Bellevue University

F-1, J-1, & M-1 VISA HOLDERS

2023–2024

INTERNATIONAL STUDENT HEALTH PLAN

Policy Brochure

POLICYHOLDER:	Bellevue University
POLICY NUMBER:	27-5271-23
EFFECTIVE DATE:	August 1, 2023
EXPIRATION DATE:	July 31, 2024

This brochure has been designed to illustrate the highlights of this insurance coverage; it does not include all coverage details. Please see the Certificate for complete details. If there is any conflict between this brochure and the Certificate, the Certificate will prevail.

Contents

Patient Protection and Affordable Care Act ("PPACA") Disclosure Statement

These benefits are not subject to, and do not provide some of the benefits required by, the United States PPACA. In no event will We provide benefits in excess of those specified in the Policy, and these benefits are not subject to guaranteed issuance or renewal.

THIS IS LIMITED BENEFIT COVERAGE. READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

Eligible Persons

An Eligible Person is an individual who meets all of the requirements of the Covered Classes shown below:

Class 1. An international student, scholar, visiting faculty, cultural exchange student or other person with a valid F, J or M visa status, temporarily located outside His Home Country as a nonresident alien and:
a. Is engaged in educational or cultural activities of the Participating Member; and:
b. Has not obtained permanent residency status in the United States; and
c. Is not a U.S. Citizen.

Class 2. Individuals, temporarily located outside His Home Country as a non-resident alien, engaged in Optional Practical Training (OPT) or Compulsory Practical Training (CPT) if:
a. The OPT/CPT training follows a course of study of the Participating Member; and
b. Is no longer than 12 months in duration; and
c. The individual maintains their valid F, J or M Visa status.
d. The individual is not a U.S. Citizen.

Class 3. Individuals, temporarily located outside His Home Country as a non-resident alien, engaged in a sponsored English Language Program or similar program of the Member and maintains a valid F, J,or M visa status, and:
a. The individual has not obtained permanent residency status in the United States; and
b. The individual is not a U.S. Citizen.

If, subject to all the terms and conditions of this Certificate, a Covered Person is eligible for insurance under multiple Classes described above, then such Covered Person will only be insured under the Class which provides the Covered Person the largest benefit amount for the Covered Loss that has occurred.

Enrollment for Coverage

A Covered Person will be eligible for coverage under the Policy subject to the particular types and amounts of benefits. We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Payment and Refund of Premium

The full premium must be paid even if the premium is received after the Policy Effective Date. There is no pro rata or reduced premium payment for late enrollees.

If a Covered Person goes on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization, We will refund any premium paid for this time upon Our receipt of proof of service.

Effective Date

Coverage for a Covered Person that will be covered by the Policy starts at 12:00 AM on the latest of the following: (1) the date the requirements of a Covered Person shown in the Schedule of Benefits are met; or (2) the moment the Covered Person departs their Home Country's airspace. Thereafter, the benefits are effective 24 hours a day.

Termination Date

Coverage for Covered Person will automatically terminate on the earliest of the following dates:

1. The date the Policy terminates;
2. The date the Participating Member is no longer eligible to sponsor coverage under the Policy;
3. The date on which the Covered Person ceases to meet the requirements of an Eligible Person shown in the Schedule of Benefits;
4. The date the Covered Person permanently leaves the Country of Assignment for His Home Country;
5. The date the Covered Person requests cancellation of coverage (the request must be in writing);
6. The premium due date for which the required premium has not been paid, subject to the Grace Period provision; or
7. The end of any period of coverage.

Coverage will end at 11:59 PM on the last date of benefits. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of: (1) the end of the Benefit Period; and (2) the date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

Coverage For Sports Related Injuries

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a covered Injury resulting directly and independently of all other causes from a covered Accident that occurs while He is participating in one of the following Covered Activities:

Intercollegiate, Club and Interscholastic Athletic Sports Conditions include: Baseball, Basketball, Cheerleading, Cross Country, Field Hockey, Football, Golf, Gymnastics, Ice Hockey, Lacrosse, Rugby, Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling.

Accident and Sickness Medical Expense Benefits

Preferred Provider Information

Payment of Covered Expenses for In-Network Providers is based on the Insurer's Negotiated Rate. In-Network Providers have agreed to accept the Negotiated Rate as payment in full.

All Physician Visit Copayments for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.

If a Covered Person requires Emergency treatment of an Injury or Sickness and incurs Covered Expenses at an Out-of-Network Provider, Covered Expenses for the Emergency medical care rendered during the course of the Emergency will be treated as if they had been incurred at an In-Network Provider.

If a Covered Person incurs Covered Expenses for services or supplies that are not of the type provided by any In-Network Provider these Covered Expenses will be treated as if they had been incurred at an In-Network Provider.

Scope of Coverage

Covered Expenses and any applicable Policy Aggregate Deductible and specific benefit Coinsurance, Copayments, Deductibles, Benefits Periods, Out-of-Pocket Maximum, Benefit Limits and Benefit Maximums are shown in the Schedule of Benefits.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Full Excess Medical Expense

We will pay Covered Expenses:

1. After the Covered Person satisfies any Deductible, Coinsurance, Copayments; Out-of-Pocket Maximums; and
2. Only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides.

Accident or Sickness Medical and Other Expense Benefit

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Medically Necessary treatment of a covered Sickness or Injury that resulted directly and independently of all other causes from a covered Accident or Sickness.

Benefits will be paid:

1. When Covered Expenses incurred exceed any applicable Policy Aggregate, Coinsurance, Copayments, Out-of-Pocket Maximums and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
2. Until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
3. Until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
4. Until Benefits paid for all Covered Persons under the Policy equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

Carry your insurance ID card with you at all times.
The Provider Network for this plan is **UnitedHealthcare Options**.
The prescription drug network is **Express Scripts**.

Schedule of Benefits

Any benefit limits and Benefit Percentages, Coinsurance, Copayments for Accident & Sickness Medical Expense Benefits apply, unless otherwise specified, on a per Covered Person – per Policy Year basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable. Any Coinsurance, Copayments, Deductibles, Benefit Periods, Out-of-Pocket Maximums, Benefit Limits and Benefit Maximums apply on a per Covered Person per Policy Year basis.

Covered Expenses for which benefits are payable are outlined below. Negotiated Rate is referred to as NR and Usual & Customary Charges are referred to as U&C in this schedule. Payment of Covered Expenses for In-Network Providers is based on the Insurer's Negotiated Rate. In-Network Providers have agreed to accept the Negotiated Rate as payment in full. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges. Copays listed are per visit unless otherwise specified.

Accident & Sickness Medical Expense Benefits	**In Network**	**Out of Network**
Maximum Benefit per Accident or Sickness	$500,000	
Coinsurance	100% of Negotiated Rate (NR)	80% of Usual & Customary (U&C)
Out-of-Pocket Maximum per Policy Year per Individual	$6,000	$12,000
Deductible per Policy Year per Individual	$0 per Covered Person per Policy Year	
All Physician Visit Copayments or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.		
Covered Expense	**In Network**	**Out of Network**
In-Patient Hospital Services		
Room & Board Expenses	100% of NR/$50 Copay per visit	80% of U&C/ $70 Copay per visit
Intensive Care Unit or Coronary Care Unit Expenses	100% of NR	80% of U&C
Hospital Miscellaneous Expenses	100% of NR	80% of U&C
Emergency Room and Emergency Room Treatment	100% of NR/ $100 Copay per visit	80% of U&C/ $200 Copay per visit
Out-Patient Hospital Miscellaneous	100% of NR	80% of U&C
Physician Services		
Surgery	100% of NR	80% of U&C
Assistant Surgeon	100% of NR	80% of U&C
Second Opinion or Consultation	100% of NR/ $20 Copay	80% of U&C/ $35 Copay
Anesthesia and its Administration	100% of NR	80% of U&C
In-Hospital Visits	100% of NR	80% of U&C
Out-Patient Office Visits	100% of NR/ $20 Copay	80% of U&C/ $35 Copay
Pre-Admission Testing	100% of NR	80% of U&C
Out-Patient X-rays	100% of NR	80% of U&C
Out-Patient Laboratory Tests	100% of NR	80% of U&C
Out-Patient Physical Therapy	100% of NR/ $20 Copay per visit	80% of U&C/ $35 Copay per visit
Acupuncture	100% of NR/ $20 Copay per visit 20 visits maximum per Policy Year, up to $50 per visit	80% of U&C/ $20 Copay per visit 20 visits maximum per Policy Year, up to $50 per visit
Chiropractic	100% of NR/ $20 Copay per visit 20 visits maximum per Policy Year, up to $50 per visit	80% of U&C/ $20 Copay per visit 20 visits maximum per Policy Year, up to $50 per visit
In-Patient Physical Therapy	100% of NR	80% of U&C

Schedule of Benefits *(continued)*

Covered Expense	In Network	Out of Network
Nursing Services	100% of NR	80% of U&C
Ambulance Services	100% of NR	80% of Actual Charges
Radiation/Chemotherapy Benefit	100% of NR	80% of U&C
Dental Services *For Injury to Natural Teeth only; $2,500 maximum benefit per Policy Year*	100% of NR	80% of U&C
Prescription Drugs *Based on a 30-day supply per prescription.* *Maximum Benefit is $3,000 per Policy Year.* *The pharmacy benefits manager is Express Scripts. Prescriptions must be filled at an Express Scripts pharmacy to be covered.*	100% of Actual Charges after Copay per prescription: $10 generic drugs $25 brand drugs $50 Specialty drugs	No Benefit
Intercollegiate, Club and Interscholastic Athletic Sports Conditions *$10,000 maximum benefit per Policy Year*	100% of NR	100% of U&C
Behavioral Health Services Benefit—Mental and Nervous Disorders		
In-Patient	100% of NR/ 30 day maximum	80% of U&C/ 30 day maximum
Out-Patient	100% of NR/ $20 Copay per visit 30 visit maximum	80% of U&C/ $35 Copay per visit 30 visit maximum
Behavioral Health Services Benefit—Alcohol and Drug Abuse		
In-Patient	100% of NR/ 30 day maximum	80% of U&C/ 30 day maximum
Out-Patient	100% of NR/ $20 Copay per visit 30 visit maximum	80% of U&C/ $35 Copay per visit 30 visit maximum
Wellness Expense Benefit *$250 maximum benefit per Policy Year.*	100% of NR	80% of U&C
Pregnancy, Complications of Pregnancy, Maternity, and Pre-Natal Expense *Conception must occur while continuously covered under Participating Member's plan.*	100% of NR/ $20 Copay per visit	80% of U&C/ $35 Copay per visit
Elective/Therapeutic Termination Of Covered Pregnancy *$1,000 maximum benefit per Policy Year*	100% of NR/ $20 Copay per visit	80% of U&C/ $35 Copay per visit
Skilled Nursing Facility *Must begin within 14 consecutive days after a Covered Person is Hospital Confined as a result of a covered Accident or Sickness*	100% of NR	80% of U&C at semi-private room rate
Urgent Care Facility	100% of NR/ $20 Copay per visit	80% of U&C/ $35 Copay per visit
Pre-Existing Condition Limitation *During the first 6 months of continuous coverage a $10,000 maximum benefit applies.*	100% of NR	80% of U&C
Rehabilitative Braces and Appliances	100% of NR	80% of U&C
Other Expense Benefit		
Trip Benefit	Trip Delay Quarantine Benefit Amount: $100 per day up to 15 days. Maximum of $1,500	

Description of Medical Expense Benefits

This is a partial listing. Please see Certificate for full details of coverage.

BEHAVIORAL HEALTH SERVICES EXPENSE BENEFIT

Behavioral health services are the evaluation, management, and treatment of a Covered Person with a mental health or Substance Abuse disorder.

For the purposes of this Policy mental health disorder shall be defined as mental illness. Mental illness means:

- Any mental disorder and substance use disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization;
- Substance Use disorder does not include addiction to or abuse of tobacco and/or caffeine.

This Policy provides parity in the Covered Expenses for behavioral health services. This means that coverage of Covered Expenses for mental health and Substance Use disorders is generally comparable to, and not more restrictive than, the Covered Expenses for physical health.

Financial requirements (such as Deductibles or Copayments) or quantitative treatment limits (such as visit benefit limits) that may apply to behavioral health services within a category (such as In-Patient services received from an In- Network Provider) are not more restrictive than those that apply to most of the medical benefits within that same category.

Mental disorders are covered under Mental and Nervous Disorders as stated within the Schedule of Benefits. Substance use disorders are covered under Substance Abuse; or Alcohol & Drug Abuse Expense Benefit as stated within the Schedule of Benefits.

DENTAL SERVICES

We will pay Covered Expenses incurred for dental treatment, including X-rays, for Injury to a natural tooth:

1. With no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps.
2. For which pulpal tissues are healthy and intact.
3. For which periodontal tissue shows little or no signs of active or chronic inflammation. For benefit review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.
4. For repair to sound, natural teeth.
5. For services rendered within 6 months of the Accident; unless specifically covered by this Policy.

Covered Expenses include examinations, X-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of a covered Injury and treatment of gingivitis resulting from trauma.

WELLNESS EXPENSE BENEFIT

We will pay Covered Expenses as per the limits stated in the Schedule of Benefits. Medical Expense Benefits are limited to the following expenses incurred and are subject to the Exclusions. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered Wellness Expenses Benefits include: (1) routine physical examinations; (2) Preventive Treatment; (3) annual cervical cytology screening for women 18 and older; (4) low dose mammography screening and one baseline mammogram per year; (5) colorectal cancer screenings; (6) immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention; (7) prostate and/or colorectal examinations and related laboratory tests; (8) tuberculosis testing; (9) contraceptives; (10) gynecologic health screenings.

TRIP BENEFIT

We will reimburse the Covered Person, up to the Trip Delay Quarantine Benefit Amount shown in the Schedule of Benefits, for reasonable, additional accommodations, meals and local transportation expenses incurred by a Covered Person, if the Covered Person's trip originated outside of His Home Country is delayed for more than 12 hours. Expenses must be accompanied by receipts. Benefits are payable only for one delay of the Covered Person's trip and must be caused by Quarantine.

Quarantine means the Covered Person is forced into medical isolation by a recognized government authority, their authorized deputies, or Physician due to the Covered Person either having, or suspected of having, a contagious disease, infection or contamination while the Covered Person is traveling outside His Home Country.

Accidental Death and Dismemberment (AD&D) Benefits

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a covered Accident within the applicable time period specified in the Schedule of Benefits.

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable.

If a covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

Exclusions that apply to this benefit are in the Exclusions section. There is no coverage for loss of life or dismemberment due to Sickness, disease or infection or for or arising from an Accident or Sickness in the Covered Person's Home Country.

Schedule of Covered Losses	
Principal Sum	**$10,000**
Loss must occur within 365 days of the Accident.	
Covered Loss	**Benefit (% of Principal Sum)**
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of One Hand and Sight of One Eye	100%
Loss of Entire Sight of One Eye	50%
Loss of Speech and Hearing (in both ears)	100%
Loss of One Foot and Sight of One Eye	100%
Loss of Speech	50%
Loss of Hearing in both ears	50%
Loss of Thumb and Index Finger of the Same Hand	25%

AD&D Definitions

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

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means

Loss of Sight means the total, permanent Loss of Sight of one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial 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 complete separation and dismemberment of the part from the body.

General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat, including drug overdose, while sane or insane in excess of the amount as shown in the Schedule of Benefits.
2. Commission or attempt to commit a felony or an assault or other illegal activity.
3. Commission of or active Participation in a Riot, Civil Commotion or insurrection.
4. Injury sustained while taking part in caving or spelunking, Mountaineering, hang gliding, Parachuting, parasailing, bungee jumping, racing by any animal, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), jet skiing, snowboarding, solo diving, and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury.
5. Declared or undeclared War or acts of War.
6. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; when used for recreation or competition, snowmobile, water jet ski, two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel.
7. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
8. The Covered Person being legally Intoxicated as determined according to the laws of the jurisdiction in which the covered Accident or Sickness occurred.
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
10. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.
11. A covered Accident or Sickness that occurs while on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time.
12. Play or practice in any amateur, intramural, recreational, professional or semi-professional sports contest or competition, including travel to and from the activity and practice unless specified within the Schedule of Benefits.
13. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the law of the state in which the covered Accident or Sickness occurred. If such jurisdiction does not have a law to define Intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater.
14. Services or treatment rendered by any person who is: (a) employed or retained by the Participating Member; (b) living in the Covered Person's household; (c) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or (d) the Covered Person.
15. Any service, treatment or supply that is not considered Medically Necessary as defined in this Policy.
16. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury or Sickness.
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or prescriptions therefore.
18. Rest cures or Custodial Care.
19. Expenses payable by any automobile insurance policy without regard to fault. resulting from a motor vehicle accident in excess of that which is payable under any Health Care Plan.
20. Unless specifically provided for elsewhere in this Policy, the cost of treatment or services that are provided at no cost to the Covered person.
21. Organ transplants; medical treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.

General Exclusions *(continued)*

22. Expenses incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain.
23. Diagnosis and treatment of sleep disorders.
24. Transgender / sexual reassignment services, including but not limited to therapy, hormone therapy and surgeries and transgender travel expenses.
25. Treatment of acne.
26. A covered Accident or Sickness that occurs while the Covered Person's in their Home Country.
27. Treatment or services provided by a private duty nurse.
28. Routine physical exams annual eye exams, and medical services or wellness visits except as specifically provided for in this Policy.
29. Covered Expenses for which the Covered Person would not be responsible for in the absence of this Policy.
30. Any Medical Expense not specifically covered by this Policy.
31. Expenses for dental services and palliative services unless specified in the Schedule of Benefits.
32. Experimental or Investigational treatment or procedures and treatment not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
33. Expenses resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance.
34. Duplicate services provided by both a certified nurse, midwife and Physician.
35. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
36. Drug, treatment or procedure that promotes childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
37. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Covered Person is covered under the Policy and rendered within 6 months of the Accident.
38. Foot care including flat foot conditions; corns; calluses; toenails; weak feet.
39. Weight reduction programs or surgical treatment of obesity.
40. Elective or Cosmetic Surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body. Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness.
41. 41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: (a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or (b) While being used for any test or experimental purpose; or (c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or (d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Member of any subsidiary or affiliate of the Participating Member, or by the Plan Participant or any member of his household; or (e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (f) An ultra light, hang gliding, Parachuting or bungee-cord jumping. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
42. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
43. Covered Person being exposed to the utilization of nuclear, chemical or biological weapons of mass destruction.
44. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency.
45. Health spa or similar facilities; strengthening programs.
46. Pre-existing Conditions in excess of $10,000 except for a Covered Person who has been continuously insured for at least 6 consecutive months under the Participating Member's plan.
47. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.

General Limitations

Limitation for Sports Injuries

Benefits will be paid for Covered Expenses incurred for treatment of covered Injuries that result directly and independently of all other causes from a covered Accident that occurred while the Covered Person was participating in any covered sports related activity as shown in the COVERAGE FOR SPORTS RELATED INJURIES provision. Benefits will not exceed the Benefit Limit shown in the Schedule of Benefits.

Limitation for Motor Vehicle Accidents

Benefits will be paid for Covered Expenses incurred for treatment of covered Injuries that result directly and independently of all other causes from a covered Accident that occurred while the Covered Person was riding in or driving a motor vehicle. Benefits will not exceed the Benefit Limit shown in the Schedule of Benefits.

Non-Duplication of Benefits

This provision applies if:

1. Any other Health Care Plan covers the Covered Person; and
2. Total benefits under all Plans would exceed the Covered Expenses actually incurred; and
3. We are not defined as primary under another Health Care Plan's Coordination of Benefits provision.

When the total of benefits payable by all Health Care Plans, whether or not claim is made for those benefits, exceeds Covered Expenses incurred, any Expense-Incurred Accident or Sickness Benefits We pay will be reduced by such excess.

Non-Duplication of Benefits When This Policy and Other Plans Are Excess

This provision applies if benefits under any other Health Care Plan are covered under this Policy, and coverage under this Policy and the other Plan are excess. We pay a pro rata share of the total amount of Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses. Our pro rata share equals the total of benefits payable under this Policy multiplied by a fraction, of which the numerator is the benefits We pay and the denominator is the total of benefits payable by all Health Care Plans for the same covered Accident or Sickness.

Multiple Coverages

The Covered Person is not eligible for blanket Accident or Sickness benefits under more than one policy issued by Us. If premium is being paid under more than one such policy, benefits will be in effect under the policy providing the greatest benefit, and premium paid under any other policies will be refunded.

General Definitions

Please note that certain words used in the Policy have specific meanings. Key terms used in the Policy are defined below. This is a partial list; for a full list of terms, please refer to the Policy Certificate.

Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in a covered Injury or Covered Loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under the Policy;
2. Is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the terms of the Policy.

Benefit Percentage means the percentage of Covered Expenses We pay that are incurred by the Covered Person after He satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

Coinsurance means the ratio by which the Covered Person and the Company share in the payment of Covered Expenses for Medically Necessary treatment after the Deductible, if any, has been met. The percentage the Company pays is stated in the Schedule of Benefits.

Confinement or **Confined** means the continuous period a Covered Person spends as an In-Patient in a Hospital due to the same or related cause.

Copayment or Copay means a specified charge that the Covered Person is required to pay when a medical service is rendered.

Cosmetic Surgery means surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

Covered Expenses means the Usual and Customary Charges or the Negotiated Rate for In-Network Providers for services or supplies listed in the Schedule of Benefits, and described in the Accident or Sickness Medical Benefits section, that the Covered Person incurs during the Benefit Period for Medically Necessary treatment of a covered Injury or Sickness. A Physician must recommend and approve these services or supplies.

Covered Loss means a loss:

1. Which is the result of a covered Injury or Sickness to a Covered Person;
2. For which benefits are payable under the Policy; and
3. Which is not otherwise excluded under the terms of the Policy.

Covered Person or **Insured** means an Eligible Person, as defined in the Schedule of Benefits, for whom required premium has been paid when due, and for whom coverage under the Policy remains in force.

Covered Pregnancy means a Pregnancy which began after the effective date of the Policy or the Certificate of Coverage applicable to the Covered Person. Pregnancy which is conceived prior to the Covered Person's effective date under the Policy will be covered if the Covered Person was continuously covered under the Participating Member's plan.

Deductible means the dollar amount of Covered Expenses which must be incurred, as applicable, and paid by the Covered Person before benefits are payable under the Policy. The Deductible may apply to each Covered Person, for each Policy Term or per Accident or Sickness, as shown in the Schedule of Benefits.

Emergency means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in:

1. Permanently placing the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in jeopardy, or
2. Causing other serious medical consequences; or
3. Causing serious impairment to bodily functions; or
4. Causing serious and permanent dysfunction of any bodily organ or part.

Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical Emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

General Definitions *(continued)*

Experimental or **Investigational** means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other governmental agency approval not received at the time services are rendered. We will make the final determination as to what is Experimental or Investigative.

He, His and Him means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

Home Country means the country where a Covered Person has His true, fixed and permanent home and principal establishment and holds a current and valid passport. However, the Home Country of an Eligible Dependent who is a Child is the same as that of the Covered Person.

Hospital means an institution that meets all of the following:

1. It is licensed as a Hospital pursuant to applicable law;
2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. It charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. Rehabilitation, convalescent, custodial, educational, long-term acute care or nursing care;
2. The aged, drug addicts or alcoholics;
3. A Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay.

Hospital Stay means a Confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a covered Accident or Sickness.

Immediate Family Member means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, including stepparent, including stepbrother or stepsister, grandparent or grandchild(ren), aunts, uncles, Children, including legally adopted child or stepchild.

Injury or **Injuries** means any bodily harm that results, directly and independently of all other causes, from a covered Accident. A covered Injury includes aggravation of an injury sustained before the covered Accident, if such aggravation resulted directly and independently of all other causes from a covered Accident, but only if a Physician had released the Covered Person to participate in the covered activity during which the covered Accident occurred. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered one Injury.

In-Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate. The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

In-Patient means a Covered Person who is Confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to Confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "in-patient" shall mean a Covered Person who is required to be Confined for a period of at least a full day as determined by the Hospital.

Maximum Benefit means the total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

General Definitions *(continued)*

Medically Necessary services or supplies are those that We determine to be all of the following:

1. Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.
2. Provided for the diagnosis or direct care and treatment of the medical condition.
3. Within standards of good medical practice within the organized community.
4. Not primarily for the patient's, the Physician's, or another provider's convenience.
5. The most appropriate supply or level of service that can safely be provided. For Hospital Stays, this means acute care as an In-Patient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an Out-Patient or in a less intensified medical setting.
6. Not Experimental or Investigational unless approved in writing by Us.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

Negotiated Rate means the compensation for medical services provided by an In-Network Provider which the In-Network Provider has agreed to accept as full compensation for medical services covered under the Policy.

Out-of-Network Provider means a Physician, Hospital and other healthcare providers who have not agreed to a Negotiated Rate. A Covered Person may incur Out-of-Pocket expenses with these providers. Charges in excess of the Company's payment are the Covered Person's responsibility.

Out-Patient means a Covered Person who receives Medically Necessary treatment on an Out-Patient basis in a Hospital or another institution, including; Ambulatory Surgical Center; convalescent/Skilled Nursing Facility; or Physician's office, for an Injury or Sickness, but who is not Confined and is not charged for room and board.

Out-of-Pocket Maximum means the maximum dollar amount the Covered Person is responsible to pay during the Policy Term. After the Covered Person has reached the Out-of-Pocket Maximum, the Policy pays 100% of Covered Expenses up to the maximums shown in the Schedule of Benefits for the remainder of the Policy. The Out-of-Pocket Maximum is not met by accumulated Deductible, Coinsurance and Copayments. Penalties and amounts above the Usual and Customary Charge do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

Physician means a person who is a qualified practitioner of medicine. As such, He must be acting within the scope of his license under the laws in the state in which he practices and providing only those medical services which are within the scope of his license or certificate. It does not include a Covered Person, an Immediate Family Member of either the Covered Person or the Covered Person's spouse.

Physical Therapy or **Physiotherapy In-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

Physical Therapy or **Physiotherapy Out-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

Policy Term or **Policy Year** means the period of a year or less, and any subsequent period of a year or less, that an Eligible Person is covered under the Policy, in accordance with a Certificate of Coverage, provided the premium is paid according to the agreed terms.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6 month period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person:

1. Received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
2. Took or received a prescription for drugs or medicine.

Pregnancy which is conceived prior to the Insured's effective date under the Policy will be covered if the Insured was continuously covered under the Participating Member's plan.

Pregnancy means the physical condition of being pregnant, including Complications of Pregnancy.

General Definitions *(continued)*

Sickness or Sicknesses means an illness, disorder, pathology, abnormality, ailment, disease or any other medical physical or health condition of a Covered Person, which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Usual and Customary Charge (U&C) means the normal charge, in the absence of insurance, made by the provider of any Medically Necessary treatment, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience; or
2. For a supply that is identical or substantially equivalent.

We, Our, Us means The Pan-American International Insurance Corporation, (A Stock Company) underwriting these benefits.

You, Your means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

Claim Provisions

Notice of Claim

Written or authorized electronic/telephonic notice must be given to Us or Our authorized agent within 30 days after a covered Accident or Sickness occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 12 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Participating Member's name and Member Plan Number and the Covered Person's name and address.

Claim Forms

We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than 12 months after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.

Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to His estate. If any payee of benefits is a minor or otherwise legally incompetent, We will pay benefits to the person designated as His legal guardian or conservator.

We may, at Our option, pay any Accident or Sickness Medical Benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay $1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to Conditional Claim Payment

If the Covered Person incurs Covered Expenses for covered Injuries received in a covered Accident or Sickness and it is likely a Third Party may be liable, We will pay benefits if:

1. The Covered Person first agrees in writing to refund the lesser of: (a) the amount We actually paid for such Covered Expenses; and (b) the amount actually received from the Third Party regardless of whether the amount is for such Covered Expenses; and
2. The Third Party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the Third Party's liability is satisfied in an amount less than the benefits paid under this Policy, We will pay the difference.

Claim Provisions *(continued)*

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Right of Recovery of Overpayment or Error:

Whenever the Company has made payments with respect to benefits payable under this Policy in excess of the amount necessary, We shall have the right to recover such payments. The Company shall notify the Covered Person or health care provider of such overpayment and request reimbursement from the Covered Person or health care provider. However, should the Covered Person or health care provider not provide such reimbursement, the Company has the right to offset such overpayment against any other benefits payable to the Covered Person or health care provider under this Policy to the extent of the overpayment. If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Subrogation

We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed first from such recovery to the extent of Our payments to the Covered Person. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.

How to File a Claim

1. Whenever possible, use an In-Network provider. They are typically able to start the claim for you automatically and you will pay less money out-of-pocket for treatment. You can find In-Network providers at this website: **https://www.whyuhc.com/us1** (click "Search the network for your healthcare provider: Options PPO," then follow the prompts to find a provider near you.)
2. After treatment, you will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. *Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.*
4. The provider will bill you for any amounts over what is covered by your insurance.
5. If you receive a bill from your provider that doesn't indicate they've billed the insurance, contact the provider to confirm they have your ID card on file, and ask them to submit the claim to UHCG on your behalf.

If you use an Out-of-Network provider or the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

1. Download a claim form from **https://www.acitpa.com/memberresources** and fill it out completely.
2. Attach bills for X-rays, lab charges, etc.
3. Before mailing, please make sure to include your name, address, and phone number, include a photocopy or scan of your insurance ID Card, and make copies of all statements and receipts for your records.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

   Administrative Concepts, Inc.
   PO Box 4000
   Collegeville, PA 19426
   Fax: (610) 293-9299
5. Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts, Inc. at **(888) 293.9229** or **claims@acitpa.com**.
6. To review your claims online, visit the Claims Member Portal at **https://secure.visit-aci.com/ClaimStatus/**

Privacy Practices

Important Information You Should Know

Respecting your privacy is a priority for Pan-American International Insurance Corporation (PAIIC). We take pride in keeping your personal information regarding insurance products and services you have with us private and confidential to assure we meet your financial needs.

To meet these objectives, we will collect, use and disclose your personal information only for purposes that include: underwriting, administration, claims adjudication, protecting against fraud, errors or misrepresentations, meeting legal, regulatory or contractual requirements. The only people who have access to your personal information are our employees, business partners such as insurance agents and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize.

This Notice has been provided to you in connection with a Certificate of Coverage which describes the benefits available to you under a student medical expense policy issued to the SMIC Trust. We will consider your utilization of coverage under the policy as evidence of your consent to Our processing of your sensitive information for the limited purpose of administering the coverage.

This notice serves as a summary of our privacy practices, and serves to briefly notify you of the information we collect about you, how we use it, how we protect it, and your rights.

For more information on our privacy practices, please visit www.palig.com/privacy-policy.

Information Collection, Protection, and Sharing

- We collect personal information in connection with the services offered. This may include information we receive on applications and other forms, contact information, medical and financial information, and information we receive from third-parties, including consumer reporting services.
- We process your personal information when necessary to provide the services set out in a contract, when it is in our or a third-party's legitimate interests, or when it is required or allowed by applicable law. When we process your sensitive personal data, it will be in line with applicable law, as necessary to provide you with our services, or with your permission.
- We share your information as necessary within our Group, with relevant policyholders, and with our business partners who help us provide services to you. We will only share your information as allowed under applicable law.
- We may disclose certain information to your insurance agent for the purpose of servicing your policy. However, you can limit or withdraw consent to these types of disclosures at any time.
- Pan-American Life is a global company, and where necessary we may allow your information to be shared with our affiliates or third-party service providers based in the United States and other countries. We will take steps to make sure that appropriate protection is in place to protect your information when it is transferred internationally.
- We keep your personal information in line with appropriate retention periods. The length of these periods is determined by relevant regulations, the information collected, and our obligations to you as a customer.
- Protecting your information is of the utmost importance to us. We use technical and physical safeguards to protect the security of your personal information from unauthorized disclosure. We also take every step to ensure that only authorized employees and third-parties with legitimate business purposes have access to your personal information.

Your Rights

- You have the right to access your information and request corrections to your data.
- You also have the right to object to our use of your information, to request the transfer of information you have provided, to withdraw permission for our use of your information, and to ask us not to use automated decision-making which will affect you.
- Rights are not absolute and may be subject to review.
- If you have any questions or concerns about this notice or Pan-American Life's privacy practices, you can contact us via email at privacy@palig.com or by telephone at 1-877-939- 4550.

In addition, the Office of the Ombudsman provides oversight on data protection matters:

Office of the Ombudsman
Anderson Square
64 Shedden Road, PO 2252
Grand Cayman KY1-1107
Cayman Islands
T +1-345-946-6283
F +1-345-946-6222
info@ombudsman.ky