USI Affinity Collegiate Insurance Resources

Accident and Sickness Health Insurance Plan Summary

Policy #US022790/Option 3

Underwritten by United States Fire Insurance Company, Morristown, New Jersey

SCHEDULE OF MAXIMUM BENEFITS

$100,000 Medical Expense / $100 Deductible	$250,000 Emergency Medical Evacuation	$10,000 Emergency Medical Reunion
$25,000 Accidental Death & Dismemberment	$250,000 Return of Mortal Remains	

Maximum Medical Expense Benefit - $ 100,000 *per person, per policy year* If an Injury or Illness occurs during the period of coverage and the insured person requires medical or surgical treatment; this plan will pay, subject to the deductible, reasonable and customary charges for the following covered expenses, up to the policy maximum. The covered charges shall in no event include any amount that is in excess of Reasonable and Customary charges for the geographic area where the services are rendered, as determined by The Insurance Company.

Deductible(s) $100 per person- *all cause per policy period* **Coinsurance -** After you pay the deductible; the plan pays 100% up to the policy maximum.

Pre-existing Conditions Exclusions - A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment during the 6 months prior to the Effective Date of coverage under this Plan. Or a condition for which manifestation, medical advice, diagnosis, care or Treatment was recommended received or noticed during the 6 months prior to the Effective Date of coverage under this Plan.

Hospital Expenses - *for average semi-private room and board; and Reasonable and Customary (R&C) charges.* Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional services and with the exception of personal services of a non-medical nature provided that expenses do not exceed the Hospital's average for semi-private room and board accommodations. Also, charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

Covered

- **Physiotherapy/ Chiropractic Care -** Charges for physiotherapy, if recommended by a Physician for treatment of a specific disablement and administered by a licensed physiotherapist are included.
- **Dressings, Prescription Drugs and Medicines -** Charges are included for dressings, prescription drugs and medicines, are covered only if prescribed by a Physician in relation to a covered Injury or Illness. Prescriptions must be paid for at the Pharmacy and then receipts must be submitted with a claim form, in order for you to be reimbursed.
- **Intensive Care - *2 times the average semi-private room and board and R&C charges.*** Two times the average semi-private room charge made by the servicing Hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing Hospital, whichever is less.
- **Surgery -** Surgery by a Physician up to the policy maximum, per person, per policy period is included.
- **Outpatient Treatment -** Up to the policy maximum, per person, per policy period.
- **Emergency eye conditions**
- **Hazardous Activities**

Not Covered

- **Routine Physical Examinations, Routine Eye Examinations, Eyeglasses and Contact Lenses**
- **Preventive Medical Services and Wellness Benefits**

Dental-if Caused by an Accident or Sudden Onset of Pain $150.00 per tooth for repair and replacement of sound, natural teeth damaged as a result of an accident are covered. Routine dental examinations, routine x-rays, and other dental procedure that are not the result of an accident are not covered.

Accidental Death & Dismemberment Covered - Benefits of **$25,000** will be paid to **You** if **You** sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 365 days from the date of Accident.

Emergency Medical Evacuation Covered - up to $250,000 (pre-approval required) For insured persons or covered dependent who becomes ill or injured during the period of coverage: If an Emergency Medical Evacuation is required to the nearest medical facility where appropriate medical treatment can be obtained or to the insured person's home country of country of residence all eligible expenses up to **$250,000** are covered. An Emergency Medical Evacuation must be recommended by a legally licensed Physician who certifies that the severity of the Injury or Illness necessitates such an Emergency Medical Evacuation, and approved in advance by The Insurance Company.

Return of Mortal Remains Covered - If an Injury or Illness commencing during the period of coverage results in death, all reasonable expenses incurred for preparation and return to the insured person's Home Country are covered up to **$250,000** *Pre-approval is required.*

Emergency Medical Reunion Covered - When the Assistance Company and **Your** attending Physician determine that it is necessary and prudent for **You** to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of **Your** choice, from **Your** current **Home Country**, to be at **Your** side while **You** are hospitalized and then accompany **You** during **Your** return to **Your** current **Home Country**. Benefits will be paid up to **$10,000** for a round trip economy air fare ticket as well as for reasonable travel and accommodation expenses up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

Trip Delay coverage provides benefits for Loss(es) the Insured Person incurs for trips that are interrupted or delayed after the time and date of departure. The Policy provides coverage for reasonable additional accommodation and traveling expense which the Insured Person incurs up to the maximum $150 per day; maximum of 5 days, due to a Travel Delay of at least 24 hours.

BAGGAGE LOSS AND/OR DELAY The Company will reimburse the Insured Person, up to the amount of $100 per article; $500 maximum for loss, theft or damage to baggage and personal effects, or $200 maximum for baggage delay checked with a Common Carrier provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

TRIP INTERRUPTION Trip Interruption coverage provides benefits up to the maximum of $5,000 for Loss(es) the Insured Person incurs for trips if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation or interruption of the Insured Person's trip

TRIP CANCELLATION AND/OR DELAY Trip Cancellation coverage provides benefits up to the maximum of $3,000, for Loss(es) the Insured Person incurs for trips canceled up to the time and date of departure.

Paying and reimbursement for medical expenses - Charges for doctor office visits, prescription drugs and some outpatient procedures may need to be paid by you in advance directly to the provider (i.e. doctor or pharmacist). You must submit a claim form for each separate Injury or Illness for your medical expense to be considered. When your expenses are approved, they will be sent in the form of a check to you. Although you must also submit a claim form in situations involving Hospitalization, you may not need to pay Hospital expenses in advance.

Administered by: USI AFFINITY | Travel Insurance Services

For travel assistance, please call:
ON CALL Travel Assistance 866-509-7715 in USA or collect 603-328-1728 outside the USA
You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services

All claim forms must be completed, signed and mailed to: Global Claims Administrators
3195 Linwood Rd, Suite 201
Cincinnati OH 45208

For claims status call: **800-513-2981** ***Toll free in the USA***
The claims must be received within 90 days of treatment and accompanied by original medical receipts.

EXCLUSIONS AND LIMITATIONS

No Benefit will be payable for Accident Medical, Sickness Medical, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, as the result of:

1. Any **Pre-existing Condition** as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. Injury or Illness which is not presented to Global Claims for payment within 3 months of receiving **Treatment**.
3. Charges provided at no cost to **You**.
4. Charges for **Treatment** which exceed **Reasonable and Customary** charges.
5. Services, supplies or **Treatment**, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
6. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: (a) War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power; (c) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").
8. Injury sustained while participating in professional athletics.
9. Injury sustained while participating in Amateur or Interscholastic Athletics.
10. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
11. Vocational, speech, recreational or music therapy.
12. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, **Treatment** of a deviated nasal septum will be considered a cosmetic condition.
13. Elective Surgery which can be postponed until **You** returns to **Your** Home County, where the objective of the trip is to seek medical advice, **Treatment** or Surgery.
14. **Treatment** and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
15. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder.

16. **Treatment** in connection with alcoholism and drug addiction, or use of any drug or narcotic agent including any injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with **Treatment** prescribed and directed by a Physician for a condition which is covered hereunder, but not for the **Treatment** of drug addiction.
17. Any Mental and Nervous disorders or rest cures.
18. Congenital abnormalities and conditions arising out of or resulting therefrom.
19. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness.
20. Expenses as a result of or in connection with the commission of a felony offense.
21. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding. Unless otherwise stated in the Schedule of Benefits.
22. **Treatment** paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for **Treatment** without cost to any **You**.
23. **Expense** of **Treatment** of Venereal disease over $500.00.
24. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan and Routine Dental **Treatment**.
25. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage; for miscarriage resulting from Accident; or drug, **Treatment** or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, **Treatment** for infertility or impotency, sterilization or reversal thereof.
26. **Treatment** for human organ tissue transplants and their related **Treatment**.
27. Expenses incurred while in **Your Home Country**, except as provided under the **Home Country** Coverage.
28. Expenses incurred during a Hospital emergency visit which is not of an emergency nature.
29. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical **Treatment** for a condition.

DISCLAIMER: This is a summary of the policy benefits only and does not cover all the terms, conditions and limitations of the Master Policy. The Master Policy (on file with Global Underwriters) contains the actual terms, conditions, and limitations, of the coverage to be provided. If there is any conflict between this summary and the Master Policy the Master Policy will govern in all cases.