a covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

Exclusions that apply to this benefit are in the Exclusions section. There is no coverage for loss of life or dismemberment due to Sickness, disease or infection or for or arising from an Accident in the Covered Person's Home Country.

SCHEDULE OF COVERED LOSSES	
Principal Sum	$10,000
Aggregate Limit per Policy Year	$1,000,000
Loss must occur within 365 days of the Accident.	
COVERED LOSS	**BENEFIT**
Life	100% of the Principal Sum
Both Hands or Both Feet	100% of the Principal Sum
Sight of Both Eyes	100% of the Principal Sum
One Hand and One Foot	100% of the Principal Sum
One Hand	50% of the Principal Sum
One Foot	50% of the Principal Sum
One Hand and Sight of One Eye	100% of the Principal Sum
Entire Sight of One Eye	50% of the Principal Sum
Speech and Hearing (in both ears)	100% of the Principal Sum
Speech or Hearing (in both ears)	50% of the Principal Sum
One Foot and Sight of One Eye	100% of the Principal Sum
Hearing	25% of the Principal Sum
Thumb and Index Finger on the Same Hand	25% of the Principal Sum
All Four Fingers of the Same Hand	25% of the Principal Sum

AD&D Definitions

Loss of a 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 or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

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

General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

1. Commission or attempt to commit a felony or an assault or other illegal activity.
2. Commission of or active Participation in a Riot, Civil Commotion or insurrection.
3. Injury sustained while taking part in parakiting, parkour, rugby, lacrosse, bull-riding, heli-skiing, cave diving, rock climbing, horse riding, hockey, soccer, caving or spelunking, hot-air ballooning, ice climbing, base jumping, gymnastics, street luging, extreme skiing, sail gliding, rodeo activities, Mountaineering, hang gliding, Parachuting, paragliding, zip lining, parasailing, bungee jumping, racing by any animal, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding, solo diving, snorkeling, white water rafting, surfing, and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury.
4. Declared or undeclared War or acts of War.
5. 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.
6. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; when used for recreation or competition, snowmobile, water jet ski, two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel.
7. Participation in any motorized race or contest of speed.
8. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
10. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.
11. A covered Accident or Sickness that occurs while on active duty service in the Armed Forces, National Guard, 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.
12. Play or practice in any professional or semi-professional sports contest or competition, including travel to and from the activity and practice.
13. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the law of the state in which the covered Accident or Sickness occurred. If such jurisdiction does not have a law to define Intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater.
14. Services or treatment rendered by any person who is: (a) employed or retained by the Participating Member; (b) living in the Covered Person's household; (c) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or (d) the Covered Person.
15. Any service, treatment or supply that is not considered Medically Necessary as defined in this Policy.
16. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury or Sickness.
17. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or Complications therefrom. This exclusion does not apply to: (a) cosmetic surgery resulting from a covered Accident, if initial treatment of the Covered Person began within 12 months of the date of the covered Accident; (b) reconstruction incidental to or following surgery resulting from a covered Accident; (c) any unplanned and unintended adverse consequences that may result during the treatment of a covered Accident.
18. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be Experimental or Investigational; and (b) are not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
19. Eyeglasses, contact lenses, hearing aids, eye fractions; prescriptions or fitting of eyeglasses or contact lenses; vision correction surgery; treatment for visual defects and problems; wheelchairs; braces; appliances;

artificial dental devices or examinations or prescriptions therefore; unless directly resulting from an Injury or Sickness while covered under this Policy unless specifically covered under this Policy.

20. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
21. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
22. Rest cures or Custodial Care.
23. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
24. Expenses payable by any automobile insurance policy without regard to fault.
25. Unless specifically provided for elsewhere in this Policy, the cost of treatment or services that are provided at no cost to the Covered Person normally without charge by the Covered Person's Recognized Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Participating Member, including team doctors and trainers or any other service performed at no cost.
26. Repair or replacement of existing artificial limbs, eyes, larynx or other prosthesis orthopedic braces; orthotic devices.
27. Pre-Existing Conditions; however, a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under the Participating Member's plan.
28. Pre-Existing Conditions during the first 6 months of continuous coverage, under this Policy, in excess of the maximum as stated in the Schedule of Benefits.
29. Organ transplants; medical treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
30. Expenses incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain.
31. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury, nasal and sinus surgery (except for treatment to chronic purulent sinusitis).
32. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
33. Diagnosis and treatment of learning disabilities of developmental delays.
34. Diagnosis and treatment of sleep disorders.
35. Transgender / sexual reassignment services, including but not limited to therapy, hormone therapy and surgeries and transgender travel expenses.
36. Services or treatment for Home Health Care and Custodial Care.
37. Treatment of acne.
38. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to the date the Covered Person's coverage is in effect under this Policy, unless We receive a written medical release from the Covered Person's Physician.
39. Treatment of HIV infection, HIV related illness, and AIDS.
40. A covered Accident or Sickness that occurs while the Covered Person's in their Home Country.
41. Treatment or services provided by a private duty nurse.
42. Routine physical exams, annual eye exams, and medical services or wellness visits except as specifically provided for in this Policy.
43. Covered Expenses for which the Covered Person would not be responsible for in the absence of this Policy.
44. Conditions that are not caused by a covered Accident or Sickness.
45. Any Medical Expense not specifically covered by this Policy.
46. Expenses for dental services unless specified in the Schedule of Benefits.
47. Hearing services; hearing examinations; hearing aids; treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
48. Experimental or Investigational treatment or procedures.
49. Treatment of medically diagnosed congenital defects, birth abnormalities and premature birth or Complications thereof which arise from such conditions.
50. Services; supplies; or treatment including any period of Hospital Confinement which were not: recommended; approved; and certified as necessary and reasonable by a Physician; or expenses which are non-medical in nature.
51. Injury or Sickness where the Covered Person's travel from their primary residence is undertaken for treatment or advice for such covered Injury or Sickness.
52. Expenses for Extended Care Facility confinement.
53. Expenses for nursing services.
54. Piloting or serving as a crewmember.
55. Expenses resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance, except for automobile medical payments insurance.
56. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific

treatment, or while traveling against the advice of a Physician.

57. Drug, treatment or procedure that promotes childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
58. Foot care including flat foot conditions; supportive devices for the foot; subluxations of the foot; corns; bunions (except capsular or bone surgery); calluses; toenails; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the fee.
59. Weight reduction programs or surgical treatment of obesity.
60. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or b) While being used for any test or experimental purpose; or c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Member of any subsidiary or affiliate of the Participating Member, or by the Plan Participant or any member of his household; or e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or f) An ultra light, hang gliding, Parachuting or bungee-cord jumping. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
61. Expenses for allergy treatment.
62. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency
63. Removal of warts, non-malignant moles and lesions.
64. Health spa or similar facilities; strengthening programs.
65. Hirsutism; alopecia.
66. Hypnosis.
67. Immunizations, except as specifically provided in this Policy; preventive medicines or vaccines; except where required for treatment of a covered Injury or as specifically provided in this Policy.
68. Injury, in excess of $10,000, caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician.
69. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs or pleasure outside the Covered Person's Home Country.
70. Lipectomy
71. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
72. Prescription drugs - no benefits will be payable for: (a) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; (b) Products used for unapproved cosmetic indications; (c) Drugs used to treat or cure baldness, and anabolic steroids used for body building; (d) Anorectics - drugs used for the purpose of weight control; (e) Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene; (f) Growth hormones; or (g) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
73. Reproductive/Infertility services including but not limited to: fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation (except for a Medical Necessity); vasectomy; sexual reassignment surgery; reversal of sterilization procedures.
74. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.
75. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in this Policy.
76. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, scuba diving, riding in a rodeo.
77. Cosmetic procedures, except Cosmetic Surgery required to correct an Injury for which benefits are otherwise payable under this Policy.
78. Congenital conditions, except as specifically provided for newborn or adopted infants.

General Definitions

Please note that certain words used in the Policy have specific meanings. Key terms used in the Policy are defined below. They are capitalized wherever they appear in the Policy.

Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in a covered Injury or Covered Loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under the Policy;
2. Is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the terms of the Policy.

AIDS means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

Age means the Covered Person's age, for purposes of initial premium calculations, attained on the later of the first day of the Policy Term and the date coverage becomes effective for Him under this Policy

Alcohol Abuse means any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

Ambulatory Medical or Surgical Center means an establishment which may or may not be part of a Hospital and which meets the following requirements:

1. is in compliance with the licensing or other legal requirements in the jurisdiction where it is located;
2. is primarily engaged in performing surgery on its premises;
3. has a licensed medical staff, including Physicians and Registered Nurses;
4. has permanent operating room(s), recovery room(s) and equipment for Emergency medical care; and
5. has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the Ambulatory Surgical Facility.
6. does not require Hospital Confinement.

An Ambulatory Medical or Surgical Center is also known as an Out-Patient surgery center or a same day surgery center.

Arrival means entering your Country of Assignment's air space.

Benefit Percentage means the percentage of Covered Expenses We pay that are incurred by the Covered Person after He satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

Benefit Period means the period of time from the date of the Sickness or Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

Child(ren) means an Eligible Person who has not reached the Age of 26 years of Age or older. Children includes a legally adopted child, foster child or stepchild that must be placed with the Covered Person while covered under this Policy.

Coinsurance means the ratio by which the Covered Person and the Company share in the payment of Covered Expenses for Medically Necessary treatment after the Deductible, if any, has been met. The percentage the Company pays is stated in the Schedule of Benefits.

Complications means a secondary condition, an Injury or a Sickness, that develops or is in conjunction with an already existing Injury or Sickness.

Complications of Pregnancy means conditions, when the Pregnancy is not terminated, whose diagnoses are distinct from the Pregnancy, but are adversely affected by the Pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of Pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, Physician prescribed rest during the period of Pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult Pregnancy not constituting a distinct complication of Pregnancy. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in

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

Confinement or Confined means the continuous period a Covered Person spends as an In-Patient in a Hospital due to the same or related cause.

Copayment or Copay means a specified charge that the Covered Person is required to pay when a medical service is rendered

Cosmetic Surgery means surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

Country of Assignment means where the Covered Person has a valid visa, if required, and in which He is undertaking an educational activity.

Covered Expenses means the Usual and Customary Charges or the Negotiated Rate for In-Network Providers for services or supplies listed in the Schedule of Benefits, and described in the Accident or Sickness Medical Benefits section, that the Covered Person incurs during the Benefit Period for Medically Necessary treatment of a covered Injury or Sickness. A Physician must recommend and approve these services or supplies.

Covered Loss means a loss:

1. Which is the result of a covered Injury or Sickness to a Covered Person;
2. For which benefits are payable under the Policy; and
3. Which is not otherwise excluded under the terms of the Policy.

Covered Person or Insured means an Eligible Person, as defined in the Schedule of Benefits, for whom required premium has been paid when due, and for whom coverage under this Policy remains in force.

Covered Pregnancy means a Pregnancy which began after the effective date of this Policy or the Certificate of Coverage applicable to the Covered Person. Pregnancy which is conceived prior to the Covered Person's effective date under this Policy will be covered if the Covered Person was continuously covered under the Participating Member's plan.

Custodial Care means services and supplies that are primarily intended to help You meet personal needs. Custodial Care must be prescribed by a Physician. It may involve artificial methods such as feeding tubes, ventilators or catheters.

Examples of Custodial Care include:

1. routine patient care such as changing dressings, periodic turning and positioning in bed, administering medications, supervising medication which can usually be self-administered;
2. care of a stable tracheostomy (including intermittent suctioning);
3. care of a stable colostomy/ileostomy;
4. care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
5. care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
6. watching or protecting You;
7. respite care, adult (or child) day care, or convalescent care;
8. institutional care, including room and board for rest cures, adult day care and convalescent care;
9. help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods, oral hygiene, ordinary skin and nail care; and
10. any service that can be performed by a person without any medical or paramedical training.

No benefits will be paid for Custodial Care services or treatment which is provided by the Covered Person's Immediate Family Member or by an individual who resides with the Insured, unless specifically agreed to by the Company. Custodial Care does not include Home Health Care services or treatment.

Deductible means the dollar amount of Covered Expenses which must be incurred, as applicable, and paid by the Covered Person before benefits are payable under this Policy. The Deductible may apply to each Covered Person, for each Policy Term, as shown in the Schedule of Benefits.

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

Departure or Departs means leaving your Home Country or Country of Assignment's air space as specified within this Policy.

Drug Abuse means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

Emergency means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in:

1. Permanently placing the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in jeopardy, or
2. Causing other serious medical consequences; or
3. Causing serious impairment to bodily functions; or
4. Causing serious and permanent dysfunction of any bodily organ or part.

Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical Emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

Emergency Room means a specified area within a Hospital that is designated for Emergency healthcare. This area must:

1. be staffed and equipped to handle trauma;
2. be under the direct supervision of a Physician;
3. provide treatment by a Physician and/or medical professionals; and
4. provided care 24 hours per day, 7 days per week.

This definition does not include an Urgent Care Facility.

Experimental or Investigational means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other governmental agency approval not received at the time services are rendered. We will make the final determination as to what is Experimental or Investigative.

Extended Care Facility means an institution operating pursuant to applicable laws and engaged in providing, for a fee, in-patient skilled nursing care and related services and physical therapy services under the supervision of a Physician and Registered Nurses. An Extended Care Facility must maintain medical records on all of its patients.

He, His and Him means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

Health Care Plan means any arrangement, whether individually or group purchased which provides benefits or services for: medical; accident; dental care; disability benefits; or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured or self-funded agreements or arrangements;
4. coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans;
5. medical benefits provided by any governmental plan or coverage or other benefit law, except:
    a. a state-sponsored Medicaid or similar plan; or
    b. a plan or law proving benefits only in excess of any private or non-governmental plan;
6. hospital or medical service organization;
7. labor-management plans;

8. employee benefit organization plans;
9. association plans; or
10. any other “employee welfare benefit plan” as defined in the Employee Retirement Income Security Act of 1974, as amended.
11. medical benefits provided under automobile “fault” and “no-fault”–type contracts;
12. other valid and collectible dental, medical or health care benefits or services.

HIV means Human Immunodeficiency Virus, as that term is defined by the United States Centers for Disease Control.

Home Country means the country where a Covered Person has His true, fixed and permanent home and principal establishment and holds a current and valid passport. However, the Home Country of an Eligible Dependent who is a Child is the same as that of the Covered Person.

Home Health Care means nursing care, treatment and items necessary to a person’s care and health provided in the Covered Person’s house as part of an overall extended treatment plan. To qualify for Home Health Care:

1. the Home Health Care must be established and approved by the attending Physician, including certification that Confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified agency and nursing service; and
3. the Covered Person’s Physician establishes and approves in writing the plan of treatment covering the Home Health Care service.

Home Health Care does not include Custodial Care services or treatment.

Hospital means an institution that meets all of the following:

1. It is licensed as a Hospital pursuant to applicable law;
2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. It charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. Rehabilitation, convalescent, custodial, educational, long-term acute care or nursing care;
2. The aged, drug addicts or alcoholics;
3. A Veteran’s Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay.

Hospital Stay means a Confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a covered Accident or Sickness.

Immediate Family Member means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, including stepparent, including stepbrother or stepsister, grandparent or grandchild(ren), aunts, uncles, Children, including legally adopted child or stepchild.

Injury or **Injuries** means any bodily harm that results, directly and independently of all other causes, from a covered Accident. To be covered, the Injury must first be treated while the Covered Person is insured under this Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury. All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered one Injury.

In-Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate. The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

In-Patient means a Covered Person who is Confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to Confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "in-patient" shall mean a Covered Person who is required to be Confined for a period of at least a full day as determined by the Hospital.

Intensive Care Unit means an intensive care facility, cardiac care unit or other unit or area of a Hospital:

1. which is reserved for the critically ill requiring close observation; and
2. which is equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

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

Lifetime Maximum Benefit means the total amount of Covered Expenses that the Company will pay for the Covered Person while covered under the Participating Member's plan.

Maximum Benefit means the total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

Medically Necessary services or supplies are those that We determine to be **all** of the following:

1. Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.
2. Provided for the diagnosis or direct care and treatment of the medical condition.
3. Within standards of good medical practice within the organized community.
4. Not primarily for the patient's, the Physician's, or another provider's convenience.
5. The most appropriate supply or level of service that can safely be provided. For Hospital Stays, this means acute care as an In-Patient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an Out-Patient or in a less intensified medical setting.
6. Not Experimental or Investigational unless approved in writing by Us.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

Mountaineering means the sport, hobby, or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Negotiated Rate means the compensation for medical services provided by an In-Network Provider which the In-Network Provider has agreed to accept as full compensation for medical services covered under this Policy.

Out-of-Network Provider means a Physician, Hospital and other healthcare providers who have not agreed to a Negotiated Rate. A Covered Person may incur Out-of-Pocket expenses with these providers. Charges in excess of the Company's payment are the Covered Person's responsibility.

Out-Patient means a Covered Person who receives Medically Necessary treatment on an Out-Patient basis in a Hospital or another institution, including; Ambulatory Surgical Center; convalescent/Skilled Nursing Facility; or Physician's office, for an Injury or Sickness, but who is not Confined and is not charged for room and board.

Out-of-Pocket Maximum means the maximum dollar amount the Covered Person is responsible to pay per Accident or Sickness. After the Covered Person has reached the Out-of-Pocket Maximum, this Policy pays 100% Covered Expenses up to the maximums shown in the Schedule of Benefits for the remainder of this Policy. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance, and Copayments. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

Parachuting means an activity involving the breaking of a free fall using a parachute or other device that slows free fall.

Participation in Riot or Civil Commotion. "Participation" means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen. "Riot or Civil Commotion" means all forms of public violence, disorder, or disturbance, or disturbance of the public peace, by three or more persons

assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder.

Physician means a person who is a qualified practitioner of medicine. As such, He must be acting within the scope of his license under the laws in the state in which he practices and providing only those medical services which are within the scope of his license or certificate. It does not include a Covered Person, an Immediate Family Member of either the Covered Person or the Covered Person's spouse.

Physical Therapy or **Physiotherapy In-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

Physical Therapy or **Physiotherapy Out-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) whirlpool, or (8) manipulation or massage.

Policy Term or **Policy Year** means the period of a year or less, and any subsequent period of a year or less, that an Eligible Person is covered under this Policy, in accordance with a Certificate of Coverage, provided the premium is paid according to the agreed terms.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6 month period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person:

1. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
2. took or received a prescription for drugs or medicine.

(2) does not apply to a condition which is treated or controlled solely through the taking of prescriptions drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6 month period before coverage is effective under this Policy.

Pregnancy which is conceived prior to the Insured's effective date under this Policy will be covered if the Insured was continuously covered under the Participating Member's plan

Pregnancy means the physical condition of being pregnant, including Complications of Pregnancy.

Preventive Treatment means treatment rendered to prevent disease or its recurrence.

Recognized Student Health Center means a health facility of an educational institution that provides basic health services for students during the school semester. Basic services must include staffing by a licensed medical provider (M.D., C.N.P. or R.N.) for the purpose of assessment and treatment of minor Sicknesses or Injuries and/or referral to an In-Network Provider and is approved as a Recognized Student Health Center by the Participating Member.

Registered Nurse means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." or "R. P.N." after His name.

Rehabilitation Facility means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:

1. Is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services, occupational therapy, speech therapy or rehabilitation In-Patient care; and
2. Is duly licensed by the appropriate government agency to provide such services; and
3. Is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, Custodial Care, care for the terminally ill, part-time care, or services or facilities for Drug Abuse or alcoholism.

Sickness or **Sicknesses** means an illness, disorder, pathology, abnormality, ailment, disease or any other medical physical or health condition of a Covered Person, which requires treatment by a Physician while covered by this Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

Substance Abuse means the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining Covered Expenses, charges made for the treatment of any physiological conditions related to rehabilitation services for Alcohol & Drug Abuse or addiction will not be considered charges made for treatment of Substance Abuse.

Surgical Procedure means: (1) a cutting procedure; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation; (5) electrocauterization; (6) diagnostic and therapeutic endoscopic procedures; and (7) an operation by means of laser beam.

Usual and Customary Charge (U&C) means the normal charge, in the absence of insurance, made by the provider of any Medically Necessary treatment, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience; or
2. For a supply that is identical or substantially equivalent.

War means a state or period of declared or undeclared War whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties. War or acts of War does include acts of terrorism.

We, Our, Us means The Pan-American International Insurance Corporation, (A Stock Company) underwriting these benefits.

You, Your means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

Claim Provisions

Notice of Claim
Written or authorized electronic/telephonic notice must be given to Us or Our authorized agent within 30 days after a covered Accident or Sickness occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 12 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Participating Member's name and Member Plan Number and the Covered Person's name and address.

Claim Forms
We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.

Claimant Cooperation Provision
Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the 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.

Proof of Loss
Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is

shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than 12 months after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment of Claims
We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.

Payment of Claims
All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to His estate. If any payee of benefits is a minor or otherwise legally incompetent, We will pay benefits to the person designated as His legal guardian or conservator.

If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any Accident or Sickness Medical Benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay $1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.

Beneficiary
The beneficiary is the person or persons the Covered Person names or changes on a form executed by Him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Participating Member. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at Our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to Him, We may make direct payment to the first surviving class of the following classes of persons:

1. Spouse or domestic partner;
2. Child or Children;
3. parents;
4. siblings;
5. estate of the Covered Person.

Conditional Claim Payment
If the Covered Person incurs Covered Expenses for covered Injuries received in a covered Accident or Sickness and it is likely a Third Party may be liable, We will pay benefits if:

1. The Covered Person first agrees in writing to refund the lesser of: (a) the amount We actually paid for such Covered Expenses; and (b) the amount actually received from the Third Party regardless of whether the amount is for such Covered Expenses; and
2. The Third Party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the Third Party's liability is satisfied in an amount less than the benefits paid under this Policy, We will pay the difference.

Physical Examination and Autopsy
We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions
No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment
If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Right of Recovery of Overpayment or Error
Whenever the Company has made payments with respect to benefits payable under this Policy in excess of the amount necessary, We shall have the right to recover such payments. The Company shall notify the Covered Person or health care provider of such overpayment and request reimbursement from the Covered Person or health care provider. However, should the Covered Person or health care provider not provide such reimbursement, the Company has the right to offset such overpayment against any other benefits payable to the Covered Person or health care provider under this Policy to the extent of the overpayment.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Subrogation
We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed first from such recovery to the extent of Our payments to the Covered Person. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.

How to File a Claim

1. Whenever possible, use an In-Network provider. They are typically able to start the claim for you automatically and you will pay less money out-of-pocket for treatment. You can find In-Network providers at this website: **https://www.whyuhc.com/us1** (click "Search the network for your healthcare provider: Options PPO," then follow the prompts to find a provider near you.)
2. After treatment, you will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. *Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.*
4. The provider will bill you for any amounts over what is covered by your insurance.
5. If you receive a bill from your provider that doesn't indicate they've billed the insurance, contact the provider to confirm they have your ID card on file, and ask them to submit the claim to United Healthcare on your behalf.

If you use an Out-of-Network provider or the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

1. Download a claim form from **https://www.acitpa.com/memberresources** and fill it out completely.
2. Attach bills for X-rays, lab charges, etc.
3. Before mailing, please make sure to include your name, address, and phone number, include a photocopy or scan of your insurance ID Card, and make copies of all statements and receipts for your records.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

   Administrative Concepts, Inc.
   PO Box 4000
   Collegeville, PA 19426
   Fax: (610) 293-9299
5. Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts, Inc. at **(888) 293.9229** or **claims@acitpa.com**.
6. To review your claims online, visit the Claims Member Portal at **https://secure.visit-aci.com/ClaimStatus**

Privacy Practices

Important Information You Should Know

Respecting your privacy is a priority for Pan-American International Insurance Corporation (PAIIC). We take pride in keeping your personal information regarding insurance products and services you have with us private and confidential to assure we meet your financial needs.

To meet these objectives, we will collect, use and disclose your personal information only for purposes that include: underwriting, administration, claims adjudication, protecting against fraud, errors or misrepresentations, meeting legal, regulatory or contractual requirements. The only people who have access to your personal information are our employees, business partners such as insurance agents and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize.

This Notice has been provided to you in connection with a Certificate of Coverage which describes the benefits available to you under a student medical expense policy issued to the SMIC Trust. We will consider your utilization of coverage under the policy as evidence of your consent to Our processing of your sensitive information for the limited purpose of administering the coverage.

This notice serves as a summary of our privacy practices, and serves to briefly notify you of the information we collect about you, how we use it, how we protect it, and your rights.

For more information on our privacy practices, please visit www.palig.com/privacy-policy.

Information Collection, Protection, and Sharing

- We collect personal information in connection with the services offered. This may include information we receive on applications and other forms, contact information, medical and financial information, and information we receive from third-parties, including consumer reporting services.
- We process your personal information when necessary to provide the services set out in a contract, when it is in our or a third-party's legitimate interests, or when it is required or allowed by applicable law. When we process your sensitive personal data, it will be in line with applicable law, as necessary to provide you with our services, or with your permission.
- We share your information as necessary within our Group, with relevant policyholders, and with our business partners who help us provide services to you. We will only share your information as allowed under applicable law.
- We may disclose certain information to your insurance agent for the purpose of servicing your policy. However, you can limit or withdraw consent to these types of disclosures at any time.

Pan-American Life is a global company, and where necessary we may allow your information to be shared with our affiliates or third-party service providers based in the United States and other countries. We will take steps to make sure that appropriate protection is in place to protect your information when it is transferred internationally.

- We keep your personal information in line with appropriate retention periods. The length of these periods is determined by relevant regulations, the information collected, and our obligations to you as a customer.
- Protecting your information is of the utmost importance to us. We use technical and physical safeguards to protect the security of your personal information from unauthorized disclosure. We also take every step to ensure that only authorized employees and third-parties with legitimate business purposes have access to your personal information.
- We've developed robust procedures to handle suspected incidents, including third- party incidents. If a breach occurs, we promptly investigate, take corrective actions, and notify you and relevant regulatory authorities as required by law.

Your Rights

- You have the right to access your information and request corrections to your data.
- You also have the right to object to our use of your information, to request the transfer of information you have provided, to withdraw permission for our use of your information, and to ask us not to use automated decision-making which will affect you.
- Rights are not absolute and may be subject to review.

If you have any questions or concerns about this notice or Pan-American Life's privacy practices, you can contact us via email at privacy@palig.com or by telephone at 1-877-939- 4550.

In addition, the Office of the Ombudsman provides oversight on data protection matters:

Office of the Ombudsman
Anderson Square
64 Shedden Road, PO 2252
Grand Cayman KY1-1107
Cayman Islands
T: +1-345-946-6283
F: +1-345-946-6222
info@ombudsman.ky