

International Students and Scholars Accident and Sickness Insurance Plan



2014-2015



Gallagher | STUDENT HEALTH & SPECIAL RISK

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Description of Coverage

Gallagher Student Health & Special Risk will offer an accident and sickness insurance plan for International Students and Scholars studying in the United States. The premium for these benefits will be paid for directly by the Student or Scholar. The premium for a Spouse and/or Dependent Children will be the responsibility of the Student or Scholar. The plan covers: (1) accidental injuries occurring while coverage is in force; and (2) sickness contracted and commencing which requires medical treatment while the benefits are in force. Coverage will begin on the specified program start date and the coverage will terminate on the program end date, or the date upon which Gallagher Student Health & Special Risk receives written notice of cancellation or withdrawal.

Eligibility

All International Students or Scholars and their eligible Spouses and Dependent Children (under age 25) studying in the United States are eligible to enroll in the program with the exception of any Insured Person who will reside in the state of Washington.

Plan Costs

Monthly Rates for Student/Scholar: \$173 per person

Monthly Rates for Dependents*: \$173 per person

*Dependent children can be covered under this plan up to the age of 25 if a full-time student.

Enrollment Information

Online Enrollment Instructions:

1. Go to www.gallagherstudent.com/iss.
2. Click on the "ISS Enroll" link in the left hand column.
3. Create a user account or log in (if a returning user).
4. Complete the online form with payment information.

Period of Coverage

You may enroll in the Plan for a minimum term of 1 month to a maximum term not to exceed 12 months. Your effective date of coverage begins on the latest of these dates: (a) the date you depart from your Home Country to travel to the United States to start your assignment; b) the date you request coverage to begin, or; c) the date your Enrollment Form and required premium are received. Coverage will end on the termination date which is the earliest of these dates: a) the date shown on the proof of coverage documents issued upon enrollment; b) the termination of your international educational activities upon which date you cease to be eligible for the Plan; or c) the end of the period for which premium is paid; or d) prior to the term.

Effective Date for New Dependent due to Birth or Adoption

The effective date of coverage for a newborn or an adopted child is immediate from the moment of birth or placement for adoption; however coverage will cease after 31 days unless written notice and additional premium required to add the dependent child to the Plan are received by Gallagher Koster. After 31 days, the effective date of coverage for a new dependent due to birth or adoption of a child is the date written notice and the additional required premium are received. The required additional premium for a new dependent due to birth or adoption is calculated from the date of birth or date of placement up to the end of the current period of coverage in effect. Current full monthly premium rates are used to calculate the required additional premium. There is no partial or pro-rated premium.

Refund of Premium

Full refund of premium is made if written request is received prior to the effective date of coverage. Premium is considered fully earned and is not refundable for any term of coverage issued for six months or less. If you are issued a term of coverage for seven or more consecutive months, and must return to your home country earlier than expected, unused premium for whole months that remain from the date we receive your written notification will be refunded.

Benefit Schedule

Accidental Death and Dismemberment Benefit:

If Injury to the Covered Person results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is \$15,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses	Covered Loss Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

- “Quadriplegia” means total Paralysis of both upper and lower limbs.
- “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.
- “Paraplegia” means total Paralysis of both lower limbs or both upper limbs.
- “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.
- “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.
- “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint.
- “Loss of Sight” means the total, permanent Loss of Sight of one eye.
- “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.
- “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any 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 the complete separation and dismemberment of the part from the body.

Exposure and Disappearance:

Coverage under this hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

How the Medical Expense Benefit Works

If you or any covered dependent are injured or become sick during your academic program and require medical attention - such as treatment from doctors, hospitalization and medication - the Plan can help pay for Covered Expenses that may occur. If you and any covered dependent incur costs for covered medical services during a Period of Coverage (the number of months for which you request and pay for insurance), the Plan works as follows: You and any covered dependent are responsible for the first \$100.00 of Covered Medical Expenses (this is called the deductible). The deductible is applied separately to each covered Injury or Sickness. The Plan will pay 80% of covered expenses up to \$5,000 and 100% of Covered Expenses thereafter.

Medical Expenses Benefit – The Lifetime Aggregate Maximum Benefit is \$250,000. The Company will pay benefits with respect to Covered Expenses as defined in Covered Expenses, resulting from disablement. Coverage is limited to covered expenses incurred subject to the limitations contained in the Medical Expense Exclusions. The term “disablement” as used with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a Physician. All bodily injuries sustained in any one accident shall be considered one disablement. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement. First treatment of an injury must occur during the period of coverage.

When a covered injury or illness results, the Company will pay for:

In Hospital Medical and Surgical Services:

80% of covered expenses up to \$5,000 and 100% thereafter.

Out of Hospital Medical Expenses:

80% of covered expenses up to \$5,000 and 100% thereafter (Excess of a \$100 deductible per injury or sickness)

Covered Expenses

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible of \$100 per Covered Accident or Sickness, the Co-insurance Rate of 80% of the Usual and Customary Charges up to \$5,000 and thereafter 100% of the Usual and Customary Charges, Maximum Benefit Period of 364 days, and a Lifetime Aggregate Maximum of \$250,000.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible of \$100 per Covered Accident or Sickness has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurrence Period of 90 days after the date of Covered Accident or Sickness.

Medical Expense Benefits

Lifetime Aggregate Maximum for all Accident or Sickness Expense Benefits: \$250,000

Maximum for Dental Treatment (Injury Only): \$250 per tooth, up to \$2,500 per Covered Injury

Emergency Medical Treatment of Pregnancy: 80% of the Usual and Customary Charges up to \$5,000 and thereafter 100% of the Usual and Customary Charges

Maximum for Room & Board Charges: Average semi-private room rate

Maximum for ICU Room & Board Charges: Two (2) times average semi-private room rate

Maximum for Chiropractic Care: 10 visits per covered Injury/Sickness up to \$500

Maximum for Mental and Nervous Disorders:

Inpatient: 80% of usual and customary expenses for up to 30 days

Outpatient: 80% of usual and customary expenses up to \$3,000

Maximum for Newborn Nursery Care: 80% of the Usual and Customary Charges up to \$5,000 and thereafter 100% of the Usual and Customary Charges

Maximum for Prescription Drugs:

Inpatient Co-insurance: 80% of usual and customary expenses up to \$5,000

Outpatient Co-insurance: 80% of usual and customary expenses up to \$5,000

Maximum for Therapeutic Termination of Pregnancy: \$500

Deductible: \$100 per Covered Accident or Sickness

Deductible for Emergency Room Visits*: \$100

*The Emergency Room Deductible will be waived if the Covered Person is admitted to the Hospital as an inpatient.

Co-insurance Rate: 80% of the Usual and Customary Charges up to \$5,000 and thereafter 100% of the Usual and Customary Charges

Incurral Period: 90 days after the date of Covered Accident or Sickness

Maximum Benefit Period: The earlier of the date the Covered Person's Trip ends, or 26 weeks from the date of a Covered Accident or Sickness

Maximum Period of Coverage: 364 days

Emergency Medical Benefits:

Benefit Maximum: up to \$10,000

Emergency Medical Evacuation Benefit:

Benefit Maximum: 100% of the Covered Expenses

Repatriation of Remains Benefit:

Benefit Maximum: 100% of the Covered Expenses

Emergency Reunion Benefit:

Benefit Maximum: \$10,000

Daily Benefit Maximum: \$250

Maximum Number of Days: 5

Aggregate Limit

Benefit Maximum: \$1,000,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

Accidental Death & Dismemberment Benefits

Principal Sum: \$15,000

Time Period for Loss: 365 days from the date of a Covered Accident

Definitions

Benefit Period means the allowable time period **You** have from the date of Injury of onset of Illness to receive **Treatment** for a Covered Injury or Illness. If **Your** Plan terminates during **Your Benefit Period**, **You** will still be eligible to receive **Treatment** so long as the **Treatment** is within **Your Benefit Period** and outside **Your Home Country** (except as provided under the Optional **Home Country** Coverage).

Coinsurance means the percentage amount of Covered Expenses, after the **Deductible**, which is **Your** responsibility to pay.

Deductible means the amount of Covered Expenses which is **Your** responsibility to pay before benefits under the Plan are payable.

Home Country means the country where **You** have **Your** true, fixed and permanent home and principal establishment.

Inpatient means if **You** are confined in an institution and are charged for room and board.

Insured Person(s) means a person eligible for coverage under the Policy as defined in Section I, Declarations #4 "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary **Insured Person** or Dependent(s).

Outpatient means if **You** receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition means:

1. A condition that would have caused a person to seek medical advice, diagnosis, care or **Treatment** during the 36 months prior to the Effective Date of coverage under this Plan.
2. A condition for which manifestation, medical advice, diagnosis, care or **Treatment** was recommended, received or noticed during the 36 months prior to the Effective Date of coverage under this Plan.

Reasonable and Customary means the maximum amount that the Plan determines is **Reasonable and Customary** for Covered Expenses **You** receive, up to but not to exceed charges actually billed. The determination considers:

1. Amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received.
2. Any usual medical circumstances requiring additional time, skill or experience; and
3. Other factors included but not limited to, a resource based relative value scale.

Treatment means a specific in-office or Hospital physical examination of or care rendered to **You**, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

"We, Us or Our" means the United States Fire Insurance Company

"You" or "Your" means the **Insured Person**.

Description of Benefits

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Schedule of Benefits*.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.

Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

Emergency Medical Benefits

We will pay Emergency Medical Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling on a covered Trip.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services, or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling on a covered Trip.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility, or the Covered Person's place of residence. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services, or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Reunion Benefit

We will pay up to the Benefit Maximum as shown in the *Schedule of Benefits* for expenses incurred to have a Covered Person's Family Member accompany him or her to the Covered Person's Home Country or the Hospital where the Covered Person is confined if the Covered Person is: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for the Covered Person to have an Family Member at his or her side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date the Covered Person is confined in the Hospital, or the date of the occurrence of the Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the *Schedule of Benefits*.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. "Family Member" means a Covered Person's parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results, within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses	Covered Loss Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

- “Quadriplegia” means total Paralysis of both upper and lower limbs.
- “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.
- “Paraplegia” means total Paralysis of both lower limbs or both upper limbs.
- “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.
- “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.
- “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint.
- “Loss of Sight” means the total, permanent Loss of Sight of one eye.
- “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.
- “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any 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 the complete separation and dismemberment of the part from the body.

Hazards Insured Against

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the *Schedule of Benefits*. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

Educational Travel

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to the Maximum Period of Coverage shown in the *Schedule of Benefits* under the Medical Expense Benefit; and
3. engaging in educational activities sponsored by the Policyholder.

Exposure & Disappearance

Coverage under this hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

Personal Deviation (Limited)

The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 14 days while on a Trip covered by the Policy. “Personal Deviation” means:

1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

Exclusions and Limitations

A. No Benefit will be payable for Accident Medical or Sickness Medical, 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 **Us** for payment within 3 months of receiving **Treatment**.
3. Charges for **Treatment** which is not Medically Necessary.
4. Charges provided at no cost to **You**.
5. Charges for **Treatment** which exceed **Reasonable and Customary** charges.
6. Charges incurred for Surgery or **Treatments** which are, Experimental/Investigational, or for research purposes.
7. 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.
8. 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. Acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d. 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").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable for except to the extent that **You** prove that such consequence happened independently of the existence of such abnormal conditions.

9. Injury sustained while participating in professional athletics.
10. Injury sustained while participating in Amateur or Interscholastic Athletics.
11. 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.
12. **Treatment** of the Temporomandibular joint.
13. Vocational, speech, recreational or music therapy.
14. Services or supplies performed or provided by a Relative of yours, or anyone who lives with **You**.
15. 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.
16. 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.
17. **Treatment** and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
18. 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.

19. Any Mental and Nervous disorders or rest cures.
20. Congenital abnormalities and conditions arising out of or resulting therefrom.
21. Expenses which are non-medical in nature.
22. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
23. Expenses as a result or in connection with the commission of a felony offense.
24. 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, scuba diving, involving underwater breathing apparatus, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding.
Hazardous Sport Coverage: the following are covered if the required premium has been paid: mountaineering where ropes or guides are normally used (4500 meter limit); parachuting, bungee jumping, snowmobiling, scuba diving, involving underwater breathing apparatus, must be PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, and snow boarding.
25. **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**.
26. **Treatment** of venereal disease.
27. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
28. Routine Dental **Treatment**.
29. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.
30. For miscarriage resulting from Accident.
31. 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.
32. **Treatment** for human organ tissue transplants and their related **Treatment**.
33. Expenses incurred while in **Your Home Country**, except as provided under the **Home Country** Coverage.
34. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
35. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical **Treatment** for a condition;
36. Covered Expenses incurred during a Trip after **Your** Physician has limited or restricted travel.
37. Sex change operations, or for **Treatment** of sexual dysfunction or sexual inadequacy.
38. Weight reduction programs or the surgical **Treatment** of obesity.
39. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

Claims

HealthSmart Benefit Solutions
3320 W. Market Street Suite 100
Fairlawn, OH 44333
akronclaims@healthsmart.com
1-800-331-1096 or 1-330-576-9049

Plan Administered by:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
iss@gallagherstudent.com
1-800-933-4723 or 1-617-769-6028

On Call International Services:

The Travel Assist Plan is designed to provide students who travel 100 miles or more from their home (or in a foreign country that is not the country of permanent residence), with worldwide, 24-hour, emergency assistance services during the term of coverage under the student accident and sickness plan. The assistance services are provided by On Call International (OCI).

Worldwide emergency medical, legal and travel assistance services are available 24 hours a day, 365 days a year. For more information, or a detailed list of services please call:

In the U.S., toll free: 1-866-509-7715

Worldwide, collect: 1-603-328-1728

Please keep this brochure as a summary of the insurance plan as specified in the Master Certificate (Form ISO-13-C IL) that is on file with your Program Manager. The Master Certificate contains all of the same terms and conditions outlined in this brochure including: benefits, limitation and exclusions. In the event of a discrepancy, the Master Certificate will prevail.