2021-2022
College of Charleston
Student International Accident and Sickness Insurance Plan
cofc.myahpcare.com
ELIGIBILITY

A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Plan Participant at the same time.

Class 1: Non-United States Citizens traveling outside their Home Country, has his or her true, fixed and permanent home and principal establishment outside of the United States, and holds a current and valid passport, while actively engaged in educational or research activities. For purposes of this Eligible Class You are “actively engaged” in educational activity if you are one of the following:

- F1/J1 valid visa holder. (An F1 visa holder on OPT is not eligible); or
- Undergraduate student registered for and attending classes on a full-time basis; or
- Graduate student; or
- Scholar or researcher who is invited by an educational organization; or
- Student involved in education, educational activities, or research related activities.

Spouses of the above eligible Class who are considered to be a covered Class, and whose Application has been accepted by the Company.

Natural or legally adopted Dependent unmarried children of an above eligible Class from the moment of birth and under 26 years of age who is considered to be a covered Class, and whose Application has been accepted by the Company.
**PLAN COST**

*Rates include a premium payable to Academic HealthPlans and include Academic Emergency Services underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans and not affiliated with HDI Global Specialty SE.

<table>
<thead>
<tr>
<th>F1 STUDENT PLAN COST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TERM</strong></td>
</tr>
<tr>
<td>STUDENT</td>
</tr>
<tr>
<td>SPOUSE</td>
</tr>
<tr>
<td>EACH CHILD</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>F1 STUDENT ATHLETE PLAN COST</th>
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</thead>
<tbody>
<tr>
<td><strong>TERM</strong></td>
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<tr>
<td>STUDENT</td>
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<tr>
<td>SPOUSE</td>
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<tr>
<td>EACH CHILD</td>
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### MBA Student Plan Cost

<table>
<thead>
<tr>
<th>TERM</th>
<th>ACADEMIC YEAR</th>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/1/2021 - 6/30/2022</td>
<td>8/1/2021 - 12/31/2021</td>
<td>1/1/2022 - 6/30/2022</td>
</tr>
<tr>
<td>STUDENT</td>
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<td>$601</td>
<td>$712</td>
</tr>
<tr>
<td>SPOUSE</td>
<td>$2,860</td>
<td>$1,310</td>
<td>$1,550</td>
</tr>
<tr>
<td>EACH CHILD</td>
<td>$2,860</td>
<td>$1,310</td>
<td>$1,550</td>
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</tbody>
</table>

### J1 Student Plan Cost

<table>
<thead>
<tr>
<th>TERM</th>
<th>ACADEMIC YEAR</th>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/10/2021 - 5/15/2022</td>
<td>8/10/2021 - 12/31/2021</td>
<td>1/1/2022 - 5/15/2022</td>
</tr>
<tr>
<td>STUDENT</td>
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<td>$566</td>
<td>$532</td>
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<tr>
<td>SPOUSE</td>
<td>$2,389</td>
<td>$1,233</td>
<td>$1,157</td>
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<tr>
<td>EACH CHILD</td>
<td>$2,389</td>
<td>$1,233</td>
<td>$1,157</td>
</tr>
</tbody>
</table>
STUDENT HEALTH SERVICES

College of Charleston Student Health Services provides high quality, accessible, medical, counseling, dental, and health promotion services to College of Charleston students. Student Health Services has an incredible staff of health care professionals who are all dedicated to keeping students healthy so they can stay in the classroom and focus on learning.

Student Health Services
181 Calhoun Street
Charleston, SC 29424
(843) 953-5520
healthservices@cofc.edu

CLOSEST HOSPITALS IN CASE OF EMERGENCY

<table>
<thead>
<tr>
<th>ROPER HOSPITAL</th>
<th>MUSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>(843) 724-2010 (ER)</td>
<td>(843) 792-3826 (ER)</td>
</tr>
<tr>
<td>(843) 724-2000 (Main)</td>
<td>(843) 792-2300 (Main)</td>
</tr>
<tr>
<td>316 Calhoun St</td>
<td>171 Ashley Ave</td>
</tr>
<tr>
<td>Charleston, SC 29401</td>
<td>Charleston, SC 29425</td>
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</table>

CLOSEST URGENT CARE CENTERS

<table>
<thead>
<tr>
<th>HEALTH FIRST</th>
<th>MEDCARE EXPRESS URGENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(843) 300-3355</td>
<td>(843) 793-6093</td>
</tr>
<tr>
<td>1115 Savannah Hwy.</td>
<td></td>
</tr>
<tr>
<td>Charleston, SC 29407</td>
<td>1850 Sam Rittenberg Blvd.</td>
</tr>
<tr>
<td></td>
<td>Charleston, SC 29407</td>
</tr>
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</table>
EXTENSION OF BENEFITS

If an Enrollee is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the Plan until the Enrollee is released or benefits are exhausted, whichever occurs first.

ID CARDS

ID cards may be shipped before or shortly after your policy effective date. Providers need the ID number shown on your ID card to identify you, verify your coverage and bill HDI Global Specialty SE, Germany. You do not need an ID card to be eligible to receive benefits; if you need medical attention before receiving your ID card, benefits will be payable according to the plan document. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim.
<table>
<thead>
<tr>
<th>BENEFIT COVERAGE</th>
<th>IN-NETWORK PROVIDER</th>
<th>OUT-OF-NETWORK PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Room &amp; Board Benefit</td>
<td>Preferred Allowance</td>
<td>Semi-Private Room Rate</td>
</tr>
<tr>
<td>Intensive Care/Cardiac Care Unit Benefits</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Surgeon (In or Outpatient Benefits)</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Assistant Surgeon Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Day Surgery Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Pre-Admission Testing Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Anesthesia Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Ambulance Benefit</td>
<td>Preferred Allowance</td>
<td>80% of URC</td>
</tr>
<tr>
<td>Physician Visit Benefit - Inpatient</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Physician Visit Benefit - Outpatient</td>
<td>Preferred Allowance, subject to a $30 copay, $50 copay for specialist ($0 copay at Student Health Center)</td>
<td>URC</td>
</tr>
<tr>
<td>Consultant Physician Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Radiation/Chemotherapy Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Emergency Room Benefit</td>
<td>Preferred Allowance, subject to a $250 copay per visit (waived if admitted)</td>
<td>URC, subject to a $250 deductible per visit (waived if admitted)</td>
</tr>
<tr>
<td>Extension of Accident and Sickness Medical Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Wellness Medical Benefit</td>
<td>100% of Preferred Allowance and 100% at student health center (copay and deductible does not apply)</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Maternity and Pre-Natal Care Expense Benefit</td>
<td>Same as any other Sickness</td>
<td>Same as any other Sickness</td>
</tr>
<tr>
<td><strong>MENTAL &amp; NERVOUS CONDITIONS EXPENSE BENEFIT</strong></td>
<td><strong>IN-NETWORK PROVIDER</strong></td>
<td><strong>OUT-OF-NETWORK PROVIDER</strong></td>
</tr>
<tr>
<td>In-Patient Expense</td>
<td>Same as any other Sickness</td>
<td>Same as any other Sickness</td>
</tr>
<tr>
<td>Out-Patient Expense</td>
<td>Same as any other Sickness</td>
<td>Same as any other Sickness</td>
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ALCOHOL & DRUG ABUSE EXPENSE BENEFIT

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK PROVIDER</th>
<th>OUT-OF-NETWORK PROVIDER</th>
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<tbody>
<tr>
<td>In-Patient Expense</td>
<td>Same as any other Sickness</td>
<td>Same as any other Sickness</td>
</tr>
<tr>
<td>Out-Patient Expense</td>
<td>Same as any other Sickness</td>
<td>Same as any other Sickness</td>
</tr>
<tr>
<td>Therapeutic Termination of Pregnancy Benefit</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Emergency Dental Expense Benefit Up to a $1,000 maximum per policy term</td>
<td>Preferred Allowance</td>
<td>80% of URC</td>
</tr>
<tr>
<td>Physiotherapy Expense Benefit - Inpatient and Outpatient</td>
<td>Preferred Allowance</td>
<td>URC</td>
</tr>
<tr>
<td>Durable Medical Equipment Expense Benefit</td>
<td>Preferred Allowance</td>
<td>80% of URC</td>
</tr>
<tr>
<td>Medical Evacuation/Repatriation Expense Benefit</td>
<td>Preferred Allowance</td>
<td>Actual expense up to $100,000</td>
</tr>
<tr>
<td>Return of Mortal Remains Expense Benefit</td>
<td>Actual expense up to $50,000</td>
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PRESCRIPTION DRUG EXPENSE BENEFIT

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK PROVIDER</th>
<th>OUT-OF-NETWORK PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Expense</td>
<td>100% of charges, subject to a $30 deductible per prescription</td>
<td>100% of charges (deductible does not apply)</td>
</tr>
<tr>
<td>Contraceptive Drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BENEFIT DESCRIPTIONS

Accidental Death and Dismemberment: If, within one year from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers from a Covered Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Plan Participant. The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit.

Benefits are payable if such Injury:

1. Occurs during the course of time the Plan Participant is covered under the Policy;
2. is sustained during such Trip while the Plan Participant is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from: a) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft

provided that this Insurance will not apply while such Plan Participant is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

Brain Death: irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, although the heart is still beating.

Loss of a hand or foot: complete Severance through or above the wrist or ankle joint.

Loss of sight: the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of speech: total, permanent and irrecoverable loss of audible communication.

Loss of hearing: total and permanent loss of hearing in both ears which cannot be corrected by any means.

Loss of a thumb and index finger: complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance: the complete separation and dismemberment of the part from the body.

Hospital Admission Expenses: Charges for each hospital admission.

Outpatient Pre-Surgical Testing Benefit: charges for Pre-surgical testing. A scheduled surgical procedure must occur within 7 days of the testing.
Skilled Nursing Facility: charges for services as described in the schedule of benefits. The benefit provides skilled nursing 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A SNF provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence.

A SNF confinement must take place within 14 days from a hospital discharge and must represent care for the same condition which required hospitalization that lasted a minimum of three days. Care may not be custodial in nature (e.g., care which could be performed at home). The facility may not be primarily a place which provides general care for the aged.

Hospice Care Benefit: as follows:

- nursing care by a Registered Nurse; or a licensed practical Registered Nurse, a vocational Registered Nurse, or a public health Registered Nurse who is under the direct supervision of a Registered Nurse;
- physical therapy and speech therapy when rendered by a licensed therapist;
- medical supplies, including drugs and the use of medical appliances;
- physician’s services; and
- services, supplies, and treatments deemed Medically Necessary and ordered by a licensed Physician.

Hospital Room and Board Benefit: We will pay charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule. Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital 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 semiprivate room and board accommodation.

Intensive Care/Cardiac Care Unit Benefit: We will pay charges for each day of Intensive Care/Cardiac Care Unit confinement, up to the Daily Maximum Benefit shown in the schedule per day. This payment is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.

Hospital Miscellaneous Expense Benefit: We will pay for services, supplies and charges during a Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule per day. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

Surgeon (In or Outpatient) Benefits: We will pay charges for:

1. A Physician, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Eligible Expenses for the additional surgeries.
2. A Physician, for assistant surgeon duties up to the Maximum Benefit shown in the Schedule of Benefits.

Assistant Surgeon Benefit: If, in connection with such operation, a Plan Participant requires the services of an Assistant Surgeon, We will pay the Covered Percentage of the Covered Expense incurred.

Pre-Admission Testing Benefit: We will pay benefits for charges for Pre admission testing (inpatient confinement must occur within 7 days of the testing).

Anesthesia Benefit: We will pay benefits for Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.

Day Surgery Miscellaneous Benefit: We will pay Day Surgery Miscellaneous benefits for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an outpatient basis.
Diagnostic X-Ray and Laboratory Benefit: We will pay the benefit if the Plan Participant requires diagnostic x-ray and/or laboratory examinations and services due to a Covered Loss, up to the Maximum Benefit per Covered Accident or Injury or Sickness indicated in the Schedule of Benefits. Outpatient x-ray services and laboratory tests are limited to the amount shown in the Schedule of Benefits.

Ambulance Benefit: When, by reason of Injury or Sickness, a Plan Participant requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay a Benefit Amount up to a Maximum shown in the schedule, within the metropolitan area in which the Plan Participant is located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if the Plan Participant is in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Physician Visit Benefit (Inpatient): We will pay charges by a Physician for other than pre- or post-operative care for in-Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.

Physician Visit Benefit (Outpatient): We will pay charges by a Physician for office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Office Visits.

Consultant Physician Benefit: If, by reason of Injury or Sickness, a Plan Participant requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Eligible expenses incurred.

Radiation/Chemotherapy Therapy Expense Benefit: We will pay the Covered Percentage for the Eligible expenses incurred by a Plan Participant for drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as:

1. the drug is ordered by a Physician for the treatment of a specific type of neoplasm;
2. the drug is approved by the FDA for use in antineoplastic therapy;
3. the drug is used as part of an antineoplastic drug regimen;
4. current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and
5. the Physician has obtained informed consent from the patient for the treatment regimen that includes FDA approved drugs for off-label indications.

Emergency Room Benefit: We will pay this benefit if the Plan Participant requires Emergency Room treatment due to a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Injury or Sickness. Emergency Room means a trauma center or special area in a Hospital that is equipped and staffed to give people Emergency Treatment on an outpatient basis. An Emergency Room is not a clinic or Physician’s office. Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.

Extension of Accident and Sickness Medical Benefits: If a Plan Participant is under the care and treatment of a Physician and Hospital confined on the Termination Date of the Policy benefits will continue to be paid for that condition for a period of up to 30 days, discharge from the Hospital or the maximum benefit has been paid, whichever occurs first.
Wellness Medical Expense Benefit: We will pay Eligible Expenses, as per the limits stated in the Schedule of Benefits, Sickness Medical. Coverage is limited to the following expenses incurred subject to Exclusions. In no event will the Company’s maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered wellness expenses include:

1. Routine physical examinations: per Plan term which includes, one routine physical examination, laboratory tests, x-rays and any other medical expense related to the examination.
2. Preventive medical attention: includes, annual Screening Mammogram for women; an annual cervical screening for women; a gynecological exam for women; Immunizations; Contraceptive Devices; Colorectal screening for adults over 50, an annual standard prostate diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors.

Maternity and Pre-Natal Care Benefit: When a covered Maternity is incurred by a Plan Participant the Company will pay the Usual, Reasonable and Customary medical expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Maternity. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits Maternity, as to Eligible Expenses during any one period of individual coverage.

Benefits will be payable for Eligible Expenses an Plan Participant incurs before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Plan Participant and her 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 the Plan Participant Person’s attending Physician determines further Inpatient postpartum care in not necessary for the Plan Participant or her newborn Child provided the following are met:

1. In the opinion of the Plan Participant Person’s 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:
   • The antepartum, intrapartum, postpartum course of the mother and infant; physical therapy and speech therapy when rendered by a licensed therapist;
   • The gestational stage, birth weight, and clinical condition of the infant;
   • The demonstrated ability of the mother to care for the infant after discharge; and
   • 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 the Plan Participant at her residence by a Physician or Registered Nurse performed no later than forty-eight (48) hours following discharge of the Plan Participant and her newborn Child from the Hospital. Coverage for this visit includes, but is not limited to:
   • Parent education;
   • Assistance in training in breast or bottle feeding; and
   • Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Plan Participant or newborn Child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Plan Participant Person’s discretion, this visit may occur at the Physician’s office.)

Mental and Nervous Conditions Expense Benefit: If a Plan Participant requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows:

Benefits for Inpatient Hospital Confinement: When a Plan Participant requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement.
Benefits for Outpatient Mental and Nervous Services: We will pay the Covered Percentage of the Eligible Expenses incurred for the outpatient treatment of Mental and Nervous Conditions as defined up to one visit per day.

The Mental and Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary.

Outpatient treatment and Physician services include charges made by an outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law.

Biologically Based Mental Sickness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness.

We will pay the Covered Percentage of the Eligible Expenses incurred for treatment of biologically based mental Sickness, including:

- Schizophrenia;
- Schizoaffective disorder;
- bipolar affective disorder;
- major depressive disorder;
- specific obsessive-compulsive disorder;
- delusional disorders;
- obsessive compulsive disorders;
- binge eating, anorexia and bulimia; and panic disorder

Alcohol and Drug Abuse Expense Benefit: If a Plan Participant requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

Benefits for Inpatient Hospital Confinement: When a Plan Participant is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement.

Such Confinement must be in a licensed or certified facility, including Hospitals.

Benefits for Outpatient Alcohol and Drug Services:

We will pay the Covered Percentage of the Eligible Expenses incurred for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies every three months that a Plan Participant needs to continue such treatment.

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Detoxification Facility means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social and emotional needs of the individual by:

- monitoring the amount of alcohol and other toxic agents in the body of the individual;
- managing withdrawal symptoms; and
- motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.
Therapeutic Termination of Pregnancy Benefit: We will pay benefits as described in the Schedule of Benefits for expenses incurred for the intentional termination of pregnancy before the fetus can live independently.

Emergency Dental Expense Benefit: We will pay benefits as described in the Schedule of Benefits for expenses for emergency dental treatment due to sustaining an Injury to natural teeth. We will pay benefits as described in the Schedule of Benefits for expenses incurred during the Plan Participant’s Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.

Physiotherapy Expense Benefit: We will pay benefits as described in the Schedule of Benefits for eligible Physiotherapy expenses incurred by the Plan Participant. We will pay Usual, Reasonable and Customary expenses in excess of the Deductible as stated in the Schedule of Benefits. In no event will the Company’s maximum liability exceed the maximum stated in the Schedule of Benefits, as to Eligible Expenses during any one period of individual coverage.

For the purpose of this section, Physiotherapy means charges for physiotherapy if recommended by a Physician for the treatment of a specific disablement or following hospitalization and administered by a licensed physiotherapist, up to up to the maximum amount shown in the Schedule of Benefits per day for the Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

Durable Medical Equipment Expense Benefit: If, by reason of Injury or Sickness, a Plan Participant requires the use of Durable Medical Equipment, We will pay the Covered Percentage of the Eligible Expenses incurred by a Plan Participant for such Durable Medical Equipment. We pay the Covered Percentage of the Eligible Expenses incurred by a Plan Participant for the purchase or rental of such item. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. If Durable Medical Equipment is purchased, it is Our property and is to be returned to Us, at Our expense, upon completion of a Plan Participant’s need, if so requested by Us.

We do not pay for the replacement of Durable Medical Equipment.

Durable Medical Equipment which includes braces and appliances means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of an Injury or Sickness; and
4. can be used in the home without medical supervision.

Emergency Medical Evacuation, Medical Repatriation & Return of Remains: When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life-threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense
2. Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company.
3. Return of Remains: In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence or to the place of burial.
Outpatient Prescription Drug Benefit: We will pay the Eligible Expenses, subject to the Deductible Amount, co-payment, and Co-insurance Percentage shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:
1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the outpatient use by the Plan Participant:
1. On or after the Plan Participant’s Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the Maximum Benefit Amount shown on the Schedule of Benefits.
DEFINITIONS

The male pronoun includes the female whenever used.
Additional terms may be defined within the provision to which they apply.

Accident means an unforeseeable event which:
1. Causes Injury to one or more Plan Participants; and
2. Occurs while coverage is in effect for the Plan Participant.

AIDS means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

Benefit Period means the period of time from the date of the Accident causing the Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

Child means the Plan Participant’s natural Child, adopted Child (or Child placed in the Plan Participant’s home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

Civil Union Partner means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits that are afforded a spouse. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms ‘marriage’ or ‘married’ or variations thereon. The term spouse or dependent includes civil union couples whenever used.

Class means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

Coinsurance means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means HDI Global Specialty SE. Also hereinafter referred to as We, Us and Our.

Service Provider means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means Sickness or disease contracted and causing loss commencing while the Policy is in force as to the Plan Participant whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Plan Participant is being treated or has received Treatment will be considered as part of the original Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient’s condition, and facilitating discharge.

Spouse means lawful spouse, if not legally separated or divorced, Domestic Partner, or Civil Partner.

Substance Abuse means alcohol, drug or chemical abuse, overuse or dependency.
Complications of Pregnancy means a condition which:

- When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy.
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible;

Complications of Pregnancy will not include:

- False Labor;
- Occasional spotting;
- Physician prescribed rest during the period of pregnancy;
- Morning Sickness; and
- Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

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 mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a 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 a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

Copayment means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

Cosmetic Surgery means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

Covered Accident means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment or other Injury covered under the Policy and indicated on the Schedule of Benefits.

Custodial Care means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

Deductible means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Policy. It applies separately to each Plan Participant.

Dentist means a legally licensed doctor of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Dependent means a Plan Participant’s:

1. lawful spouse, if not legally separated or divorced, Domestic Partner, or Civil Union Partner.
2. unmarried Children under age 26.

The age limitations will not apply to a Plan Participant’s unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.
**Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Economy Transportation** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Plan Participant purchased for the Plan Participant's Trip.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

**Emergency** means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

**Experimental/Investigational** means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.
Extended Care Facility means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

He, His and Him includes “she”, “her” and “hers.”

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self funded basis; unmarried Children under age 26.
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. Automobile no-fault coverage (unless prohibited by law).

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and holds a current and valid passport.

Home Health Care means nursing care, treatment and Daily Living Services provided in the Plan Participant’s home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant’s Immediate Family Member or other persons residing with the Plan Participant without causing undue hardship;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

“Daily Living Services” are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person’s care and health.

Home Health Care consists of, but shall not be limited to, the following:

- Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.
- Therapeutic services: physical therapy, occupational therapy; speech and hearing therapy; and
- Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Evidence of Coverage if the Plan Participant had remained in the Hospital.

Host Country means any country other than the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and holds a current and valid passport.
Hospital means an institution licensed, accredited or certified by the State that:

1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4. Has a staff of one or more licensed Physicians available at all times;
5. Provides organized facilities for diagnosis, treatment and surgery, either a) on its premises; or b) in facilities available to it, on a pre-arranged basis;
6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7. Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is an Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Immediate Family means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, step Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

Injury means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Inpatient means a Plan Participant who is confined in an institution and is charged for room and board.

Insurance means the coverage that is provided under the Policy.

Intensive Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Intoxicated means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

Master Application means the Application for the Master Policy.

Maximum Benefit means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.
Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant’s family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person’s condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

Mountaineering means the sport, hobby, or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Natural Teeth means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

Non-Network Provider means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant’s responsibility.

Occurrence means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.
**Outpatient** means a Plan Participant who receives care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician’s office, for a Sickness or Injury, but who is not confined and is not charged for room and board.

**Outpatient Surgical Facility** means a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate Registered Nurses; (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law.

**Out-of-Pocket Maximum** means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Co-payments. Penalties and amounts above the Usual, Reasonable and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Participating Organization** means any organization which elects to offer coverage by completing a Participation Agreement and that has been approved by the Company to sponsor coverage under the Policy.

**Participation Agreement** means the agreement completed by a Participating Organization for insurance under the Master Policy.

**Permanent Residence** means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning, and holds a current and valid passport.

**Physician** means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant’s Spouse, son, daughter, father, mother, brother or sister or other relative.

**Physical Therapy** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; or (5) manipulation or massage.

**Plan Participant** means a Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a Non-United States Citizen traveling outside their Home Country, has his or her true, fixed and permanent home and principal establishment outside of the United States, and holds a current and valid passport.

**Policy Period** means the period of time following the Policy’s Effective Date, as shown on the Schedule of Benefits.

**Policyholder** means the entity shown as the Policyholder in the Schedule of Benefits.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Eligible Expenses.

**Pregnancy** means the physical condition of being pregnant, including Complication of Pregnancy.

**Prescription Drugs** means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

**Registered Nurse** means a licensed registered professional Registered Nurse (R.N.).

**Rehabilitation Facility** means a non-residential facility that provides therapy and training rehabilitation services at a single location in a coordinated fashion, by or under the supervision of a physician pursuant to the law of the jurisdiction in which treatment is provided. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy. The facility may be either of the following:

1. A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or
2. A free standing facility
Surgery or Surgical Procedure means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

“Geographic Area” means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

Utilization of Nuclear, Chemical or Biological weapons of mass destruction shall mean the use of:

- any explosive nuclear weapon or device; or
- the emission, discharge, dispersal, release or escape of:
  - fissile material emitting a level of radioactivity, or
  - any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins), or
  - any solid, liquid or gaseous chemical compound which, when suitably distributed;
  - which is capable of causing incapacitating disablement or death amongst people or animals.

We, Our, Us means HDI Global Specialty SE

You, Your, Yours, He or She means the Plan Participant who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.
The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Voluntary, active participation in a riot or insurrection;
3. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
4. Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
5. Expenses incurred for treatment while in Your Home Country;
6. Pregnancy or childbirth, except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
7. 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;
8. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident;
9. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
10. 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 the treatment without cost to any individual;
11. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
12. Practice or play in any amateur, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
13. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
14. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers.
As a participant in the international accident and sickness plan, you have access to the emergency travel services and benefits when you are traveling over 100 miles from home or outside your home country.

Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services
• Emergency Medical Evacuation, Unlimited
• Medically Advisable Repatriation, Unlimited
• Return of Diseased Remains, Unlimited
• Visit by a Family Member or Friend, up to $5,000 with 3 day hospitalization
• Return of Dependent Children, up to $2,500, in the event of death of the student
• Emergency Return Home, up to $2,500, in the event of death of the student
• Return of Personal Belongings, up to $1,000 in the event of evacuation or death
• Accidental Death and Dismemberment, $25,000

Medical, Travel, Safety and Legal Assistance
• Pre-travel information portal
• Physician referrals outside of the U.S.
• Medical monitoring during an emergency evacuation to ensure adequate care
• Prescription assistance
• Luggage lost in transit
• Passport replacement assistance
• Emergency travel arrangements
• Emergency translation assistance and/or interpreter referral
• Legal referral

Additional Benefits
• Security/Political Evacuation Coverage
• Natural Disaster Evacuation Coverage
• Emergency Reunion 3 Day Threshold

Academic Emergency Services are available to you 24 hours a day, 7 days a week. Simply call the number above to get access to knowledgeable assistance coordinators who will help you navigate any unfamiliar cultures or circumstances.

All services must be arranged and paid through the Academic Services program provider in order for the benefits to apply. There is no claims process for reimbursement of self-paid expenses, unless otherwise noted in program. Terms, limitations, and conditions apply to all services and benefits. Academic Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent from Academic HealthPlans and not affiliated with HDI Global Specialty SE.
CLAIM PROVISIONS

Notice of Claim
Written notice of death, or Injury or Sickness must be given to Us within 30 days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Plan Participant's name and address.

If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:
1. it can be shown that it was not possible within reason to submit notice within the 30-day period; and
2. it is further shown that notice was given as soon as possible.

Claim Forms
When We receive the notice of claim, We will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, the Proof of Loss requirements stated below will be deemed to have been met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

Proof of Loss
Written proof of loss must be furnished to Us in the case of a claim for loss for which the Policy provides periodic payment contingent upon continuing loss within 60 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to Us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 60 days after the date of such loss. If the proof of loss is not submitted within 60 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:
1. it can be shown that it was not possible within reason to submit notice within the 60-day period; and
2. it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Timely Filing of Claims
All claims for benefits under the Policy must be submitted to Us no more than 90 days from the date of service or date of death.

Time of Payment of Claims
Benefits due under the Policy for a loss, other than a loss for which the Policy provides installments, will be paid within 30 days after Our receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid within 30 days after Our receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

Failure to pay claims within 30 days shall entitle the claimant to interest at the rate of 9 per cent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or their assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.
The insurance portion of the College of Charleston Student Health Insurance Plan is underwritten by HDI Global Specialty SE and administered by Academic HealthPlans.

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

**Notice:** For further information on this Plan, visit cofc.myahpcare.com. Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to with College of Charleston. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by HDI Global Specialty SE. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

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

By purchasing this insurance, you become a member of ITA Global Trust, LTD.

**IMPORTANT NOTE**

The insurance portion of the College of Charleston Student Health Insurance Plan is underwritten by HDI Global Specialty SE and administered by Academic HealthPlans.