



INTERNATIONAL
STUDENT
INSURANCE

G. Moore & Co. Ltd
Certificate #SC19G15800

Select Plan Level



*Committed
to you!*

USING YOUR INSURANCE PLAN

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



NON-EMERGENCY SITUATIONS

When you need to seek non-emergency care, such as a cold, the flu or minor injuries and sickness, please visit a local doctor, urgent care treatment center or walk-in medical clinic. They will be best placed to assist you in a timely manner, and you will likely pay less out of pocket. To locate a doctor or clinic, use the online search tool in your student zone or call HCC for appropriate in-network providers in your area.



EMERGENCY SITUATIONS

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the assistance service included with your insurance plan or visit a local doctor, urgent care center or walk-in clinic in your area first.

Please Note – use of the emergency room will be subject to an **\$200** deductible.



ID-CARD

It is extremely important that you carry your insurance ID card with you at all times and provide this to the doctor, clinic or hospital at the time of treatment. Failure to do this will result in bills being sent directly to you for payment. Your insurance ID card will be provided to you prior to traveling, and you can download a new copy in your student zone.



DOCTOR/HOSPITAL SEARCH

Whether inside or outside the USA you have the freedom of choice to visit any doctor, clinic or hospital you wish, however you are **strongly encouraged** to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Providers can be located online by visiting:

<https://administrators.internationalstudentinsurance.com/zones/G-moore/providers.php>



CLAIMS PROCESS

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

Inside the USA

- At the providers office, give them your insurance ID card.
- Pay your deductible/ copay (if you have one).
- In-network providers will bill directly to HCC, out of network providers will require you to pay upfront.
- Complete a claim form and submit that to HCC via email

Outside the USA

- Call HCC directly before you seek treatment, they will help you locate a provider and will assist in setting up direct billing.
- Otherwise, please seek treatment from any provider you wish, pay for services up front and then submit a claim for reimbursement.

Prescription Medications

You will need to pay for all your medications upfront and then either submit a claim form, with your receipts, or add them to your existing claims.

Claim Submission

Claim forms can be obtained in your student zone, and should be submitted electrically to: service@hccmis.com



TRAVEL ASSISTANCE SERVICES

If you need help or assistance during your insurance coverage period, help is a phone call away for items such as:

- Provider Listings
- Claims Update
- Emergency Assistance
- Medical Monitoring

USA Toll Free (866) 400-0080

International +1 (317) 221-8078

Email: service@hccmis.com (24 business hour response time)



STUDENT ZONE

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit: <https://administrators.internationalstudentinsurance.com/zones/G-moore/>

INSURANCE PLAN

BENEFITS

Benefit	Select
Certificate Period Maximum	\$600,000
Maximum Benefit (per injury/illness)	\$300,000
Deductible (per injury/illness) Inside the PPO, Outside USA or at Student Health Center	Inside the USA, in-network, at Student Health Center, or outside of the USA: \$35 Inside the USA, out-of-network: \$50
ER Deductible (per injury/illness) USA claims only	\$200
Coinsurance (In the Network Inside the USA)	80% Coverage up to \$5,000, then 100% up to the Maximum, after the Deductible
Coinsurance (Out of Network Inside the USA)	Usual, Reasonable and Customary (URC)
Coinsurance (outside the USA)	100% up to the Maximum, after the Deductible
Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are pre certificate period unless specifically indicated otherwise.	
Hospital Room & Board	Average Semi-Private Room Rate, including nursing services
Local Ambulance (per injury/ illness if hospitalized as Inpatient – not subject to coinsurance)	Up to \$750
Intensive Care Unit	Up to the Overall Maximum
Outpatient Treatment	Up to the Overall Maximum
Outpatient Prescriptions (not subject to coinsurance or deductible)	50% of actual charge
	For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program
Outpatient Physical Therapy & Chiropractic Care (not subject to coinsurance) Treatment must not be obtained at the Student Health Center	Up to \$50 per visit per day Must be ordered in advance by a physician
Intercollegiate, Interscholastic, Intramural, or Club Sports	Up to \$5,000 maximum per injury or illness, medical expenses only

Mental Health (Outpatient) Treatment must not be obtained at the Student Health Center	Max. 30 visits of coverage. Coverage includes drug and alcohol abuse
Mental Health (Inpatient) Treatment must not be obtained at the Student Health Center	Max. 30 days of coverage. Coverage includes drug and alcohol abuse
Maternity Care for a Covered Pregnancy	Up to \$10,000 maximum In-network: 80% of the next \$5,000 of eligible expenses, after the deductible, then 100% up to \$10,000 Out-of-network: Usual, Reasonable, and Customary up to \$10,000. You may be responsible for any charges exceeding the payable amount. Outside of the US: 100% coverage, after the deductible, up to \$10,000
Nursery Care of Newborn (not subject to coinsurance)	Up to \$750
Therapeutic Termination of Pregnancy (not subject to coinsurance)	Up to \$500
Dental Treatment due to Accident (not subject to coinsurance)	\$250 per tooth \$500 Maximum
Dental Treatment - Acute Onset of Pain (not subject to coinsurance)	\$100 Maximum
Pre-existing Conditions	6-month waiting period \$25,000 lifetime maximum for eligible medical expenses for the acute onset of pre-existing condition only (excludes chronic and congenital conditions)
Terrorism (Medical expenses only)	\$50,000 Lifetime
All Other Eligible Medical Expenses	Up to Overall Maximum Limit
Emergency Travel Benefits	Limit
Emergency Medical Evacuation (Not subject to deductible, coinsurance, or overall maximum limit)	Up to \$300,000 maximum
Repatriation of Remains (Not subject to deductible, coinsurance, or overall maximum limit)	Up to \$50,000 maximum
Emergency Reunion (Not subject to deductible, coinsurance, or overall maximum limit)	Up to \$5,000 maximum 15 day maximum
Trip Interruption (not subject to deductible)	Up to \$10,000 maximum
Accidental Death & Dismemberment (Not subject to deductible, coinsurance, or overall maximum limit)	Principal Sum \$25,000 Death or Loss of 2 Limbs - Principal Sum; Loss of 1 Limb - Half of Principal Sum
Lost Checked Luggage (not subject to deductible)	Up to \$1,000 maximum

Lost or Stolen Passport/Travel Visa (not subject to deductible)	Up to \$100 maximum
Travel Delay (not subject to deductible)	Maximum \$100 a day, max 2 days after a 12-hour delay period requiring an unplanned overnight stay

POLICY

DETAILS

Eligibility

- You must be under age 65; and
 - ▶ A full-time student at a college or university (excluding online colleges and universities); or
 - ▶ Within 31 days of being a full-time student at a college or university; or
 - ▶ A student under age 19 enrolled in a secondary school; or
 - ▶ A full-time scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; and
- You must be residing outside your home country for the purpose of pursuing international educational activities; and
- You must not have obtained residency status in your host country; and
- If in the U.S., you must hold a valid education-related visa. A copy of the I-20 or DS2019 may be requested.

J-1 and F-1 visa holders: The full-time student/scholar status requirement is waived within the U.S. if you have a valid F-1 visa (including OPT) or a J-1 visa. Full-time status requirements remain in force for individuals holding M-1, or other category visas.

Certificate Effective Date

Insurance hereunder is effective on the later of:

- The moment we receive application and correct premium if application and payment is made online or by fax; or
- 12:01am U.S. Eastern Time on the date we receive application and correct premium if application and payment is made by mail; or
- The moment you depart from your home country; or
- 12:01am U.S. Eastern Time on the date requested on the application.

Certificate Termination Date

Insurance hereunder terminates on the earlier of:

- 11:59pm U.S. Eastern Time on the last day of the period for which premium has been paid; or
- 11:59pm U.S. Eastern Time on the date requested on the application; or
- 12:01am U.S. Eastern Time on the date you no longer meet eligibility requirements; or
- The moment of arrival upon your return to your home country (unless you have started a benefit period or are eligible for home country coverage).

PLAN BENEFITS

EXPLAINED

Medical Expenses

We will pay:

- Charges made by a hospital for:
 - Daily room and board and nursing services not to exceed the average semi-private room rate; and
 - Daily room and board and nursing services in Intensive Care Unit; and
 - Use of operating, treatment or recovery room; and
 - Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
 - Emergency treatment of an injury or illness, even if hospital confinement is not required. However, charges for use of the emergency room itself within the U.S. will be subject to deductible as provided under the Schedule of Benefits and Limits.
- Surgery at an outpatient surgical facility, including services and supplies.
- Charges made by a physician for professional services, including surgery. Charges for an assistant surgeon are covered up to 20% of the usual, reasonable and customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
- Dressings, sutures, casts or other supplies which are medically necessary and administered by or under the supervision of a physician, but excluding nebulizers, oxygen tanks, diabetic supplies, supplies that are available over the counter or without prescriptions, and support or brace appliances.
- Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
- Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
- Reconstructive surgery when the surgery is directly related to surgery which is covered hereunder.
- For radiation therapy or treatment and chemotherapy.
- Hemodialysis and the charges by the hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
- Oxygen and other gasses and their administration by or under the supervision of a physician.
- Anesthetics and their administration by a physician.
- Drugs which require prescription by a physician for treatment of a covered injury or illness, but excluding drugs: prescribed for the treatment of diabetes, replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
- Care in a licensed extended care facility upon direct transfer from an acute care hospital.
- Home nursing care in bed by a qualified licensed professional, provided by a home health care agency upon direct transfer from an acute care hospital and only in lieu of medically necessary inpatient hospitalization.
- Emergency local ambulance transport necessarily incurred in connection with injury or illness resulting in inpatient hospitalization.
- Emergency dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an accident which was covered under this insurance.
- Emergency dental treatment necessary to resolve acute onset of pain, provided treatment is obtained within 24 hours of the acute onset of pain.
- Medically necessary rental of durable medical equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
- Physical therapy if prescribed by a physician for treatment of a covered injury or illness.
- Routine and medically necessary care of newborns as provided in the Schedule of Benefits, provided that the delivery of the newborn is covered hereunder.
- Pre-natal care, delivery of newborn, and post-natal care related to a covered pregnancy which began after the effective date of coverage.
- For treatment of mental health disorders (including drug abuse and alcohol abuse).

We will not pay for claims arising directly or indirectly from:

- Anything mentioned in the General Exclusions.

Pre-Existing Medical Conditions

Charges resulting directly or indirectly from any **pre-existing conditions** are excluded from this insurance during the first (6) months on Budget levels, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.

Pre-existing Condition means any

1. condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the 12 months immediately preceding the certificate effective date;
2. condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 12 months immediately preceding the certificate effective date;
3. **injury, illness**, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application or within the 12 months immediately preceding the certificate effective date.

Acute Onset of a Pre-Existing Condition

We will pay

1. Charges for a sudden and unexpected outbreak or recurrence of a **pre-existing condition(s)** which:
 - a) Occurs spontaneously and without advance warning either in the form of **physician** recommendations or symptoms; and
 - b) Is of short duration; and
 - c) Is rapidly progressive; and
 - d) Requires urgent care.

We will not pay for claims unless you fulfill the following condition:

1. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

We will not pay for claims in the event that:

1. The Acute Onset of a Pre-existing Condition(s) occurs before the certificate effective date; or
2. The pre-existing condition is a chronic or congenital condition or that gradually becomes worse over time; or
3. The charges are for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the certificate effective date; or
4. Expenses arise directly or indirectly from anything in the General Exclusions.

Emergency Medical Evacuation

We will pay:

- Emergency air transportation to a suitable airport nearest to the hospital where you will receive treatment; and
- Emergency ground transportation necessarily preceding emergency air transportation; and from the destination airport to the hospital where you will receive treatment.

You Are Not Covered unless you fulfill the following conditions:

1. The evacuation is recommended by the attending physician who certifies that it is medically necessary and that transportation by any other method would result in the loss of your life or limb; and
2. The evacuation is agreed upon by you or your relative; and
3. Travel arrangements, excluding Emergency Local Ambulance, are approved in advance and coordinated by us.

You Are Not Covered If:

1. The illness or injury giving rise to the expense is not covered under this insurance; or

2. Medically necessary treatment, services and supplies can be provided locally; or
3. If transportation by any other method would not result in the loss of your life or limb; or
4. The condition giving rise to the Emergency Medical Evacuation did not occur spontaneously and without advance warning, either in the form of physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency; or
5. Expenses are directly or indirectly from anything in the General Exclusions.

We will provide Emergency Medical Evacuation only to the nearest hospital that is qualified to provide the medically necessary treatment, services and supplies to prevent your loss of life or limb.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. We shall not be held liable for any delays that are not within our direct and immediate control.

Notwithstanding the foregoing, and if you are visiting the U.S., we will pay for expenses to return you to your home country if the attending physician and our medical consultant agree that transfer to the home country is more appropriate than transfer to the nearest qualified hospital.

Repatriation of Remains

We will pay:

- Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest your principal residence; and
- Reasonable costs of preparation of the remains necessary for transportation.

You Are Not Covered unless you fulfill the following conditions:

1. The illness or injury giving rise to the expense are covered under this insurance; and
2. Travel arrangements are approved in advance and coordinated by us.

You Are Not Covered If:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

We are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the repatriation process or otherwise.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. You agree to hold us harmless and we shall not be held liable for any delays that are not within **our** direct and immediate control.

Emergency Reunion

We will pay:

- The cost of an economy round-trip air or ground transportation ticket for one relative for transportation to the terminal serving the area where you are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and
- Reasonable expenses for lodging and meals for the relative, which are incurred in the area where you are hospitalized for a period not to exceed 15 days.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and

- Only following a covered Emergency Medical Evacuation, or
- You are hospitalized as an inpatient for at least five days due to a life-threatening covered condition.

Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five-day inpatient stay.

We will not pay for claims arising directly or indirectly from:

- Anything mentioned in the General Exclusions.

Accidental Death and Dismemberment

We will pay:

- Death – we will pay the amount indicated in the Schedule of Benefits to the beneficiary.
- Loss of 2 or more Limbs or eyes – we will pay the amount indicated in the Schedule of Benefits to you.
- Loss of 1 Limb or eye – we will pay one-half of the amount indicated in the Schedule of Benefits to you.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and

- Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease; and
- In no event will our payment under this benefit total more than the principal sum.

We will not pay for claims arising directly or indirectly from

- Accidents or loss caused by or contributed to by any of the following:
 - Terrorism, war or act of war, whether declared or undeclared.
 - Your participation in a riot, insurrection or violent disorder.
 - Your service in the armed forces of any country.
 - Suicide or attempted suicide or self-inflicted injury, while sane or insane.
 - The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a physician.
 - Committing or attempting to commit a felony.
 - Sickness, mental health disorder, or pregnancy.
 - As the result of intoxication as defined by the laws of the jurisdiction in which the accident occurred, whether directly or indirectly,
 - Myocardial infarction or cerebrovascular accident (CVA / Stroke).
 - Infection, except infection through a wound caused solely by an accident.
 - Injury while riding, boarding, or alighting from an aircraft if you were operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation.
 - Medical or surgical treatment for any of the above.
 - Any non-covered sports activities.
- Anything mentioned in the General Exclusions.

Accidental Death means a sudden, unintentional and unexpected occurrence caused solely by external, visible means resulting in physical injury to you and your subsequent death. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease.

Accidental Dismemberment means a sudden, unintentional and unexpected occurrence caused solely by external, visible means and resulting in complete severance from the body of one or more limbs or eyes and not contributed to by illness or disease. For purposes of the Accidental Death and Dismemberment benefit, the term "limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.

Beneficiary means the individual named in your application to be the recipient of any accidental death benefit.

Sports and Activities

1. Intercollegiate, Interscholastic, Intramural, or Club Sports

a) We will pay:

- i) Subject to the limit set forth in the Schedule of Benefits and Limits, you are covered for injury or illness sustained while taking part in sanctioned intercollegiate, interscholastic, intramural, or club sports.

- b) We will not pay for claims arising directly or indirectly from:
 - i) Sports or athletics not sanctioned by your school; and
 - ii) Any activity performed in a professional capacity or for any wage, reward, or profit; and
 - iii) Anything mentioned in the General Exclusions.
- 2. Leisure, Recreational, Entertainment, or Fitness Sports and Activities
 - a) We will pay:
 - i) Subject to the overall maximum limit, you are covered for injury or illness sustained while taking part in sports and activities, unless it is excluded below.
 - b) You must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.
 - c) We will not pay for claims arising directly or indirectly from:
 - i) Sports or athletics involving regular or scheduled practice and/or games; and
 - ii) Any activity performed in a professional capacity or for any wage, reward, or profit; and
 - iii) Anything mentioned in the General Exclusions; and
 - iv) Any of the excluded items listed below:
 - v) Aviation (except when traveling solely as a passenger in a commercial aircraft)
 - vi) Base Jumping
 - vii) BMX freestyle
 - viii) Bungee Jumping
 - ix) Free-Diving
 - x) Hang-Gliding
 - xi) Jet Skiing
 - xii) Mountaineering where a reasonably prudent person would use ropes or guides or at elevations of 4,500 meters or higher
 - xiii) Parachuting
 - xiv) Racing by any Animal, Motorized Vehicle, or BMX
 - xv) Skateboarding
 - xvi) Sky Diving
 - xvii) Sky Surfing
 - xviii) Snow Skiing and Snowboarding, except recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body)
 - xix) Spelunking
 - xx) Sub Aqua Pursuits involving underwater breathing apparatus unless accompanied by a certified instructor at depths less than 10 meters, or PADI/NAUI certified
 - xxi) Surfing
 - xxii) Whitewater Kayaking and Rafting

Terrorism

We will pay:

- Eligible Medical Expenses for treatment of injuries and illnesses resulting from an Act of Terrorism, up to the limit set forth in the Schedule of Benefits and Limits, provided all of the following conditions are met.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and

- The injury or illness does not result from the use of any biological, chemical, cyber, radioactive or nuclear agent, material, device or weapon; and
- You have no direct or indirect involvement in the Act of Terrorism; and
- The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to your date of arrival; and
- You have not failed to depart a country or location within 10 days following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in

connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

We will not pay for claims arising from

- Loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:
 - ▶ war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
 - ▶ the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where you are exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
 - ▶ any Act of Terrorism, not specifically covered above; and
 - ▶ coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a), (b) or (c) above; and
 - ▶ Anything mentioned in the General Exclusions.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon you.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Benefit Period

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, in accordance with this provision, we will pay eligible medical expenses for up to 60 days beginning on the first day of diagnosis or treatment of a covered injury or illness while you are outside your home country and while this certificate is in effect. The benefit period applies only to eligible medical expenses related to a condition for which you are hospitalized as an inpatient on the termination date of the certificate.

Home Country Coverage

Benefit Period – In the event you begin a benefit period while the certificate is in effect, and the certificate terminates because you return to your home country, we will pay eligible medical expenses which are incurred in your home country during the benefit period. Home country coverage applies only to eligible medical expenses for which you are hospitalized as an inpatient on the termination date of the certificate.

Incidental Home Country Coverage –For every three month period during which you are covered, eligible medical expenses are covered up to a maximum of 15 days for any three month period.

Any benefit accrued under a single three month period does not accumulate to another period. Failure to continue your international trip or your return to your home country for the sole purpose of obtaining treatment for an illness or injury that began while traveling shall void any home country coverage provided under the terms of this agreement.

For all non-U.S. citizens electing coverage “Excluding the U.S.” and for all U.S. citizens or residents, no coverage is provided within the U.S., except for U.S. citizens or residents during an eligible incidental home country visit or an eligible benefit period.

Except for a benefit period, coverage provided under this Master Policy is for a maximum duration of 364 days. Any extension is based upon the eligibility rules in force and is solely at our discretion.

Notwithstanding the foregoing, coverage under all plans shall terminate on the date we, at our sole option, elect to cancel all members of the same sex, age, class or geographic location, provided we give no less than 30 days advance written notice by mail to your last known address.

Lost Checked Luggage

We will pay:

- Replacement of clothes and personal hygiene items, not to exceed \$50 any one item.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and

- The lost checked luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with you, on board a regularly scheduled commercial airline or cruise line, upon which you were a fare-paying passenger; and
- You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the lost checked luggage; and
- You must provide us with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- The lost checked luggage must be lost as of the date of our payment and as of that date, must have been lost for at least 10 days.

We will not pay for claims arising directly or indirectly from

- Anything mentioned in the General Exclusions.

Lost or Stolen Passport/Travel Visa

We will pay:

- Reimbursement for reasonable cost in replacing your passport or travel visa.

We will not pay unless you fulfill the following conditions:

- You exercise reasonable care for the safety and supervision of the passport or travel visa; and
- Loss or theft is reported to the police within 24 hours and a written police report is obtained; and
- You provide receipts for the costs associated with the passport or travel visa replacement.

We will not pay:

- Expenses arise directly or indirectly from anything in the General Exclusions.

Travel Delay

We will pay:

- Reimbursement for reasonable accommodations and meals when your delay requires an unplanned overnight stay.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and

- The delay must be twelve (12) hours or more and certified due to the following reasons:
 - delay of common carrier (which is certified by the common carrier)
 - a traffic accident while enroute to the point of departure from an airport outside of your home country (substantiated by a police report)
 - Organized labor strike, or you being hijacked or quarantined;
 - Stolen passports or travel documents (substantiated by a police report).

We will not pay for claims arising directly or indirectly from

- Anything mentioned in the General Exclusions.

Common Carrier means an airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Trip Interruption

We will pay:

- The cost of an economy one-way air or ground transportation ticket for you to the terminal serving the area of your principal residence, and/or
- The cost of an economy one-way air and/or ground transportation ticket for you from the area where you were hospitalized following an Emergency Medical Evacuation to the area where you were initially evacuated from or to the terminal serving the area of your principal residence. We will provide the above benefits only when the conditions and restrictions in this policy and the following are met, and
 - ▶ Following receipt of proof of one or more of the following events: destruction, after departure from home country, resulting from fire or weather of more than 40% of your principal residence, or death of a parent, spouse, sibling, child, or grandchild, or
 - ▶ Following a covered Emergency Medical Evacuation when the attending physician states that it is medically necessary for you to return to your home country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

We will not pay for claims arising directly or indirectly from

- Anything mentioned in the General Exclusions.

Travel Assistance

The following Assistance Services are included this plan:

- Pre-Trip Destination Information - Up-to-date information regarding the required vaccinations, health risks, travel restrictions, and weather conditions specific to your destination country.
- Medical Monitoring - Consultations with attending medical professionals during your hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding your medical status.
- Provider Referrals - Contact information for Western-style medical facilities and medical and dental practices and pharmacies in your destination country where English is spoken
- Travel Document Replacement - Assistance with obtaining replacement passports, birth certificates, visas, airline documents, and other travel-related documents
- Lost Luggage Assistance - Tracking service to assist in locating luggage or other items lost in transit.
- Other important travel Assistance Services include:
 - ▶ Prescription Drug Replacement
 - ▶ Emergency Travel Arrangements
 - ▶ Dispatch of Physician
 - ▶ Translation Assistance
 - ▶ Credit Card/Traveler Check Replacement

The Travel Assistance Services are not insurance benefits and provision of any travel Assistance Service is not a guarantee of any other benefit under the plan.

HCC/Lloyds of London

Headquartered in Indianapolis, Indiana, HCCMIS is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (HCC), which is a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of more than \$8.6 billion, shareholders' equity in excess of \$2.7 billion and is rated AA (Very Strong) by Standard & Poor's, AA (Very Strong) by Fitch Ratings and A+ (Superior) by A.M. Best Company. This plan is insured by Syndicate 4141 at Lloyd's, London. Rated 'A' (Excellent) by A.M. Best Company and 'A+' (Strong) by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market.

INSURANCE

PLAN EXCLUSIONS

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Pre-existing conditions, whether known or unknown, are excluded during the first 12 months of coverage under the Budget level, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Congenital illnesses.
3. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes, except as provided for under the Vaccination benefit on the Elite level only.
4. Dental treatment and treatment of the temporomandibular joint, except for emergency dental treatment necessary to replace sound natural teeth lost or damaged in an accident covered hereunder or for the emergency relief of acute onset of pain.
5. Mental health disorders if treatment is obtained at a student health center.
6. Physical therapy if treatment is obtained at a student health center.
7. Chiropractic treatment, unless ordered in advance by a physician for medically necessary treatment related to a covered injury or illness, and not obtained at a student health center.
8. Routine pre-natal care, pregnancy, child birth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy under the Budget, Select and Elite levels.
9. Elective termination of pregnancy.
10. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
11. Venereal disease, including all sexually transmitted diseases and conditions.
12. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
13. Organ or tissue transplants or related services.
14. Injury sustained that is due wholly or partially to the effects of intoxication or drugs other than drugs taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse.
15. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a physician.
16. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
17. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
18. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
19. Orthoptics and visual eye training.
20. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
21. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
22. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
23. Sleep apnea or other sleep disorders.
24. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinstherapy.
25. Psychometric, intelligence, competency, behavioral and educational testing.
26. While confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care hospital.

27. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
28. Modifications of the physical body intended to improve the psychological, mental or emotional well-being, including but not limited to sex-change surgery.
29. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
30. Exercise programs, whether or not prescribed or recommended by a physician.
31. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
32. Any illness or injury incurred as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health when, prior to your effective date, any of the following were issued:
 1. The United States Centers for Disease Control & Prevention had issued a Warning/Alert Level 3 or higher for a location or destination, including common carriers; or
 2. The United States Centers for Disease Control & Prevention had issued a Global or Worldwide Warning/Alert Level 3 or higher.

This exclusion is applicable when 1) any of the above were in effect within 6 months immediately prior to your effective date or 2) within 10 days following the date the alert/warning is issued you have failed to depart the country or location. This exclusion does not apply to charges resulting from COVID-19/SARSCoV-2. Investigational, experimental or for research purposes.
33. Investigational, experimental or for research purposes.
34. Complications or consequences of a treatment or condition not covered hereunder.
35. Incurred outside your certificate period.
36. Submitted to us for payment more than 60 days after the last day of the certificate period.
37. Exceeding usual, reasonable and customary.
38. Not medically necessary.
39. Not administered by or ordered by a physician.
40. Provided by a relative, family member or any person who ordinarily resides with you.
41. Provided at no cost to you.
42. Telephone consultations or failure to keep a scheduled appointment.
43. When departure from the home country is to obtain treatment in the destination country/countries.
44. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Trip Interruption, and Travel Delay sections of this insurance.
45. Payable under any government system, including the Australian Medicare system.
46. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law
47. War, military action or while on duty as a member of a police or military force unit.
48. Not included as Eligible Expenses as described herein.

Please note: This proposal is only a description of the plan benefit. The full policy certificate shall provide the only basis for coverage and claim and will be issued once coverage has been bound.