



**William Jessup University Accident & Sickness
Insurance Plan For International Students**

Eligibility Highlight

This Description of Coverage is a brief description of some of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan Document on file with your school. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

Medical Expense Benefits <small>(see Excess Medical Expense definition below)</small>	Coverage
Plan Maximum per Covered Injury or Sickness	\$250,000
Pre-existing Conditions	Covered after 6 months
Deductible per Covered Accident & Sickness	\$100
Coinsurance	100% of Usual, Reasonable & Customary (URC) Charges
Maximum Benefit Period	52 Weeks
Mental and Nervous Disorders	100% of URC, paid up to the Plan Maximum amount: Inpatient – Up to 30 day maximum Outpatient – Up to 10 visit maximum
Pregnancy	Covered same as any other Sickness
Newborn Nursery	Covered under Room & Board, up to \$500
Prescription Drugs	100% of URC
Extension of Benefits	90 Days
Emergency Medical Evacuation	100% of Covered Expenses
Repatriation of Remains	100% of Covered Expenses
Accidental Death & Dismemberment	Up to \$10,000 of the Principal Sum (\$1,000,000 aggregate limit)
Family Assistance Benefit	Up to \$3,000 maximum for room and board and round trip economy air fare
Emergency Dental Benefit (resulting from Injury Only)	100% of URC

Underwritten by Crum & Forster SPC.

ADDITIONAL INFORMATION	
Effective Date	8/14/2022
Policy Number	CC008204
Toll free phone Monday-Friday 8:30 am - 7:00pm EST	1 -877-373-99047
Online Plan Information Available 24/7, LiveChat available during business hours	www.gallagherstudent.com/wju
Claims are administered by	HealthSmart Benefit Solution Phone: 1-833-780-3894 Email: akronclaims@healthsmart.com

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA. This plan is not designed to cover citizens and US residents. This policy is not subject to guaranteed issuance or renewal.

Full Excess Medical Expense

If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, We will pay the Eligible Expenses incurred, subject to any applicable Deductible Amount, Benefit Period, and Coinsurance Percentage, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury or Sickness:

- 1) While the person is a Plan Participant under the Policy; or
- 2) During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under the Policy is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

Exclusions & Limitations

The Plan does not cover any loss resulting from any of the following unless otherwise covered under the Plan by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared
- 3) Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) 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;
- 8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 9) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
- 10) Treatment of acne;
- 11) Charges which are in excess of Usual, Reasonable and Customary charges;
- 12) Charges that are not Medically Necessary;
- 13) Charges provided at no cost to the Plan Participant;
- 14) Expenses incurred for treatment while in Your Home Country;
- 15) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;]
- 16) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by this Policy
- 17) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
- 18) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 19) Any Covered Loss 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 Policyholder;

- 20) 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;
- 21) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
- 22) Pre-existing conditions in excess of \$10,000; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same Participating Organization;
- 23) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 24) 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;
- 25) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 26) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
- 27) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident; unless specifically covered by this Policy
- 28) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 29) Private-duty nursing services;
- 30) The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
- 31) Expenses payable under any prior policy which was in force for the person making the claim
- 32) Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 33) Travel in or upon:
 - (a) A snowmobile;
 - (b) A water jet ski
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation or competition
- 34) Injury sustained while taking part in: mountaineering; 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; solo diving; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; snowboarding. Para-Gliding or any substantially similar activity to the list above.
- 35) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition];
- 36) Rest cures or custodial care;
- 37) Weight reduction programs or surgical treatment of obesity; treatment of venereal disease
- 38) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 39) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
- 40) 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 Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household.
 - 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 bungi-cord jumping;

Except as a fare paying passenger on a regularly scheduled commercial airline.

- 41) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 42) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
- 43) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500.

IMPORTANT NOTICE

Plan is underwritten by: Crum & Forster, SPC.

Notice: For further information on this Plan, visit www.gallagherstudent.com/wju.

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to with William Jessup University. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

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Privacy Statement:

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 833-440-0572 or by visiting us at www.gallagherstudent.com/wju.

Complaints:

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at 833-440-0572.

Data Protection:

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD.