



This is a Description of Coverage for:

**SABA University School of Medicine, Accident and Sickness Insurance
(On Island Students and Dependents)**

Underwritten By: ACE American Insurance Company (Herein referred to as The Company)

Eligibility: You may be covered under this Plan if you are enrolled as a full-time student in SABA University, School of Medicine and you are temporarily pursuing educational activities outside of your Home Country and the United States. International students are not eligible for coverage in their Home Country. You may also enroll your lawful spouse and unmarried children under age 19 who are traveling and residing with you, provided they are dependent upon you for maintenance and support. Any children born to you and your spouse while you are covered under the plan will be insured from the moment of birth. Coverage on a newborn child will cease 31 days after the date of birth unless the Company receives notification of the birth, a completed enrollment form and required premium.

Period of Coverage: Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) a covered person's departure from your Home Country or the United States; b) the date the enrollment form and premium are received by the Company or its designated administrator; or c) the date requested in the enrollment form. Coverage will end on the earliest of the following: a) the date of a covered person's return to their Home Country or the United States, except as provided under the Home Country Benefit; b) the date through which premium has been paid; or c) the coverage termination date under the Policy provisions.

Definitions: **Sickness** means an illness, disease or condition of the covered person that causes a loss for which a covered person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of Sickness. **Injury** means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury. **Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a doctor or furnished by a hospital; 3) performed in the least costly setting required by the covered person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the covered expense. **Home Country** means a country from which the covered person holds a passport. If the covered person holds passports from more than one country, his or her Home Country will be that country which the covered person has declared to the Company, in writing, as his or her Home Country.

Medical Expense Benefits: If an Injury or Sickness occurs during the Period of Coverage and the covered person requires medical or surgical treatment, the Company will pay, after a \$50.00 deductible per covered Injury or Sickness, 100% up to \$5,000 of the first \$5,000, then 80% to the maximum of \$500,000 for usual and customary charges listed under covered expenses. The covered expenses shall in no event include any amount which is in excess of the usual and customary charges. In no event shall the Company's liability for a covered person exceed \$500,000.

Covered Expenses: To be considered a Covered Expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of the Home Country during the Period of Coverage; b) not be excluded by provisions of this Plan; and c) be specifically included in the following list of expenses:

1. Expenses made by a hospital for room and board, including registered nursing services and any other medically necessary hospital services, but not including personal services of a non-medical nature. However, allowable expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for physiotherapy, if recommended by a doctor for the treatment of a specific disablement administered by a licensed physiotherapist. Chiropractic care: limited to 80% of covered expenses, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of a specific disablement administered by a licensed physiotherapist.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The

- Company will pay 100% of inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental expenses resulting from an Injury to sound, natural teeth, up to \$100 per tooth, \$500 maximum benefit.
 8. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum benefit.
 9. Expenses for newborn nursery care, up to a \$500 maximum benefit.
 10. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable a) for inpatient treatment, 50% of covered expenses for inpatient treatment up to a maximum of 30 days; b) up to a \$300 maximum for outpatient treatment.

Home Country Benefits: The Home Country benefit provides coverage if the covered person obtains treatment: 1) for an Injury or Sickness within 60 days of returning from a trip to his or her Home Country, or 2) for a continuation of benefits for treatment that began during the course of a trip for which a benefit is otherwise payable under the Medical Expense Benefit. The Company will pay, after an additional \$100 deductible, 100% of covered expenses, up to \$5,000, then 80% to the maximum of \$25,000. The covered person must remain continuously insured, including while on vacations and school breaks. The Company will pay benefits, subject to the limitations set out herein, for Covered Accident and Sickness Medical Services received by the covered person, while he or she is in his or her Home Country, for such Injury or Sickness.

Accidental Death and Dismemberment: If a covered person's Injury results in any of the following losses within 365 days after the date of accident, the Company will pay the sum shown opposite the loss. The Company will not pay more than the Principal Sum for all losses due to the same accident.

Principal Sum: \$15,000	
Description of Loss	Indemnity
Life, Both Hands or Both Feet or Sight of Both Eyes, One Hand and One Foot, Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot or Sight of One Eye	One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body.

Coordination of Benefits: If a covered person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the covered person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the covered person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the covered person for the longer time. If the benefits of this Plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this Plan.

Exclusions and Limitations:

With respect to Medical Expense Benefit and the Home Country Benefit, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions (defined as a Sickness, disease or other condition of the Covered Person, that in the 12 month period before the Covered Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.) Losses incurred for Pre-existing Conditions are covered under this plan, provided the Covered Person demonstrates that they had continuous Creditable Coverage for 63 days prior to becoming insured under this plan. After the Pre-existing Condition requirement is met, coverage will be considered continuous provided there is not a break in coverage. "Creditable Coverage" means: 1. a self-funded employer group health plan under ERISA; 2. a group or individual health insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of a tribal organization; 7. a state health benefits risk pool; 8. a health plan offered under the federal employees health benefits program (FEHBP); 9. a public health plan; or 10. a health benefit plan.
2. For services, supplies, or treatment including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature.
3. For suicide or attempted suicide.
4. For loss incurred as a result of war or any act of war, whether declared or not.
5. For injury sustained while participating in professional, club, interscholastic or intercollegiate sports.
6. For cosmetic surgery, except as the result of an Injury.
7. For elective surgery.
8. For dental care, except as the result of Injury to natural teeth caused by accident.
9. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses

or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.

10. For expenses as a result of, or in connection with intentionally self-inflicted Injury.

11. For expenses as a result of, or in connection with, the commission of or attempt to commit an assault or a felony.

12. For specific named hazards: motorcycling; scuba diving; jet, snow and water skiing, mountain climbing, (where ropes or guides are normally used); sky diving; professional or amateur racing; and piloting an aircraft.

13. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.

14. For treatment by an immediate family member.

15. For treatment relating to birth defects and congenital conditions, or complications arising from such conditions.

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss, fatal or non-fatal; caused by or resulting from:

1. Suicide or any attempt thereat; intentionally self-inflicted injury.

2. War or any act of war, whether declared or not.

3. Service in the military, naval, or air service of any country.

4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.

5. Piloting or acting as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

This insurance 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.

Emergency Assistance (included in the Emergency Medical Evacuation, Repatriation of Remains Plan):

FrontierMEDEX

Toll Free from within the USA and Canada: 1-800-527-0218; from France 0800-90-8505; Germany 0800-1-811401; Italy 800-877-204; Mexico 001-800-101-0061; UK 0800-252-074; Spain 900-9804467 Outside the USA or Canada call direct or collect: 410-453-6330

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the United States; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, and Repatriation of Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1802

From within the USA and Canada: 1-888-293-9229 Outside the USA or Canada call: 1-610-293-9229

Fax: 1-610-293-9299 www.visit-aci.com

Program Arranged By: CMI Insurance, a FrontierMEDEX company, P.O. Box 19056, Baltimore, MD 21284 www.cmi-insurance.com

Claim forms and instructions are available from the web site.

Policy Number: GLM N00058312, ACE American Insurance Company, 436 Walnut Street Philadelphia, PA. 19106

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N00058312, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of SABA University School of Medicine. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

9/2010

ACE INA PRIVACY STATEMENT

The ACE INA group of companies strongly believes in maintaining the privacy of information we collect about individuals. We want you to understand how and why we use and disclose the collected information. The following provides details of our practices and procedures for protecting the security of nonpublic personal information that we have collected about individuals. This privacy statement applies to policies underwritten by ACE American Insurance Company.

INFORMATION WE COLLECT

The information we collect will vary depending on the type of product or service individuals seek or purchase, and may include:

- Information we receive from individuals, such as their name, address, age, phone number, social security number, assets, income, or beneficiaries;
- Information about individuals' transactions with us, with our affiliates, or with others, such as policy coverage, premium, payment history, motor vehicle records; and
- Information we receive from a consumer reporting agency, such as a credit history.

INFORMATION WE DISCLOSE

We do not disclose any personal information to anyone except as is necessary in order to provide our products or services to a person, or otherwise as we are required or permitted by law.

We may disclose any of the information that we collect to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements.

THE RIGHT TO VERIFY THE ACCURACY OF INFORMATION WE COLLECT

Keeping information accurate and up to date is important to us. Individuals may see and correct their personal information that we collect except for information relating to a claim or a criminal or civil proceeding.

CONFIDENTIALITY AND SECURITY

We restrict access to personal information to our employees, our affiliates' employees, or others who need to know that information to service the account or in the course of conducting our normal business operations. We maintain physical, electronic, and procedural safeguards to protect personal information.

CONTACTING US

If you have any questions about this privacy statement or would like to learn more about how we protect privacy, please write to us at ACE INA Customer Services, P.O. Box 1000, 436 Walnut Street, WA04F, Philadelphia, PA 19106. Please include the policy number on any correspondence with us.

ACE American Insurance Company

Refund of premium, less a \$10 processing fee, will be considered ONLY if a written request is received by CMI Insurance Specialists PRIOR to the effective date of coverage. After that, the premium is considered fully earned and IS NOT REFUNDABLE. Partial refunds are not available.