

Premier Group Health Insurance for U.S. Students Studying Abroad

This is the plan for College and University groups while studying abroad!

- Accident & Sickness Insurance Benefits
- Emergency Medical Evacuation Benefit
- Repatriation of Remains Benefit
- Emergency Reunion Benefit
- Accidental Death & Dismemberment Benefits
- 24-Hour International Emergency Assistance

You are entitled to the benefits described in this brochure if you have enrolled for this insurance and paid the required premium.



Premier Group
Health Insurance for
U.S. Students Studying Abroad

Eligibility

You may be covered under this Plan if you are temporarily pursuing educational activities outside the United States as a participant of a study abroad program or experience, and you are a United States citizen, permanent resident of the U.S. or an international student in the U.S., and you are enrolled as a student; or you are a faculty, chaperone, or staff member. International students, international faculty or international staff members 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. Only insured students may purchase dependent coverage. 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 date of birth unless the Company receives notification of birth, a completed enrollment form and required premium.

Enrollment Information

Depending upon your needs and situation, you may select a period of insurance from a minimum of one month to a maximum of 12 months. Should you wish to continue your coverage at the end of this initial period, the Company will then determine your eligibility for an additional term of coverage.

Enrollment in this Plan is through the group with which you are participating in your study abroad experience.

Unless your trip is cancelled and the Company is notified prior to the effective date of your coverage, all premiums received by the Company is non-refundable.

Period of Coverage

Coverage will begin at 12:01 am. Local Time on the latest of the following: a) your departure from the United States; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin. Coverage will end on the earliest of the following: a) the termination date as shown on your ID card; b) the date through which premium has been paid; or c) the coverage termination date under Policy provisions. Coverage is not available once the Covered Person has returned to the United States or his or her Home

Country.

Definitions

“**Sickness**” means an illness, disease or condition of the Covered Person that causes a loss for which he or she 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 covered 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 Us in writing as his or her Home Country.

Accident & Sickness Medical Expense Benefits

There are four medical plan options available:

Plan 1: The Company will pay 100% of covered expenses up to \$500,000, after the Covered Person has paid the first \$50 (deductible) per covered Injury or Sickness.

Plan 2: The Company will pay 100% of covered expenses up to \$500,000 per covered Injury or Sickness, with no deductible.

Plan 3: The Company will pay 100% of covered expenses up to \$100,000, after the Covered Person has paid the first \$50 (deductible) per covered Injury or Sickness.

Plan 4: The Company will pay 100% of covered expenses up to \$100,000 per covered Injury or Sickness, with no deductible.

The deductible amount consists of covered expenses which would otherwise be payable under the Policy. This deductible is the Covered Person’s responsibility. The Covered Expenses shall in no event include any amount which is in excess of usual and customary charges for similar treatment, services or supplies in the locality where the expense is incurred. In no event shall the Company’s liability for each Covered Person exceed the maximum benefit limit per covered Injury or Sickness, for the Plan option selected.

The College, University or Participating Organization may choose which Plan to use, then all students (and dependents) of the group will be insured under the same plan.

What Expenses Are Covered

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 United States during the Period of Coverage; b) not be excluded by provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of charges:

1. Expenses made by a hospital for room and board, including general 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 anesthetics and their administration.
4. Expenses for x-ray services, laboratory tests and services, and durable medical equipment, both inpatient and outpatient.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental treatment resulting from a covered accident, up to \$100 per tooth, \$500 maximum benefit.
8. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum.
9. Expenses for newborn nursery care, up to a \$500 maximum.
10. Expenses incurred for treatment of nervous or mental disorders: up to \$300 for outpatient treatment, up to 50% of eligible expenses for inpatient treatment with a maximum of 30 days.

Emergency Medical Evacuation Benefit

100% of Covered Expenses

The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses:

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 FrontierMEDEX 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 FrontierMEDEX 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 in 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 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 Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if

there were no insurance. During the course of an Emergency Medical Evacuation of a Covered Person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. “Trip” means travel by air, land, or sea from the Covered Person’s Home Country.

Benefits will not be payable unless the Company or FrontierMEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.

Emergency Reunion Benefit *\$12,500 Maximum Benefit*

In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered Expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days.

In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

“**Felonious Assault**” means a violent or criminal act reported to the local authorities which were directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping, or rape. “**Family Member**” means a person who is related to the Covered Person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

All arrangements must be made by FrontierMEDEX and approved by the Company or FrontierMEDEX in order for expenses to be considered eligible.

Repatriation of Remains Benefit *100% of Covered Expenses*

The Company will pay Repatriation of Remains Benefits of 100% of Covered Expenses 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 the Company or its FrontierMEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.

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 maximums of this Plan.

Accidental Death & Dismemberment Provisions \$15,000 Principal Sum

If Injury to the Covered Person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same covered accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“**Quadriplegia**” means total Paralysis of both upper and lower limbs. “**Hemiplegia**” means total Paralysis of the upper and lower limbs on one side of the body. “**Uniplegia**” means total Paralysis of one lower limb or one upper limb. “**Paraplegia**” means total Paralysis of both lower limbs or both upper limbs. “**Paralysis**” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“**Member**” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “**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. “**Loss of**

Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “**Loss of Hearing**” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “**Loss of a Thumb and Index Finger of the Same Hand**” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “**Severance**” means the complete separation and dismemberment of the part from the body.

Exclusions

For the Medical Expense, Emergency Medical Evacuation, Emergency Reunion Benefit, and Repatriation of Remains Benefits, 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. However, this limitation will not apply if the Covered Person 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. “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. **(This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.)**

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 loss incurred as a result of war or any act of war, whether declared or not.
4. For Injury sustained while participating in professional, club, interscholastic, or intercollegiate sports.
5. For routine physicals.
6. For cosmetic surgery, except for reconstructive surgery needed 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 a covered accident.
9. For eye refraction 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 insured hereunder.
10. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
11. For scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing.
12. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
13. For treatment by an immediate family member.
14. Piloting or acting as a crew member or riding in an aircraft, except as a fare-paying passenger on a scheduled airline.

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

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide; while sane or insane.
3. War or any act of war, whether declared or not.
4. Service in the military naval or air service of any country.
5. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
6. 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.

24-Hour worldwide assistance



Offered by FrontierMEDEX

Available around the world!

Every hour of the day!

Every day of the week!

- *More than 59,000 resources to help with any travel or medical emergency*
- *Multi-lingual coordinators and experts working 24/7 to care for your assistance needs*
- *Centralized case management gives you one easy-to-reach point of contact*
- *Access the U.S.-based Emergency Response Center from any place in the world using toll-free phone numbers*

In addition to this health insurance program is the availability of the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at FrontierMEDEX. Upon enrollment in the Plan you will be provided with the telephone numbers to use.

The multilingual staff will answer your call and provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board certified emergency doctors in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.

5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations of Remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items, including lost ticket application processing. These services are included in the benefits provided in this program and are provided by FrontierMEDEX.

Claims

Claims are to be filed with the Company claim office. Detailed claim instructions and claim forms are provided upon enrollment in this Plan. Claim instructions and forms may also be found at our web site, www.cmi-insurance.com.

Underwritten By:



ace usa

ACE American Insurance Company
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Philadelphia, PA 19106

Marketed By:



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This brochure provides 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 policy issued to: Trustee of ACE USA Accident and Health Insurance Trust in the District of Columbia written under Policy Form Number AH-15090. 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.

Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.

Important Notice: Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA. ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly. Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.