Supplemental Health Insurance Information for Students Studying Abroad on a Smith Program Abroad

AY 2015-2016

Enclosed:
Description of Benefits
Directions for filing a claim
Claim form
SMITH COLLEGE
SMITH PROGRAMS ABROAD
STUDENT INJURY AND SICKNESS INSURANCE PLAN
AY 2015-2016

Take a copy of this description with you and leave a copy at home with your parents.

All students enrolled in a Smith College Program Abroad in Florence, Geneva, Hamburg and Paris are enrolled in the Study Abroad Supplemental Insurance Program made available through Smith College and serviced by Gallagher Student Health & Special Risk. Students will be covered through the Study Abroad Supplemental Insurance Program for the entire period of time that they are participating in their Study Abroad program. The brochure describing the Study Abroad Supplemental Insurance Program follows this description. Students will be enrolled in the description of services provided through the Gold Plan which includes coverage for eligible expenses up to $250,000 for each Accident or Sickness with no deductibles, as described in the Study Abroad brochure.

If you have questions about your health benefits and insurance coverage while overseas, e-mail studyabroad@gallagherstudent.com

I. Paying for Medical Services While Abroad and Filing a Claim

Throughout Europe, it is almost always the case that you must pay for medical service at the time of the appointment. Smith College does not pay, nor is it responsible for, the cost of student medical care. You may, of course, discuss a medical issue with the director or the associate director of your program if you so choose, but neither the director nor the associate director can assist you with obtaining reimbursement of medical expenses. This is entirely your responsibility.

In exceptional cases, the College can provide students with financial assistance. Please contact the Office for International Study at Smith College for further assistance.

All amounts not covered by insurance—sums beyond policy limits, co-pays, etc.—remain the sole responsibility of the student.

Before leaving the doctor’s office or pharmacy, obtain:

- a legible description of all health care services provided
- a clearly legible invoice or receipt of payment

Include the following documentation:

- A Claim Form (see page 5). If you borrow money from Smith to pay for the visit or service, you must give the Office for International Study address and Smith College as payee, and sign the bottom of the claim form authorizing direct payment to Smith. If you paid the expenses yourself, give the US address to which your reimbursement check should be sent. Checks are only issued in dollars and must be sent to a US address.
- An itemized description of services provided, along with a careful translation into English.
- A copy of your receipt or of the bill.

Submit your claim and documentation:
HealthSmart Benefit Solutions
ATTN: College Claims for Smith College
3320 West Market Street
Akron, OH 44333
Phone: 1-800-331-1096
Email: akronclaims@healthsmart.com

Keep copies of all bills, prescriptions, promissory notes, and claim forms, in the event that your original claim is lost.
II. Claim Problems: Who to Contact and Information to Provide

For any and all difficulties regarding claims:
- From the US, call or contact Gallagher Student Health & Special Risk at 1-800-457-5599 and speak with a Customer Service Representative
- From abroad, send an email to akronclaims@healthsmart.com and advise the recipient of:
  - Your name
  - Your student ID number
  - The name of your Smith Program Abroad (Florence, Geneva, Hamburg, or Paris)
  - The nature of the information you sent to HealthSmart Benefit Solutions (e.g. doctor statement and invoice for 100 € on such-and-such a date)
  - The date on which the claim was sent to HealthSmart Benefit Solutions
  - The nature of the problem

If you cannot resolve the difficulty in this way, please ask to speak to Celeste Shaffer (Celeste.Shaffer@healthsmart.com)

Reimbursement not received within 90 Days:
- If payment has not been received within 90 days of submitting a claim, or for other intractable problems, students should contact Celeste Shaffer (Celeste.Shaffer@healthsmart.com)
- Include in your message precisely the same information listed above

On-going Difficulty with Getting Reimbursement Claims Paid:
- If there still has been no response to a reimbursement claim, students should forward the original request to Michele Bergonzi (Michele_Bergonzi@ajg.com)
- If no response is obtained after 10 business days after this, students should email the Five College Risk Manager, Elizabeth Carmichael (ecarmich@mtholyoke.edu) and include copies of all previous communications and any other information that may be useful for resolving this matter.

III. Coordinating Supplemental Student Health Insurance Benefits

Students may be able to save substantially on health-care costs by studying the coverage offered through the Study Abroad Supplemental Health Insurance program and coordinating benefits with those of other policies they may hold.

- Before leaving home, understand any existing coverage you have, precisely what benefits apply while you are overseas, and how to access such benefits, especially those not provided by Gallagher Student Health & Special Risk.

- If you purchased an International Student ID card (ISIC), you have “emergency medical coverage” up to $10,000, which you may use for out-patient care or emergency hospitalization, if necessary.

- All Smith students are also covered by a limited travel accident policy (AIG) that includes medical evacuation insurance up to $100,000. In case of a serious injury that requires medical evacuation, the program director or associate director will assist you and your family to obtain this coverage.

- You should always use the coverage that will pay the most, and then use supplementary insurance to cover expenses not insured by your “primary” insurer.

  Carry your Supplemental Health Insurance card at all times!
IV. Medical expenses covered by the Study Abroad Supplemental Health Insurance plan

HOW THE MEDICAL EXPENSE BENEFIT WORKS
If you are injured or become sick during your study abroad and require medical attention — such as treatment from doctors, hospitalization or need medication — this Plan can help protect you against the unexpected medical costs that may occur during your stay. The attached Study Abroad Supplemental Health Insurance brochure describes two insurance plans, the Silver Plan and the Gold Plan.

Smith College has arranged to have students participating in a Smith Program Abroad to be enrolled in the Gold Plan which pays for Covered Expenses at 100% of Covered Charges up to a Lifetime Aggregate Maximum benefit of $250,000. As you read this brochure, please be sure to reference the benefits specific to the Gold Plan.

POLICY EFFECTIVE AND TERMINATION DATES
The policy effective and termination dates for the Smith Program Abroad correspond to the actual trip dates of the program.

PRE-EXISTING CONDITIONS
This plan has a 6 month waiting period for a student who has a pre-existing condition. However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 6 consecutive months while covered by the policy for such condition; or 2) has been covered by the policy for more than 6 consecutive months; or 3) was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the policy. In addition, this limitation will not apply to pregnancy and coverage provided to newborn and newly adopted children.

HOW TO EXTEND YOUR INSURANCE COVERAGE
Insurance through the Smith College Study Abroad program only provides coverage for the actual dates of a specific program. If you plan to remain abroad after your program ends, Gallagher Student Health & Special Risk has partnered with Seven Corners, Inc. to provide comprehensive travel insurance for individuals traveling abroad for leisure purposes. This specifically designed plan will cover losses that your standard health insurance plan may not while traveling abroad. To enroll online, please visit: https://www.gallagherstudent.com/students/leisure-travel/
Dear Claims Administrator:

I am presently on the Smith Program Abroad in _____________. Attached please find the required documentation to process my claim.

Student Name: _______________________________________________________ Smith ID# ___________________ 9-digits

First Name  Last/Family Name

Date of Service(s): __________________________    Amount(s) paid: US $ _________________________

(Treatment form can be used for more than one date of service for the same type of service)

Treatment was for (condition): ________________________________________________

Description of Treatment: _______________________________________________________________________

____________________________________________________________________________________________

Please attach Provider bill/invoice and applicable notes. This documentation is required for processing.

Please check one of the two options for reimbursement:
Checks are only issued in dollars and must be sent to a US address.

Option 1: ☐ I have paid for the above services myself and should be reimbursed directly.
I _________________________ (print your name) authorize and request HealthSmart Benefit Solutions to pay all sums reimbursable under this Claim on my behalf, directly to the address below:

Street Address/PO Box Number    City    State    Zip Code

Option 2: ☐ I borrowed money from Smith College to pay the services I needed.
I _________________________ (print your name) authorize and request HealthSmart Benefit Solutions to pay all sums reimbursable under this Claim, to the Office of International Study at Smith College:

Office for International Study
120 Wright Hall
Smith College
Northampton, MA 01063

Thank you,

________________________________________

Signature    Date
Study Abroad
Accident & Sickness Insurance Plan

Health Insurance and Travel Assistance Services
for U.S. Students, Faculty & Staff Studying Abroad

2015-2016

Underwritten by: United States Fire Insurance Company
Fairmont Specialty and Crum & Forster
Registered trademarks of United States Fire Insurance Company

This Insurance Plan is not available in:
CA, CT, GA, IN, ME, MD, MN, NH, NY, OR, RI, UT, VT, or WA
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<td>Claims Procedure</td>
<td>10</td>
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Eligibility

You may be covered under this Plan if You are under the age of 65 and enrolled as a full-time student in a United States Primary School, Secondary School, College or University and are temporarily pursuing educational activities outside of the United States. Instructors and Assistant Instructors may also be covered under this Plan.

If You are attending school in one of the following States, You are not eligible to enroll in this Plan: CA, CT, GA, IN, ME, MD, MN, NH, NY, OR, RI, UT, VT, or WA.

A Covered Person may also enroll a) his or her legal spouse under the age of 65, or b) unmarried children under the age of nineteen years or twenty-five years if a full-time student. Children must be fully supported by the Covered Person. The effective date of coverage for a newborn or adopted child is immediate from the moment of birth or placement for adoption. However, coverage will cease after 31 days unless written notice and additional premium required to add the dependent child to the Plan are received by Gallagher Student Health & Special Risk (the Administrator). After 31 days, the effective date of coverage for a new dependent due to birth or adoption of a child is the date written notice and the additional required premium are received by the Administrator. To enroll a new dependent due to birth of adoption of a child, or marriage, please contact Gallagher Student Health & Special Risk for a Dependent Enrollment Form and for calculation of the required premium.

Policy Term Date

Policy term begins June 1, 2015 and ends May 31, 2016. Eligible students and their dependents may elect coverage on a monthly basis within the policy period. Coverage requested before or after the policy term date will not be accepted.

Plan Costs

<table>
<thead>
<tr>
<th>Silver Study Abroad Plan</th>
<th>Age of Covered Person</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Covered Person</td>
<td>Monthly Rate</td>
<td></td>
</tr>
<tr>
<td>Less than 25</td>
<td>$37.00</td>
<td></td>
</tr>
<tr>
<td>Age 25-30</td>
<td>$45.00</td>
<td></td>
</tr>
<tr>
<td>Age 31-40</td>
<td>$74.00</td>
<td></td>
</tr>
<tr>
<td>Age 41-49</td>
<td>$98.00</td>
<td></td>
</tr>
<tr>
<td>Age 50-59</td>
<td>$149.00</td>
<td></td>
</tr>
<tr>
<td>Age 60-65</td>
<td>$267.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gold Study Abroad Plan</th>
<th>Age of Covered Person</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Covered Person</td>
<td>Monthly Rate</td>
<td></td>
</tr>
<tr>
<td>Less than 25</td>
<td>$51.00</td>
<td></td>
</tr>
<tr>
<td>Age 25-30</td>
<td>$60.00</td>
<td></td>
</tr>
<tr>
<td>Age 31-40</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>Age 41-49</td>
<td>$135.00</td>
<td></td>
</tr>
<tr>
<td>Age 50-59</td>
<td>$204.00</td>
<td></td>
</tr>
<tr>
<td>Age 60-65</td>
<td>$365.00</td>
<td></td>
</tr>
</tbody>
</table>

Enrollment Information

You may select a period of coverage from a minimum of one month to a maximum of 12 months.

To enroll in this Insurance Plan, go to www.gallagherstudent.com/studyabroad.

Dependent’s Period of Coverage must coincide with, or be within, the Primary Insured’s dates of coverage. Should You wish to renew Your coverage at the end of the initial period, We will then determine You and Your dependents’ eligibility for an additional Period of Coverage.

Period of Coverage for Covered Persons

Coverage with respect to a Covered Person will begin at 12:00 AM at the latest of the following dates: a) the date of a Covered Person’s departure from his or her Home Country; b) the date that the Enrollment Form and premium are received by the Administrator; or c) the date requested in the Enrollment Form for the Covered Person’s coverage.

Coverage will end on the earlier of the following: a) the date through which premium has been paid; b) the date requested on the Enrollment Form; c) the date of termination of the Policy under the Policy Termination provision; d) the Covered Person is no longer eligible; or e) the date the Covered Person returns to his or her Home Country, except as specifically provided in the Policy.

Premium Refund Policy

Unless the trip is cancelled and We are notified in writing prior to the effective date of Your coverage, all premiums receive by Us will be nonrefundable.
How the Medical Expense Benefit Works

If You are injured or become sick during Your study abroad and require medical attention, such as treatment from doctors, hospitalization and medication, this Plan can help protect You against the unexpected medical costs that may occur during Your stay.

There are two Insurance Plans available to You, the Silver Plan and the Gold Plan. Dependents only have the option to enroll in the Silver Plan. You will be insured under the Plan selected on the Enrollment Form.

If You incur costs for covered medical services during the period of coverage You requested and paid for, the Plan works as follows:

**Silver Plan:**
If You are enrolled in the Silver Plan, You are responsible for the first $50.00 for each Covered Expense (this is called the Deductible). The Deductible is applied separately to each Covered Accident or Sickness. After the Deductible, most services will be paid at 100% of the Covered Expense incurred for the first $5,000. Then, the Plan will pay 80% (You are responsible for the remaining 20% -- this is called Coinsurance) of the Covered Expenses incurred in excess of $5,000 but less than $25,000. Thereafter, the Plan will pay 100% of the Covered Expenses incurred in excess of $25,000 up to the Lifetime Aggregate Maximum of $250,000. Please refer to the Schedule of Benefits below.

**Gold Plan:**
If You are enrolled in the Gold Plan, the Insurance Plan will pay 100% of the Covered Expenses, except as specified in the Schedule of Benefits below, up to the Lifetime Aggregate Maximum of $250,000.

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covered Medical Expenses for Accident or Sickness</strong></td>
</tr>
</tbody>
</table>

If a Covered accident or Covered Sickness occurs during the Period of Covered, only those expenses specifically described below which are incurred within the Maximum Benefit Period and which are not excluded (see Exclusions section) are considered Covered Expenses. Covered Expenses are subject to the Usual and Customary Expenses incurred by the Covered Person. All Covered Expenses are based on a per Covered Accident or per Covered Sickness.

<table>
<thead>
<tr>
<th>PLAN BENEFITS</th>
<th>SILVER PLAN</th>
<th>GOLD PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Aggregate Maximum</td>
<td>$250,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 per Accident or Sickness</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100% to $5,000; 80% to $25,000; 100% thereafter to Lifetime Aggregate Maximum</td>
<td>100% of Usual &amp; Customary Expenses up to Lifetime Aggregate Maximum</td>
</tr>
<tr>
<td>Room and Board: Expenses for hospital room and board and general nursing care for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The semi-private room rate:</td>
<td>Up to $1,000 per day</td>
<td>Up to $2,500 per day</td>
</tr>
<tr>
<td>2. Intensive Care Unit:</td>
<td>Up to $1,500 per day</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Hospital Services and Supplies: a) cost of operating room; b) laboratory tests; c) x-ray examinations; d) anesthesia; e) drugs (excluding take home drugs) or medicines; and f) therapeutic services and supplies</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses</td>
</tr>
<tr>
<td>Surgery Benefit: Expenses made for diagnosis, treatment and surgery by a legally qualified doctor, surgeon, or registered nurse, professional anesthetist, radiologist, and physical therapist</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses</td>
</tr>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>80% of Usual &amp; Customary Expenses, up to $2,500</td>
<td>80% of Usual &amp; Customary Expenses, up to $2,500</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses, limited to one visit per day</td>
</tr>
<tr>
<td>Elective Termination of Pregnancy</td>
<td>80% of Usual &amp; Customary Expenses, up to a maximum of $500</td>
<td>100% of Usual &amp; Customary Expenses, up to a maximum of $500</td>
</tr>
<tr>
<td>Ambulance Expense</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses</td>
</tr>
<tr>
<td>Benefit Description</td>
<td>80% of Usual &amp; Customary Expenses up to $250 per tooth, up to a maximum of $2,500 per Covered Accident</td>
<td>100% of Usual &amp; Customary Expenses up to $250 per tooth, up to a maximum of $2,500 per Covered Accident</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Dental Expense for accidental Injury to Sound Natural Teeth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy:</strong> if recommended by a doctor for the treatment of a specific Covered Accident or Covered Sickness and administered by a licensed physical therapist</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses</td>
</tr>
<tr>
<td><strong>Maternity Expense:</strong> Expenses directly related to pregnancy, including childbirth and associated newborn nursery hospital expenses</td>
<td>Subject to Deductible and Coinsurance</td>
<td>100% of Usual &amp; Customary Expenses</td>
</tr>
<tr>
<td><strong>Outpatient Mental or Nervous Disorders</strong></td>
<td>80% of Usual &amp; Customary Expenses up to a maximum of $3,000</td>
<td>100% of Usual &amp; Customary Expenses up to maximum of $3,000</td>
</tr>
<tr>
<td><strong>Inpatient Mental or Nervous Disorders</strong></td>
<td>50% of Covered Expenses up to a maximum of 30 days</td>
<td>50% of Covered Expenses up to a maximum of 30 days</td>
</tr>
<tr>
<td><strong>Outpatient Substance Abuse Disorders</strong></td>
<td>80% of Usual &amp; Customary Expenses up to a maximum of $3,000</td>
<td>100% of Usual &amp; Customary Expenses up to maximum of $3,000</td>
</tr>
<tr>
<td><strong>Inpatient Substance Abuse Disorders</strong></td>
<td>50% of Covered Expenses up to a maximum of 30 days</td>
<td>50% of Covered Expenses up to a maximum of 30 days</td>
</tr>
<tr>
<td><strong>ADDITIONAL BENEFITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accidental Death &amp; Dismemberment</strong></td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>Home Country Extension</strong></td>
<td>$5,000, up to 30 days</td>
<td>$5,000, up to 30 days</td>
</tr>
<tr>
<td><strong>Hazardous Activity Coverage</strong></td>
<td>N/A</td>
<td>After $100 deductible, covered at 100% of Usual &amp; Customary Expenses up to maximum of $50,000</td>
</tr>
<tr>
<td><strong>Athletic Coverage</strong></td>
<td>N/A</td>
<td>After $100 deductible, covered at 100% of Usual &amp; Customary Expenses up to maximum of $50,000</td>
</tr>
<tr>
<td><strong>Personal Property</strong></td>
<td>N/A</td>
<td>Up to $1,000 ($50 deductible per item)</td>
</tr>
<tr>
<td><strong>Lost Baggage</strong></td>
<td>N/A</td>
<td>$500 of Actual Charge ($100 maximum per item)</td>
</tr>
<tr>
<td><strong>Trip Interruption</strong></td>
<td>N/A</td>
<td>$1,500 of Actual Charge</td>
</tr>
<tr>
<td><strong>Trip Cancellation</strong></td>
<td>N/A</td>
<td>$1,500 of Actual Charge</td>
</tr>
<tr>
<td><strong>Medical Evacuation</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Repatriation of Remains</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Security Evacuation</strong></td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>Scope of Coverage</strong></td>
<td>Coordination of Benefits</td>
<td>Coordination of Benefits</td>
</tr>
</tbody>
</table>

Dependants are ONLY eligible for the Silver Plan

**Definitions**

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

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

**Covered Person** means a person eligible for coverage under the Plan who has applied for coverage and is named on the application and for whom the Company has accepted premium. This may be the primary insured person or dependent(s).

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

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

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

Pre-Existing Condition means:
   1. A condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 3 months prior to the effective date of coverage under this Plan.
   2. A condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 3 months prior to the effective date of coverage under this Plan.

Usual & Customary means the maximum amount that the Plan determines is Usual and Customary for Covered Expenses You receive up to, but not to exceed, charges actually billed. The determination considers:
   1. Amounts charged by the other service providers for the same or similar service in the locality where received considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;
   2. Any usual medical circumstances requiring additional time, skill, or experience; and
   3. Other factors included, but not limited to, a resource based relative value scale.

Treatment means a specific in-office or hospital physical examination or care rendered to You, consultation, diagnostic procedures and services, surgery, medical services and supplies including medication prescribed or provided by a service provider.

“We, Us, Our” means United States Fire Insurance Company.

“You or Your” means the Covered Person.

Accidental Death and Dismemberment Benefit

When, because of a Covered Accident, the Insured Person suffers any of the following losses within 365 days from the date of the Covered Accident, We will pay the Principal Sum shown below.

<table>
<thead>
<tr>
<th>Table for Loss of:</th>
<th>Silver Plan</th>
<th>Gold Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Two Hands</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Two Feet</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Sight of Two Eyes</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>$15,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Either Hand or Foot or Sight of One Eye</td>
<td>$7,500</td>
<td>$12,500</td>
</tr>
</tbody>
</table>

Only one of the amounts named above will be paid for Injuries resulting from any one Covered Accident. The amount so paid shall be the largest amount that applies.

Loss of Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye.

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

Travel Assistance Services

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

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

In the United States, toll-free: 1-866-509-7715
Worldwide, collect: 1-603-328-1728
Emergency Medical Evacuation Benefit

This benefit pays 100% of Covered Expenses incurred for the Medical Evacuation of a Covered Person, if the Covered person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is travelling outside his or her Home Country.

The following Covered Expenses will be paid:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person’s place of residence for Medically Necessary treatment in the event of the Covered Person’s Medical Emergency and upon the request of the Doctor designated by Our Assistance Provider in consultation with the local attending Doctor;

2. Dispatch of a Doctor or Specialist: the Doctor’s or Specialist’s travel expenses and the medical services provided on location, if, based on the information available, a Covered Person’s condition cannot be adequately assessed to evaluate the need for transport or evacuation and a Doctor or Specialist is dispatched by Our service provider to the Covered person’s location to make the assessment;

3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined to a Hospital;

4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person’s Emergency Medical Evacuation to a different hospital, treatment facility or the Covered Person’s place of residence.

Benefits for these Covered Expenses will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies that the severity of the Covered Person’s Medical Emergency requires an Emergency Medical Evacuation;

2. All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;

3. The charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and

4. Does not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized Assistance Provider) authorize in writing, or by an electronic or telephonic means, all expenses in advance, and services are rendered by Our Assistance Provider. In the event that the Covered Person refused to be medically evacuated, We will not be liable for any medical expenses incurred after the date that Medical Evacuation is recommended.

Emergency Reunion Benefit

$10,000 Maximum Benefit

In the event a Covered Person is away from his or her Home Country and requires hospitalization for more than seven days, or a Covered Person requires an Emergency Medical Evacuation due to a Covered Accident or Sickness where the Doctor feels it would be beneficial to the Covered Person to have a Family Member at the Covered Person’s side, We will pay for Expenses incurred for the Emergency Reunion up to a maximum benefit of $10,000, provided all travel arrangements are coordinated in advance by the Assistance Provider and Us. Benefits payable under the Policy include an economy air ticket and other related expenses not to exceed $250 per day for a maximum of five days. Emergency Reunion only applies if: a) the Covered Person is alone and confined to a hospital for more than seven days; and b) if the place of confinement is outside a 100 mile radius from the Covered Person’s Home Country. All arrangements must be made by the Assistance Provider and approved by Us in order for expenses to be considered eligible.

Repatriation of Bodily Remains Benefit

This benefit pays 100% of Covered Expenses incurred for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered Expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person’s body during the Repatriation to the Covered Person’s place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.
Benefits will not be payable unless We (or our authorized Assistance Provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our Assistance Provider.

Security Evacuation Benefit

$25,000 Maximum Benefit

This benefit will be paid to a Covered Person if a) an Occurrence takes place while travelling outside of his or her Home Country to engage in educational activities during his or her Term of Coverage; and b) while he or she is traveling outside of his or her Home Country or Country of Residence.

Benefits will be paid for: a) the Covered Person’s Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence; b) the Covered Person’s Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Covered person: (i) back to the country in which the Covered Person is traveling while covered by the Policy, or (ii) the Covered Person’s Home County, or (iii) where the educational institution that sponsored the Covered Person’s Trip is located; c) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is deemed kidnapped or a Missing Person by local or international authorities.

Security Evacuation Definitions

Appropriate Authority(ies) means the government authority(ies) in the Covered Person’s Home Country or Country of Residence or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract with Us or Our Assistance Provider who is experienced in security measures necessary to ensure the safety of the Covered person(s) in his or her care.

Evacuation Advisory means a formal recommendation issued by the Appropriate Authority(ies) that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

Host Country means any country, other than an OFAC excluded country, in which the Covered Person is travelling while covered under the Policy.

Missing Person means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: a) is due to natural causes; and b) results in such severe and widespread damage that the area is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where: a) the Covered Person can be presumed safe from the Occurrence that precipitated the Covered Person’s Security Evacuation; and b) the Covered Person has access to Transportation; and c) the Covered Person has availability of temporary lodging, if needed.

Occurrence means any of the following situations involving a Covered Person: a) expulsion from a Host Country or being declared a persona non-grata on the written authority of the recognized government of a Host Country; b) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; c) Natural Disaster within seven days of an event; d) deliberate physical harm of the Covered Person by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence; e) the Covered Person has been deemed...
kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days or his or her being found.

**Related Costs** means food, lodging and, if necessary, physical protection for the Covered person during Transport to the Nearest Place of Safety.

**Security Evacuation** means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person.

**Transport** or **Transportation** means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

**Security Evacuation Exclusions and Limitations**

We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. Payable under any other benefit payable in the Policy.
2. That are recoverable through the Covered Person’s employer.
3. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. Arising from or attributable to an alleged:
   a. Violation of the laws of the country in which the Covered Person is traveling while covered under the Policy; or
   b. Violation of the laws of the Covered Person’s Home Country or Country of Residence.
5. Due to the Covered Person’s failure to maintain and possess duly authorized and issued required travel documents and visas.
6. For Repatriation of Remains expenses.
7. For common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. For medical services.
9. For monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. Arising from or attributable, in whole or in part to:
    a. A debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause.
    b. Non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. Due to military or political issues if the Covered Person’s Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

**Benefits will not be paid unless all expenses are approved in advance by Us, (or Our authorized Assistance Provider) and travel arrangements are made by Our Assistance Provider.**

**Home Country Extension Benefit**

*Up to 30 days, $5,000 Maximum*

We will pay benefits for Covered Expenses if a Covered Person returns to his or her Home Country and obtains follow-up treatment for an Injury of Sickness that was first treated while he or she was on a Covered Trip. Benefits will be paid for up to 30 days from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefits are subject to any applicable benefit maximums, deductibles and coinsurance rates shown for Medical Expense Benefits.

**Hazardous Activity Coverage**

*(Gold Plan Only), Up to $50,000 after separate $100 Deductible*

We will pay benefits if a Covered Person is injured and the covered Accident results from participation in motorcycling, scuba diving, jet, snow, or waterskiing, mountain climbing (hiking not repelling), whitewater rafting, surfing, windsurfing, and parasailing. All other hazardous activities are not covered.

**Athletic Coverage**

*(Gold Plan Only), Up to $50,000 after separate $100 Deductible*

We will pay benefits if a Covered Person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports activities are not covered.
Personal Property Benefit

*(Gold Plan Only), Up to $1,000 ($50 Deductible per item)*

We will reimburse the reasonable cost, up to the maximum benefit shown for this benefit after the Deductible is satisfied, for replacement of any personal property that is lost or totally destroyed while the Covered Person is on his or her trip. The Covered Person must demonstrate that he or she took reasonable precautions for the safety and security of any covered property and the event must be certified by a police or security authority in an incident report. Covered property does not include laptops. For any claim the Covered Person makes under this benefit, the Company is entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if it chooses to do so. We will require valid receipts of replacement goods prior to the payment of any benefits. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item and its average useable period.

Trip Cancellation Benefit

*(Gold Plan Only), Up to $1,500*

We will reimburse the Covered Person for the amount of non-refundable Covered Expenses the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person is prevented from taking his or her Trip as the result of Injury, Sickness, or death to the Covered Person or Family Member prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonable cause a Trip to be cancelled. If the Covered Person must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires the Covered Person’s care. Cancellation due to the death of a Family Member is covered only if the death occurs within 30 days of the Covered Person’s scheduled Trip departure date.

Trip Interruption Benefit

*(Gold Plan Only), Up to $1,500*

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket for a Covered Person’s Trip, up to $1,500, if a trip is interrupted as the result of: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3) a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or 4) substantial destruction of the Covered Person’s principal residence by fire or weather related activity. **Family Member** means a Covered Person’s spouse, child, brother, sister, parent, grandparent, or immediate in-law.

Coordination of Benefits Provision

Plan is subject to the Coordination of Benefits Provision when a Covered Person is insured under another valid and collectible health insurance plan.

Pre-Existing Condition Limitation

A Pre-Existing Condition is a Sickness or Accident, or a related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within 6 months prior to the Effective Date of the Covered Person’s coverage under this Plan. Pre-Existing Conditions shall be excluded from coverage for a period of 3 months following the Effective Date of coverage.

However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 3 consecutive months while covered by the Policy for such condition; or 2) has been covered by the Policy for more than 6 consecutive months; or 3) was previously covered for such Pre-Existing Condition under Credible Coverage and such Credible Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

Exclusions

No Benefit will be payable for Accident Medical or Sickness Medical, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This Exclusion does not apply to Emergency Evacuation/Repatriation.
2. Injury or Illness which is not presented to Us for payment within 3 months of receiving Treatment.
3. Charges provided at no cost to You.
5. Charges incurred for Surgery or Treatment that are Experimental/Investigational, or for research purposes.
6. Services, Supplies, or Treatment, including any period of Hospital confinement, which was not recommended, approved and
certified as Medically Necessary by a Physician.
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to, or
arising in connection with:
   a. War, invasion, act of foreign hostilities, warlike operations (whether war be declared or not), or civil war.
   b. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
   c. Acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of
      the Government de jure or de facto or to the influencing of its terrorism by violence.
   d. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial
      law or state of siege (hereinafter for the purposes of this Exclusion called the “Occurrences”).
8. Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether
directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with,
any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable for except to the extent
that You prove that such consequence happened independently of the existence of such abnormal conditions.
9. Injury sustained while participating in professional athletics.
10. Injury sustained while participating in amateur or interscholastic athletics.
11. Routine Physicals, immunizations or other examinations where there are no objective indications or impairment in normal
    health, and laboratory or diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or
    attendance of a Physician.
12. Treatment of the temporomandibular joint.
13. Vocational, speech, recreational or music therapy.
14. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You.
15. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated
    nasal septum will be considered a cosmetic condition.
16. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek
    medical advice, Treatment or Surgery.
17. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof,
    unless caused by Accidental bodily Injury incurred while covered hereunder.
19. Any Mental and Nervous disorders or rest cures.
20. Congenital abnormalities and conditions arising out of or resulting therefrom.
21. Expenses which are non-medical in nature.
22. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness.
23. Expenses as a result of, or in connection with, commission of a felony offense.
24. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting,
    bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba
    diving, involving underwater breathing apparatus, snorkeling, water skiing, snow skiing, spelunking, parasailing and
    snowboarding.
25. Hazardous Sport Coverage: the following are covered if the required premium has been paid: mountaineering where ropes
    or guides are normally used (4500 meter limit); parachuting; bungee jumping, snowmobiling, scuba diving, involving
    underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing
    and snowboarding.
26. Treatment paid for or furnished under any other individual group policy or other service or medical pre-payment Plan
    arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set
    up for Treatment without cost to You.
27. Treatment of venereal disease.
28. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
29. Routine Dental Treatment.
30. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.
31. For miscarriage resulting from Accident.
32. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited
to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof.
33. Treatment for human organ tissue transplants and their related Treatment.
34. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage.
35. Expenses incurred during a Hospital emergency visit which is not of an emergency nature.
36. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment of a condition.
37. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel.
38. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy.
39. Weight reduction programs or the surgical Treatment of obesity.
40. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human
    Immunodeficiency Virus (HIV).
This insurance Plan does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**Claims Procedure**

In the event a covered loss occurs or You receive medical Treatment, please submit an itemized bill, that has been translated into English, along with the amount paid (in U.S. dollars) to the claims company listed below within 90 days of the covered loss or Treatment or as soon as reasonably possible. We suggest that You keep a copy of the information You submit for Your records.

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

**Questions? Need More Information?**

For general information regarding enrollment or benefits, please contact:

Gallagher Student Health & Special Risk  
Telephone: 1-800-933-4723 or 1-617-769-6052  
Email: studyabroad@gallagherstudent.com

Please keep this brochure as a summary of the insurance Plan as specified in the Master Certificate (Form IN/OUT-04-C(O)) that is on file with Your Program Manager. The Master Certificate contains all of the same terms and conditions outlined in this brochure including: benefits, limitations and exclusions. In the event of a discrepancy, the Master Certificate will prevail.