

StudyCare: USA

Insurance for international students

POLICY DETAIL



studygroup.com/studycare

STUDYGROUP EVIDENCE OF BENEFITS

Eligibility:

International Students, visiting Faculty, Scholars, or other persons between the ages of twelve (12) and sixty-five (65) who are temporarily residing outside their Home Country. The Insured must remain engaged in educational or research activities outside their Home Country during the Period of Coverage.

Education or research activities shall mean the Insured: 1) is enrolled and participating in an educational or cultural exchange; and 2) has a valid non-immigrant Visa, Visa Waiver (VWT), B2 Visa or ESTA Status; and is participating in one of the following classes:

- 2) Community Colleges or Universities in America – Placement Services
- 3) Embassy English
- 4) Summer Camps

Coverage: Mandatory for all eligible participants of the Participating Organization.

Period of Coverage:

Master Agreement Year: January 1, 2017 through December 31, 2017. No Insured person may have a policy period longer than twelve (12) months.

Effective Date of Coverage begins on the latest of the following:

1. The date the Company receives a completed application and premium for the Policy Period; or
2. The Effective Date requested on the application; or
3. The moment the Insured Person departs their Home Country airspace.

Expiration Date of Coverage terminates on the earlier of the following:

1. The moment the Insured Person returns to their Home Country, except as provided under the Home Country Coverage benefit; or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued by the Company; or
4. The end of the period for which premium has been paid; or
5. The date the Insured Person fails to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

SCHEDULE OF BENEFITS

Eligible Class of Business #3 & #4 (High school, Embassy English & Summer Camps)

All Coverages and Benefits are in U.S. Dollar Amounts	
Medical Maximums: Accident Medical; Sickness Medical	Per Injury or Sickness: \$250,000
Deductible – Per Injury or Sickness	\$50
Coinsurance	100% to Medical Maximum
Benefit Period	Period of Coverage
Extension of Coverage	Up to a maximum of 30 days
Maternity	Covered as any other Sickness
Mental Illness	Inpatient: Payable at 100% up to a maximum of 30 days Outpatient: Payable at 100% up to a maximum of \$1,000
Alcohol and Drug Abuse	Inpatient: Payable at 80%, up to a maximum of 30 days Outpatient: Payable at 100% up to a maximum of \$1,000
Injuries from a Motor Vehicle Accident	Up to Plan Maximum
Dental (Emergency)	\$100 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Return of Mortal Remains/Cremation	\$50,000
Emergency Reunion	\$5,000
Interruption of Trip	Up to \$2,500
Loss of Baggage	Up to \$500, subject to a \$50 deductible
Accidental Death & Dismemberment	Principal Sum: \$25,000 per Insured
Aggregate Limit of Indemnity per Accident	Five times the Principal Sum
Hazardous Sports Coverage	\$50,000
Interscholastic Sports-related Injuries	\$10,000

Home Country Coverage – Incidental trips to the Insured’s Home Country	30 days of coverage up to a maximum of \$1,000
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Assistance – Europ Assistance USA	24 hours – Worldwide

Eligible Class of Business #2 (Community College & Universities in the US)

All Coverages and Benefits are in U.S. Dollar Amounts	
Medical Maximums: Accident Medical; Sickness Medical	Per Injury or Sickness: \$250,000
Deductible – Per Injury or Sickness	\$50 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Coinsurance	100% to Medical Maximum
Benefit Period	Period of Coverage
Extension of Coverage	Up to a maximum of 30 days
Maternity	Covered as any other Sickness
Mental Illness	Inpatient: Payable at 100% up to a maximum of 30 days Outpatient: Up to a maximum of \$1,000; payable at 100% per Outpatient visit for the first 40 visits, then 60% per Outpatient Visit thereafter
Alcohol and Drug Abuse	Inpatient: Payable at 80%, up to a maximum of 30 days Outpatient: Payable at 100% up to a maximum of \$1,000
Injuries from a Motor Vehicle Accident	\$50,000
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$50,000
Emergency Reunion	\$5,000
Interruption of Trip	Up to \$2,500
Loss of Baggage	Up to \$500, subject to a \$50 deductible
Accidental Death & Dismemberment	Principal Sum: \$25,000 per Insured
Aggregate Limit of Indemnity per Accident	Five times the Principal Sum
Hazardous Sports Coverage	\$50,000
Interscholastic Sports-related Injuries	\$10,000
Home Country Coverage – Incidental trips to the Insured’s Home Country	30 days of coverage up to a maximum of \$1,000
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Assistance – Europ Assistance USA	24 hours – Worldwide

DESCRIPTION OF BENEFITS

Medical Expenses:

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by You due to a covered Injury or Sickness which occurred during the Period of Coverage outside Your Home Country. 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, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Sickness must occur within thirty (30) days of the date of Injury, or onset of Sickness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within the Period of Coverage, and which are not excluded shall be considered Covered Expenses:

- 1) Charges made by a Hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semi-private room and board accommodation.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Physicians’ Outpatient visits/examinations, clinic care, and surgical opinion consultations.

- 6) Charges made for the cost and administration of anesthetics.
- 7) Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- 8) Charges for physiotherapy as the result of Covered Accident, to a maximum of \$1,000, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 9) Charges for physiotherapy as the result of Covered Sickness, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 10) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 11) Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Pre-notification:

For each scheduled hospital admission or emergency hospital confinement, you or someone on your behalf must contact the Assistance Company for pre-notification as soon as possible, but no later than 48 hours prior to the admission of the hospital or the hospital confinement. For emergency hospital confinement, you or someone on your behalf must notify the Assistance Company as soon as possible, but not later than 48 hours after the date of admission. Pre-notification does not guarantee or confirm benefits or the payment of said benefits.

Extension of Benefits:

Your coverage will be extended if You are Hospital confined for a Covered Injury or Sickness and under the care of a Physician on the termination date of Your Period of Coverage. Coverage will terminate on the earlier of the following:

- 1) Thirty (30) days from the end of Your Period of Coverage; or
- 2) The maximum benefit has been paid; or
- 3) Your release from the hospital or Physician care.

Maternity:

When covered maternity expenses are incurred by Your or Your eligible dependents, the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

You or Your representative must notify the Company of a Pregnancy within the first trimester.

As stated in the Schedule of Benefits, benefits will be payable for covered expenses You incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for You and Your newborn child in a hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if Your attending physician determines further Inpatient postpartum care is not necessary for You or Your newborn child provided the following are met:

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
 - a. The antepartum, intrapartum, postpartum course of the mother and infant;
 - b. The gestational stage, birth weight, and clinical condition of the infant;
 - c. The demonstrated ability of the mother to care for the infant after discharge; and
 - d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to You at Your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for You and Your newborn child from the hospital. Coverage for this visit includes, but is not limited to:
 - a. Parent education;
 - b. Assistance and training in breast or bottle feeding; and
 - c. Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for You or Your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At Your discretion, this visit may occur at the physician's office.)

Mental Illness:

For the purpose of this section, only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as Covered Expenses:

1. Inpatient Care:
 - a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semi-private room and board accommodation.
 - b. Charges made for diagnosis and Treatment by a Physician.
 - c. Charges made for the cost and administration of anesthetics.
 - d. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - e. Drugs, and Medicines that can only be obtained upon a written prescription of a Physician.
2. Outpatient care:
 - a. Charges made for diagnosis and Treatment by a Physician.
 - b. Charges made for the cost and administration of anesthetics.
 - c. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - d. Drugs, and Medicines that can only be obtained upon a written prescription of a Physician.

Only those expenses specifically described above which are incurred within the following Limits from the onset of the Mental Illness and which are not excluded are considered Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage.

Benefits payable as outlined in the Schedule of Benefits.

Alcohol and Drug Abuse:

Benefits will be paid for Treatment or Medication for Alcohol and Drug Abuse which are not excluded and covered under this Plan, and shall be considered a Covered Expense.

Benefits payable as outlined in the Schedule of Benefits.

Emergency Dental Treatment:

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance of \$100 (\$250 for Class 2) per tooth up to a maximum of \$500, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

Emergency Medical Evacuation:

Benefits are paid for Covered Expenses incurred up to the plan maximum, for any covered Injury or Sickness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation. The decision for an Emergency Medical Evacuation must be pre-approved and arranged by the assistance company in consultation with Your local attending physician.

Emergency Medical Evacuation means: a) Your medical condition warrants immediate transportation from the place where You are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility, Your medical condition warrants transportation with a qualified medical attendant to Your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation and medical supplies and services must be: a) pre-approved and ordered by the assistance company and b) required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport You. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

Return of Mortal Remains:

Should death occur, benefits will be paid for Reasonable and Customary Covered Expenses incurred up to the plan maximum, to return Your remains to Your Home Country. Covered Expenses include, but are not limited to, expenses for embalming or cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or cremation must be pre-approved and arranged by the assistance company.

Emergency Medical Reunion:

When the assistance company and Your attending physician determine that it is necessary and prudent for You to have an Emergency Medical Evacuation, this Plan will arrange to bring an individual of Your choice, from Your current Home Country, to be at Your side while You are hospitalized and then accompany You during Your return to Your current Home Country. Benefits will be paid up to plan maximum for a round trip economy air fare ticket as well as for reasonable travel and accommodation expenses up to a maximum of ten (10) days, as pre-approved and arranged by the assistance company.

Interruption of Trip:

If Your trip is interrupted due to Death of a Family Member, benefits will be paid, up to the maximum as stated in the Schedule of Benefits, for the cost of economy travel less the value of applied credit from an unused return travel ticket to return You home to Your area of principal residence.

Loss of Baggage:

This Plan will reimburse You for loss, theft or damage to Your baggage or personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. This Plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. This Plan will pay the lesser of: 1) the actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage); 2) the cost to repair or replace the article with material of a like kind and quality; or, 3) \$100 per article, to a maximum of \$500.

Accidental Death & Dismemberment:

Benefits shall be paid to you if you sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If you incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	50%
Uniplegia (total paralysis of one limb)	20%

Hazardous Sports Coverage:

This Plan shall pay up to the maximum as stated in the Schedule of Benefits for Injury which occurs while You are participating in one of the following hazardous sports: snow skiing or snow boarding.

Interscholastic Sports Coverage:

This Plan shall pay up to the maximum as stated in the Schedule of Benefits for Injury which occurs while You are participating in an interscholastic sports program.

Home Country Coverage:

Incidental Trips to the Home Country – During the Period of Coverage, the Insured may return to their Home Country for incidental visits of up to thirty (30) days. If during an incidental trip home, the Insured suffers an Injury or Sickness, this Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses for that Injury or Sickness. Treatment for this Injury or Sickness must occur within the Insured’s Home Country while on the incidental visit.

Home Country Extension of Benefits – The Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses incurred in Your Home Country related to an Injury or Sickness which occurred, was diagnosed and treated outside Your Home Country during Your Period of Coverage. Only those covered expenses incurred within thirty (30) days of Your return to Your Home Country shall be considered eligible.

PLAN DEFINITIONS

Benefit Period shall mean the allowable time period you have to receive treatment for a Covered Injury or Sickness.

Coinsurance shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

Company shall mean Nationwide Life Insurance Company.

Deductible shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Home Country shall mean the country where you have your true, fixed and permanent home and principal establishment.

Inpatient shall mean if you are confined in an institution and are charged for room and board.

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

Pre-existing Condition shall mean any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which manifestations or symptoms would have caused a person to seek medical advice twelve (12) months prior to the Effective Date of coverage under the Policy, except If the Insured Person is covered under the Policy for twenty-four (24) consecutive months, the Pre-existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

Reasonable and Customary shall mean 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 where received, considering the nature and severity of the bodily Injury or Sickness 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.

You, Your or Insured shall mean Insured Person.

EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/ Repatriation or Return of Mortal Remains.
2. Injury or Sickness which is not presented to the Company 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 exceeds 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. Suicide or any attempts thereof, while sane, or self destruction or any attempt thereof, while insane;
9. 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 shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in Amateur or Interscholastic Athletics. This exclusion does not apply to non-competitive, recreational or intramural activities. This plan does cover Interscholastic Sports injuries up to \$10,000;
12. 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;
13. Treatment of the Temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. 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;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
21. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction;
22. Congenital abnormalities and conditions arising out of or resulting there from;
23. Expenses which are non-medical in nature;
24. Expenses as a result of or in connection with intentionally self-inflicted Injury or Sickness;
25. Expenses as a result of or in connection with the commission of a felony offense;
26. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snowboarding. This plan does cover snow skiing and snowboarding injuries up to \$50,000.
27. 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 any cost to you;
28. Treatment of venereal disease;
29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
30. Routine Dental Treatment;
31. For miscarriage resulting from Accident;
32. 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;
33. Treatment for human organ tissue transplants and their related treatment;
34. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage;
35. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
36. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
37. Covered Expenses incurred for which the Trip to the Host Country or the United States was undertaken to seek medical treatment for a condition;
38. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
39. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
40. Weight reduction programs or the surgical treatment of obesity.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while you are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. 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, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions.

- 7. Service in the military, naval or air service of any country;
- 8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
- 9. Flying in any rocket-propelled aircraft;
- 10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
- 11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
- 12. Sickness of any kind;
- 13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
- 14. Injury occasioned or occurring while you are committing or attempting to commit a felony or to which a contributing cause was you being engaged in an illegal occupation;
- 15. While riding or driving in any kind of competition;
- 16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.

PLAN PROVISIONS

Refund of Plan Cost:

The refund request must be in writing and your ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to the approval of the Administrator.

Notice of Claim:

Written notice of claim(s) must be given to Seven Corners, Inc. within thirty (30) days after the occurrence or commencement of any Disablement, or as soon thereafter as is reasonably possible. Notice given by someone on your behalf to Compass, with information sufficient to identify you shall be deemed sufficient notice to Seven Corners.

Claim Forms:

Upon receipt of a notice of claim, claim forms shall be furnished to you for filing Proof of Loss.

Payment of Claims:

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to your estate. If any indemnity of the Plan shall be payable to a minor, or one otherwise not competent to give a valid release, the Plan shall pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage to you who is deemed to be equitably entitled thereto. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan to the extent of such payment. Subject to any written direction by you all or a portion of any indemnities provided by this Plan on account of Hospital, nursing, medical or Surgical service may, at the Plan's option and unless you request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

In the event of Injury or Sickness, the Student should:

- 1) Contact the Student Health Center for Treatment, or contact your private Healthcare provider or hospital. **In an Emergency, Report Directly to the Nearest Emergency Room for Treatment.**
- 2) Mail to the address below all medical and hospital bills along with patient's name and Insured student's name, address, social security number (if applicable) and name of the University or Program under which the student is insured. A Company claim form is required for filing a claim. Claim forms are available by calling Seven Corners at (800) 683-1427.
- 3) File claims within thirty (30) days of Injury or first Treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all claims or inquiries to: Seven Corners, Inc.
303 Congressional Blvd.
Carmel, IN 46032
Fax: 317-575-2256

Excess Benefits:

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity, for which benefits may be payable, are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other pre-payment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any state or socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

Monetary Limits:

The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

Subrogation:

To the extent the Plan pays for a loss suffered by you, the Plan will take over the rights and remedies you had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over your rights, you must sign an appropriate subrogation form supplied to you.

Underwriter:

Products underwritten by: Nationwide Life Insurance Company.

Important Notice:

Please keep this document as a general summary of the Insurance. This Evidence of Benefits is a brief summary of filed form number NHPINTRVL which contains complete details of the coverage. A copy of the Travel Protection Policy is available for inspection at the Plan Administrator's office. The Evidence of Benefits shall control in the event of any conflict between this Evidence of Benefits and the Travel Protection Policy.

Renewal:

Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to Compass. A new Deductible, Coinsurance, and Pre-existing Condition Exclusion will apply at each succeeding or subsequent Period of Coverage.

Assistance Services:

This Plan provides 24-hour worldwide assistance services for an emergency anywhere in the world. The assistance service provider is **Europ Assistance USA** and can be reached toll-free at (888) 331-8310; or collect at (240) 330-1414. **When calling, please identify yourself as a student with the Study Group.** The following are not considered insured benefits:

Medical Assistance

- Medical, Dental and Pharmacy Referrals
- Medical Monitoring
- Emergency Medical Payments
- Replacement of Medication and Eyeglasses
- Hotel Convalescence Arrangements
- Medical Insurance Assistance

Pre-trip Assistance

- Passport and Visa Information
- Health Hazards Advisory
- Inoculation Requirements
- Weather Information
- Currency Exchange Information
- Consulate and Embassy Locations
- Translation and Interpreter Services
- Travel Locator Service

Legal Assistance

- Legal Referrals

Additional Services

- Emergency Message Assistance
- Emergency Cash Assistance
- Emergency Ticket Replacement
- Emergency Card Replacement
- Baggage Assistance
- Replacement of Lost Travel Documents