



## Accident & Sickness Insurance Plan 2017–2018



## Study Abroad Accident & Sickness Insurance Plan for PURMIT

Brokered by:



Underwritten by:  
AXIS Insurance Company

Study abroad programs can be fun and rewarding educational experiences for school students, faculty and staff. Unfortunately, medical emergencies can be even more complicated when they happen in another country. Fortunately, AXIS Accident & Health's Study Abroad Accident & Sickness Insurance Plan offers individuals associated with a study abroad program a specialized combination of insurance, consulting and services to help make dealing with those complications a little easier.

### Study Abroad Program Features

The Study Abroad Accident & Sickness program offers participants a range of coverage and services, including:

- Accidental Death & Dismemberment benefits
- Out-of-country medical benefits
- Medical evacuation and repatriation benefits
- Emergency reunion benefits
- Trip interruption and cancellation benefits
- 24-hour travel, safety and security assistance services

### Who Can Participate?

The following eligible program participants can enroll in this coverage:

- Outbound students, faculty, and staff
- Spouse, eligible domestic partner and dependent children
- Covered individuals who choose to extend coverage on a voluntary basis

### Effective Date for Individuals

Insurance becomes effective for the Eligible Person subject to the Deferred Effective Date provision below, on the Policy Effective Date or the date the person becomes eligible, whichever is later.

### Termination of Insurance

Insurance for the Insured Person will end on the earliest of the:

- date the person is no longer in an Eligible Class;
- date the person enters full-time active duty in any Armed Forces. The Company will refund any premium paid for any period of active duty when the Company receives proof of active duty. Active duty does not include Reserve or National Guard duty for training unless it extends beyond 31 days;
- end of the period for which the last premium is made;
- date this Policy ends; or
- date the Insured Person departs for the individual's Home Country or country of regular domicile.







### Schedule of Medical Benefits

If an Insured Person suffers a Covered Injury or contracts a Sickness that requires treatment by a Physician, the Company will pay the actual expenses incurred up to \$250,000 per Insured Person per Covered Injury or Sickness. For benefits to be payable under this plan, the first treatment for the Covered Injury or Sickness must be received within 30 days of the time of the Accident or onset of Sickness. No payments will be made for expenses not incurred within the Benefit Period.

Medical Maximum per Covered Accident or Sickness .....	\$250,000
Deductible .....	\$0
Maximum Benefit Amount for Pregnancy .....	\$2,500
Pre-Existing Conditions Maximum .....	\$5,000
Benefit Period .....	180 days
Period of Short-Term Activity .....	300 days

**Covered Medical Service(s)** means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center
2. Services of a Physician or a Registered Nurse (RN)
3. Ambulance service to or from a Hospital
4. Laboratory tests

5. Radiological procedures
6. Anesthetics and the administration of anesthetics
7. Blood, blood products and artificial blood products, and the transfusion thereof
8. Physiotherapy including physical therapy and occupational therapy
9. Rental of Durable Medical Equipment
10. Artificial limbs, artificial eyes or other prosthetic appliances (not including the replacement of these items)
11. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
12. Oxygen or rental equipment for administration of oxygen
13. Rental of a wheelchair or hospital-type bed
14. Rental of mechanical equipment for treatment of respiratory paralysis
15. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription
16. Dental charges for Injury to sound, natural tooth
17. Emergency medical treatment for Complications of Pregnancy
18. Hotel Room charge, when the Insured Person, otherwise necessarily Hospital Confined, shall under the care of a duly qualified Physician, have to stay in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the control of the Insured Person

### Mental and Nervous Conditions or Chemical Dependency/Drug Abuse

Inpatient Hospital Expenses .....	Up to \$250,000
Maximum Number of Days .....	30 days in any consecutive 12-month period
Outpatient Expenses .....	Up to \$250,000
Maximum Number of Visits .....	10 visits in any consecutive 12-month period

### Out of Country Medical Guarantee Charge Benefit

Hospital Admission Guarantee Charge .....	Actual expenses incurred up to \$10,000
Medical Expense Guarantee Charge .....	Actual expenses incurred up to \$10,000

## Pre-Existing Condition

A pre-existing condition means a condition for which the Insured Person receives any diagnosis, treatment or had taken any prescription medicines during the three months immediately preceding the effective date of the Insured Person's coverage under the Policy whichever is later. This does not apply when the Insured Person is taking prescription medications for a condition which is and remains under control without any change in the required prescription for this time period.

## Aggregate Limits of Indemnity

<b>Applies to:</b>	<b>Benefit Amount</b>
Accidental Death & Dismemberment.....	\$1,000,000
Natural Disaster Benefit.....	\$2,000,000
Security Evacuation.....	\$2,000,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents, Covered Injuries and Covered Expenses suffered by all Insured Persons as the result of any one Covered Loss, Injury or Accident or Emergency Sickness that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, we will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

## Accidental Death and Dismemberment Benefits

Covered Loss must occur within 365 days of the Covered Accident

<b>Benefit</b>	<b>Benefit Amount</b>
Loss of Life.....	100% of the Principal Sum
Loss of Two or More Hands or Feet.....	100% of the Principal Sum
Loss of Use of Two or More Hands or Feet.....	100% of the Principal Sum
Loss of Sight of Both Eyes.....	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears).....	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye.....	100% of the Principal Sum
Loss of One Hand or Foot.....	50% of the Principal Sum
Loss of Use of One Hand or Foot.....	50% of the Principal Sum
Loss of Sight in One Eye.....	50% of the Principal Sum
Loss of Speech.....	50% of the Principal Sum
Loss of Hearing (in Both Ears).....	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum
Exposure and Disappearance: Included	

## Paralysis Benefit

The Company will pay the benefits shown below for that type of Paralysis, subject to all conditions and exclusions, if an Insured Person suffers a Covered Loss. If the Insured Person suffers more than one type of Paralysis as a result of the same Accident, only one amount, the largest, will be paid.

Covered Loss must occur within 365 days of the Covered Accident

<b>Benefit</b>	<b>Benefit Amount</b>
Quadriplegia.....	100% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
Hemiplegia.....	75% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

## Trip Cancellation and Interruption Benefits

**Trip Cancellation:** The Company will pay up to \$10,000 per person per trip, subject to all applicable conditions and exclusions, if the Insured Person's trip is cancelled; the Company will reimburse the Insured Person the non-refundable paid amount, subject to the following:

1. The Insured Person has been advised by a Physician that traveling on the Covered Trip is medically inadvisable.
2. Cancellation provisions in effect at the time the travel supplier is notified of a Trip Cancellation.

In no event, will the Company pay more than the Trip Cancellation Benefit Amount. The Insured Person will relinquish rights to any unused vouchers, tickets, coupons or travel privileges for which the Company has reimbursed the Insured Person. In no event will the Company pay more than the Benefit Amount in any 13 consecutive month period regardless of the number of Trip Cancellation claims made in that one-month period.

This benefit does not apply to a Covered Loss caused directly or indirectly from:

- travel arrangements canceled or changes by the Common Carrier, Tour Operator, or any travel agents unless the cancellation is the result of inclement weather or an organized strike affecting public transportation;
- change in plans, financial circumstances and any business or contractual obligations of the Insured Person, Immediate Family Member of the Insured Person;
- financial insolvency of a travel agency, tour operator or traveler supplier; or
- any changes in military orders of the Insured Person which occurs prior to or within seven days of when the Covered Trip begins.

**Trip Interruption:** The Company will pay up to \$10,000 per person per trip, subject to all conditions and exclusions, if an Insured Person has a change in plans while on a Covered Trip which causes the Insured Person to incur a penalty imposed by a Common Carrier or hotel or motel. The Company will reimburse the Insured Person, up to the Trip Interruption Benefit Amount for:

1. the forfeited non-refundable paid Common Carrier arrangements that were missed; and/or
2. additional transportation expense incurred by the Insured Person, less any available refunds. This expense is not to exceed the cost of an economy-class Common Carrier ticket by the most direct route to rejoin the Covered Trip; or return to the place of origin.

If the Insured Person is forced to temporarily postpone a Covered Trip due to a Covered Loss or Emergency Sickness and a new departure date is set, the Company will pay the extra expenses incurred to purchase tickets for a new departure. The Company will only pay the difference between the original fare and the economy fare for the rescheduled trip by the most direct route. The Company will also reimburse the Insured Person for the unused non-refundable Common Carrier arrangements; however, in no event will the Company pay more than the Benefit Amount.

This benefit does not apply to:

1. The Insured Person who is:
  - a. Traveling against the advice of a Physician;
  - b. Traveling while on a waiting list for a specified medical treatment; or
  - c. Traveling for the purposes of obtaining medical treatment;
2. Common Carrier caused delay unless said delay is a result of an organized strike that affects public transportation;
3. Travel arrangement cancelled or changes by a Common Carrier, tour operator or any travel agent unless the cancellation is the result of inclement weather or organized strike affecting public transportation;
4. Change in plans, financial circumstances or change in any business or contractual obligation of the Insured Person or Immediate Family Member of the Insured Person;
5. Financial insolvency of a travel agency, tour operator or travel supplier; or
6. Any changes in military orders of the Insured Person or the Insured Person's Spouse which occurs prior to or within 10 days of Covered Trip departure.

The Trip Change Penalty Reimbursement is excess over any other insurance or other source of reimbursement (including any reimbursements by the Common Carrier, hotel/motel or the Policyholder).

## Emergency Reunion Benefit

The Company will pay up to \$10,000, subject to all applicable conditions and exclusions, to have one of the Insured Person's Immediate Family Members accompany Him to the Insured Person's Home Country or Hospital where the Insured Person is confined if:

1. the Emergency Medical Evacuation Benefit for a Covered Injury or Emergency Sickness is payable to the Insured Person under the Policy;
2. the Insured Person is alone outside of His Home Country; and
3. the place of Hospital Confinement is more than 100 miles from the Insured Person's Home Country.

In addition, the Company will pay the reasonable expenses incurred for lodging and meals for a period not to exceed 10 days.

This Benefit will not exceed the lesser of:

1. the cost of one round-trip economy airfare ticket and other local travel related expenses; or
2. the reasonable expenses incurred for lodging and meals of the Insured Person's Immediate Family Member for a period of 10 days; or
3. the Emergency Reunion Benefit Amount of \$10,000.

**Exclusions** Other than the list of Excluded Countries, exclusions that apply to this benefit are in the Common Exclusions Section.

## Security Evacuation Benefit

The Company will pay up to \$250,000, subject to all applicable conditions and exclusions, if an Insured Person requires Security Evacuation as a result of an Occurrence that takes place while the Insured Person is traveling outside His Home Country. The Company will pay to Transport the Insured Person to the nearest place of safety. The determination that a Security Evacuation is required must be made by a Designated Security Consultant and all arrangement must be made by the designated third-party provider or the Company.

Benefits will be payable for eligible expenses up to the Benefit Amount shown. Benefits will not be payable for Security Evacuation from or to an Excluded Country. Eligible expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once per Occurrence.

Benefits will also be payable for the Transportation and Related Cost within seven days of the Security Evacuation to the following locations as chosen by the Insured Person:

1. back to the Host Country if return is safe and permitted;
2. the Insured Person's Home Country; or
3. the country where the education institution that sponsored the Insured Person's trip is located.

If after the Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Cost for the Insured Person.

**Exclusions** Other than the list of Excluded Countries, exclusions that apply to this benefit are in the Common Exclusions Section.



## Natural Disaster Benefit

The Company will pay up to \$250,000, subject to all applicable conditions and exclusions, if an Insured Person requires a Natural Disaster Evacuation as a result of an Occurrence that takes place while traveling outside His Home Country. The Company will pay eligible expenses up to the amount shown to transport the insured person to the nearest place of safety.

All Natural Disaster Evacuation arrangement must be made through and approved by the Company. The Company is not responsible for the availability of Transport Services.

Benefits will not be payable for Natural Disaster Evacuation from or to an Excluded Country. Covered Expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well being. Benefits are payable only once per Occurrence.

Benefits will also be payable for the Transportation and Related Cost within seven days of the Natural Disaster Evacuation to the following locations as chosen by the Insured Person:

1. back to the Host Country if return is safe and permitted;
2. the Insured Person's Home Country; or
3. the country where the educational institution that sponsored the Insured Person's trip is located.

**Exclusions** Other than the list of Excluded Countries, exclusions that apply to this benefit are in the Common Exclusions Section.

## Definitions

**Accident or Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Common Carrier** means any motorized land, water or sea conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or individual under contract. Common Carrier does not include helicopter travel on cruise ships that extends beyond a 48-hour sightseeing tour or any other conveyance used for recreation activities.

**Common Carrier Covered Trip** means travel on a Common Carrier when the full fare for such transportation has been charged to the Insured Person's Account. If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.

**Complication(s) of Pregnancy** mean(s) conditions which require Hospital Stay before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are acute nephritis or nephrosis; or preeclampsia; or eclampsia; or puerperal infection; or RH Factor problems; or severe loss of blood requiring transfusion; or cardiac decomposition or missed abortion; or similar condition as severe as these above; non-elective cesarean section; or termination of an ectopic pregnancy; and spontaneous termination when live birth is not possible. (This does not include voluntary or elective abortion).

Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or the mother is determined to be in distress and is in immediate danger of death, Sickness or injury if the 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 vaginal

delivery is attempted but discontinued due to immediate danger of death, Sickness or injury to child or mother. Not included: (a) false labor, occasional spotting or Physician-prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum; and (d) similar conditions not medically distinct from a difficult pregnancy.

**Covered Injury** means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a Covered Accident and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Covered Loss** means a loss which meets the requisites of one or more benefits, and results from a Covered Accident, Covered Injury or Covered Activity.

**Deductible** means the amount that must be paid for Covered Medical Services by the Insured Person before benefits will become payable. A separate deductible shall apply to each Covered Loss.

**Dependent Child** means the Insured Person's unmarried child who meets the following requirements:

1. a child from live birth to 26 years old;
2. a child who is 26 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Insured Person. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that He has enrolled for the next following school term or year; or
3. a child who is 26 or more years old, primarily supported by the Insured Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.

A Dependent Child, for purposes of this definition, includes the Insured Person's:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption; and
3. stepchild who resides with the Insured Person.

If the Insured Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with Him for at least two-to-six consecutive months and intends to reside with Him for an indefinite period of time.

**Designated Security Consultant** means an employee of a security firm under contract with the Company or AXA Assistance USA, the designated service provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in His care.

**Eligible Domestic Partner** means a person who:

1. has entered into a civil contract with another individual who is:
2. is no less than 18 years of age;
3. is not legally married to any other person; and
4. at least one of the individuals is an Oregon resident.

**Emergency Sickness** means an illness or disease diagnosed by a Physician which:

1. manifests itself by acute symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonable expect that failure to receive immediate medical attention would place the health of a person or fetus, in the case of a pregnant woman, in serious jeopardy; and
2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this Policy.

**Excluded Country/Countries (Security Evacuation/Natural Disaster)**

This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Security Evacuation Coverage. Any country subject to the administration and enforcement of U.S economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC) is a country from which Security Evacuations are not available under this benefit. The following countries are excluded from coverage: Afghanistan, Chechnya, Iran, Iraq, Libya and Pakistan.

**Home Country** means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, the Home Country will be the country declared to in writing as His Home Country.

**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 (RN);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an inpatient shall be waived.

**Hospital Confined or Hospital Stay or Confined to a Hospital** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Accident or Emergency Sickness will be treated as one Hospital Stay unless separated by at least 30 days.

**Host Country** means the country, other than an Excluded Country, in which the Insured Person is traveling while covered under this benefit.

**Insured Person** means an Eligible Person for whom required premium has been paid when due and for whom coverage under this Policy remains in force. May include Insured Spouse, Eligible Domestic Partner and/or Insured Dependent Child covered under this Policy.

**Insured Spouse** means the Insured's Spouse, for whom premium is paid while covered under this Policy.

**Medical Emergency** means a condition caused by a Covered Injury or Sickness which meets all of the following criteria:

1. a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his life in jeopardy;
2. the severe or acute symptom occurs suddenly and unexpectedly; and
3. the severe or acute symptom occurs while the policy is in effect during a Covered Activity.

**Medically Necessary** means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Accident or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

**Mental or Nervous Condition** means those conditions listed in the standard nomenclature of the American Psychiatric Association.

**Natural Disaster** means an event, including but not limited to wind storm, rain, snow, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that

1. is due to natural causes; and
2. results in widespread severe damage such that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

**(Natural Disaster) Occurrence** means Natural Disaster that takes place while an Insured Person is covered under this Rider.

**Nearest Place of Safety** means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to Transportation; and
3. the Insured Person has availability to temporary lodging, if needed.

**Related Cost** means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

**Security Evacuation** means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in imminent danger.

**(Security Evacuation) Occurrence** means any of the following situations in which an Insured Person finds himself while covered under the Policy:

1. expulsion from a Host Country or being declared persona non grata on a written authority of the recognized government of the Host Country;
2. political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
3. verified physical attack or a verified threat of physical attack from a third party.

**Sickness** means disease or illness, including related conditions and recurrent symptoms, which begins after the effective date of an Insured Person's coverage and while coverage is in force under this policy during a Covered Activity. Sickness also includes Complications of Pregnancy.

**Transport/Transportation** means the most efficient and available method of Conveyance. In all cases where practical, economy fare will be utilized or if possible, the Insured Person's Common Carrier ticket.

## Common Exclusions

The following information is a brief description of the exclusions and limitations that may be included in this policy. This is not a contract.

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss 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 Benefits Section or Covered Conditions:

Intentionally self-inflicted injury, suicide, or any attempt while sane or insane ■ commission or attempt to commit a felony or an assault ■ declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy does not include terrorist acts, other random acts of violence not perpetrated by the Insured Person, civil war, or a local or community faction ■ a covered Accident or Emergency Sickness that occurs while on active duty service in the military, naval or air force of any country or international organization or governmental auxiliary units or the National Guard or similar government organizations, when coverage is suspended and no premiums collected. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days ■ flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface: (a) except as a fare-paying passenger on a regularly scheduled commercial airline (b) being flown by the Insured Person or in which the Insured Person is a member of the crew (c) being used for: (1) crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying or (2) any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on) (d) designed for flight above or beyond the earth's atmosphere (e) including an ultra-light or glider (f) being used for the purpose of parachuting or skydiving (g) being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent ■ travel in any Aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year ■ sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food (Applies to Accidental Death & Dismemberment only) ■ medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury ■ voluntary ingestion of poison, gas or fumes, unless exposure occurs during the course of employment ■ (except as provided by the Policy) ■ operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means legally intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred.

In addition, benefits will not be paid for services or treatment rendered by any person who is: Employed or retained by the Policyholder ■ living in the Insured Person's household ■ an Immediate Family Member of either the Insured Person or the Insured Person's Spouse ■ or the Insured Person.

## Out of Country Medical Benefit Exclusions

Out of Country Medical Benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

Sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days ■ injury sustained while participating in professional athletics ■ routine physical and care of any kind ■ routine dental care and treatment ■ cosmetic or plastic surgery, except as the result of a Covered Injury ■ routine nursery or routine child care ■ eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof: eye-glasses, contact lenses, and/or hearing aids ■ services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature ■ scuba diving (except for Policyholder approved, sponsored and supervised research activities performed by an active enrolled/registered outbound student, faculty, visiting faculty scholars and interns, snow sports including but not limited to skiing of any kind and snowboard, mountain climbing, sky diving, professional or amateur automobile or powerboat racing, piloting any aircraft, rock-climbing, caving, ice climbing, parasailing, paragliding, bungee jumping, hot air ballooning, trampoline jumping, extreme sports, motorcycle riding ■ expenses incurred during holiday travel, or travel for the purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder business (unless Personal Deviations are specifically covered) ■ charges for Covered Medical Expenses for which the Insured Person would not be responsible for in the absence of this Rider ■ Injury or Sickness for which benefits are payable under any Worker's Compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

## Claims Procedures

In the event of an Injury or Sickness, the Insured Individual should:

1. Consult a Doctor and follow his or her advice. Be prepared to pay at the time of treatment.
2. Complete a claim form in full and sign it. If you have questions on how to fill out your form, contact Health Special Risk, Inc.
3. The completed and signed claim form should be mailed within 90 days from the date of injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Health Special Risk, Inc. at the address below.
4. Itemized medical bills (translated and converted into US Dollars) must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to Health Special Risk, Inc. at the address below. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
5. Direct all questions regarding this Plan, claim procedures, status of a submitted claim, or payment of a claim to Health Special Risk, Inc. at the address below.

Health Special Risk, Inc.

HSR Plaza II

4100 Medical Parkway

Carrollton, TX 75007

(866) 523 - 3183 • email: [GKstudyabroad@hsri.com](mailto:GKstudyabroad@hsri.com)

**Remember that each injury or sickness is a separate condition and a separate claim form is required for each condition.**



## Travel and Security Assistance Services

AXIS Accident & Health's Study Abroad Accident & Sickness Insurance Plan includes access to services that can help make traveling a little easier or provide support during an emergency.

Our travel assistance program provides support for emergencies that occur while traveling almost anywhere in the world, at least 100 miles from home. With a local presence in more than 200 countries and territories and 40 assistance centers open 24/7, we offer pre-trip assistance and support while traveling in case of emergency. International assistance coordinators and case managers, as well as physicians and nurses, are available to provide support 24 hours a day.

Travel assistance services include:

- Medical evacuation and/or repatriation
- Medical case management and review
- Transportation for dependents and traveling companions
- Prescription and eyeglass replacement or refill assistance
- Pre-trip informational assistance
- Emergency cash advance
- Lost document/baggage assistance
- Bail-bond posting
- Referral to attorneys
- Emergency message relays
- Emergency translation/interpretation assistance by phone

AXIS Accident & Health's Study Abroad Accident & Sickness Insurance Plan also offers 24/7 on-call travel advisory services, consultative and on-the-ground response and evacuation, as well as access to a range of response, assistance and advisory services.

- **Advisory services** – 24/7 on-call travel advice and assistance. Live phone service can include access to experienced security experts, pre-trip destination briefings, as well as key travel checklist services and information.
- **Response services** – Can include advising Insured Persons when to remove themselves from volatile situations, arranging flights, visas, border crossings, etc. When a more direct response is needed, security consultants can be deployed on location to provide transport to safety.
- **Online services** – This program includes Webcorp, which offers you online access to real-time travel security and health information to help you make informed decisions for your family's and your own well-being when you need it most. In addition to security alerts, the portal provides access to a preferred provider network enabling you to locate and contact over 30,000 medical providers worldwide. Medical and non-medical assistance is as close as your smart phone or computer.

## Right of Reimbursement

Subrogation: The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the Insured Person from anyone liable for the Covered Loss. If the Insured Person recovers from anyone liable for the Covered Loss, the Company

will be reimbursed first from such recovery to the extent of the Company's payments to the Insured Person. The Insured Person agrees to assist the Company in preserving its rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by the Company.

### Important Notices

The insurance coverage provided herein may be considered a welfare benefit plan pursuant to the Employee Retirement Income Security Act of 1974 ("ERISA"). If ERISA applies the plan sponsor has certain responsibilities. Please consult with your legal or tax counsel for guidance as to whether ERISA would apply to this coverage and the responsibilities of a plan sponsor.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Insurance Company from providing insurance, including, but not limited to, the payment of claims.

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the US Treasury Department's Office of Foreign Assets Control ("OFAC").

This information is a brief description of the important benefits and features of the program provided by AXIS Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy issued in the state of Oregon. Complete details may be found in the policy on the file at the PURMIT Office. The policy is subject to the laws of Oregon. Please keep this information as a reference.

US insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. Additional services are provided by third-party agreements and are not insurance. These services include emergency, security consulting and travel assistance services through AXA Assistance USA.

