



STUDENT DEFENDER

International Student Health Insurance



*Committed
to you!*

Underwritten by Crum & Forster SPC, part of
Crum & Forster Group Companies
Policy Year 2025-2026



INTERNATIONAL
STUDENT
INSURANCE

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Notice

For further information on this Plan, visit www.InternationalStudentInsurance.com

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to you. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us (877) 758-4391 or by visiting us at <https://www.internationalstudentinsurance.com>

Seeking

Care



Telemedicine*

Your plan includes access to MD Live, virtual telemedicine. If you have a minor or non-urgent medical need, you can use MD Live to see a doctor or get a prescription from anywhere, at any time using your phone or computer. You have an unlimited number of visits.

To access MD Live,
call (888) 976-0802



Emotional Wellness*

The plan includes access to Support Linc offering certified/registered counselors 24/7/365 with unlimited calls. Should it be determined that the member needs further care, then the counselor will find a provider and the program will allow for up to 3 face to face visits.

To access Support Linc,
call (888) 881-5462



Campus Health Care

School on-campus health services are available to most members. The campus health center offers limited services for no or low cost to students. For other services, students must pay up front and then submit a claim for reimbursement by the insurance. Please contact your campus health center for further details.



Prescription Drugs

Prescriptions filled at an Express Scripts pharmacy will be paid at 100% after a \$30 Copay/\$0 Copay for contraceptive drugs. You must pay in full for prescriptions filled at an Out-of-Network pharmacy, then submit a claim for reimbursement. Some local Express Scripts pharmacies include CVS, Rite Aid, Safeway, Vons, Walgreens, and Walmart.

To locate an Express Scripts pharmacy, call (800) 400-0136 or visit www.express-scripts.com



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



Doctors/Hospitals

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the Aetna Passport Network.

If you need to see a doctor or visit a hospital, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO physician or facility, you may pay less money out-of-pocket.



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

General

Information

Enrollment

Enrollment and waivers can be done via our website at:

www.InternationalStudentInsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391

Extension of Benefits after Termination

If a Plan Participant is Hospital Confined on the Termination Date, benefits will continue to be paid until the earlier of either discharge from the Hospital they are confined to or until the Maximum Benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days after the Termination Date.

Cancellation/Refunds

You can cancel your policy and receive a full refund as long as your coverage has not become effective. Once effective, refund of premium is not allowed, unless your school, within 31 days of the plan's start date, does not accept the policy benefits as meeting the school's minimum requirements OR you withdraw from school within 31 days of the plan's start date. You must submit a cancellation form and you would receive a pro-rated refund for the unused whole months.

Premium refund requests will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager.

ID Card

Once you are enrolled in the plan, you will receive an e-mail with all your policy documents and a copy of your PDF Insurance ID card. Carry your ID card with you at all times! You will need your card when you visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

Pre-Existing Conditions

This plan includes coverage for pre-existing medical conditions, subject to the other terms and conditions as listed in this document.

Eligibility

All international students and scholars age 65 and under with a current passport and an F-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities.

OPT participants, J1 Visa holders, Dual Citizens or permanent residents of the United States are not eligible.

The Company maintains its right to investigate student status, attendance records and Visa/Passport status to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

Terms of Coverage

Plan Effective Date

The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M.

Plan Participant's Effective Date

Coverage becomes effective 12:01 am on latest of:

1. the effective date of the plan; or
2. the date the enrollment form and premium are received by the underwriting company or its designated representative; or
3. the date requested on the enrollment form.

Plan Termination Date

Termination takes effect at 11:59 P.M. time on the date of termination.

Plan Participant's Termination Date

Coverage terminates at 11:59 p.m. on the earliest of:

1. the last date which premium is paid; or
2. the date the plan participant is no longer eligible; or
3. the date of entry into active duty military service.

Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 365 days per policy period.

Claims

Information

In-Network Claims

When seeking medical care within the Aetna Passport Network, the medical provider will submit your claims electronically for processing. You will still need to follow these steps to get your claims processed and paid:

1. Present your insurance ID card at the time of treatment.
2. Your claim will be sent directly to ACI for processing and you will receive your EOB once the claim is completed.
3. If you have not received your EOB or have questions about your claim please contact:

Administrative Concepts, Inc
PO Box 4000
Collegeville, PA 19426-9000
Email: aciclaims@visit-aci.com
Fax: 610-293-9299

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network, they will not be able to submit your bills directly. You will need to follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Attach copies of your bills, receipts, lab charges and prescriptions
4. Submit your claim form to:

Administrative Concepts, Inc
PO Box 4000
Collegeville, PA 19426-9000
Email: aciclaims@visit-aci.com
Fax: 610-293-9299

Explanation of Benefits

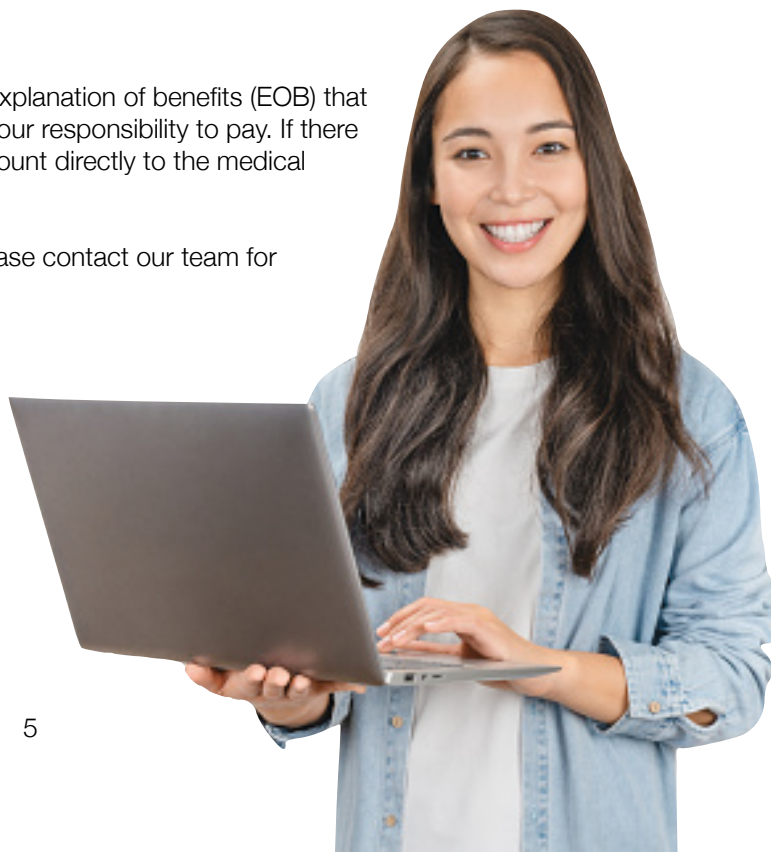
Once all your details are submitted, you will receive an explanation of benefits (EOB) that shows what the insurance company paid, and what is your responsibility to pay. If there is any patient responsibility, you will need to pay this amount directly to the medical provider that you sought medical care from.

If you have any questions about the claims process, please contact our team for assistance and support:

info@internationalstudentinsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391



Plan

Benefits

	In-Network	Out-Network
Policy Term Maximum	Unlimited	
Deductible	\$200, \$500 or \$1,500 \$0 at Student Health Center, and Payable at 100% Coinsurance	
Out of Pocket Maximum	\$9,200	
Coinsurance	80% of Preferred Allowance	60% of URC
Physician Visit (Primary Care Physician & Specialist)	80% of Preferred Allowance; \$50 Copay	60% of URC; \$50 Deductible
Urgent Care	80% of Preferred Allowance; \$100 Copay	60% of URC; \$100 Deductible
Emergency Room	80% of Preferred Allowance; \$500 Copay (Waived if Admitted)	60% of URC; \$500 Deductible (Waived if Admitted)
Hospital Room & Board	80% of preferred allowance; \$500 copay	60% of URC; \$500 Deductible
Intensive Care/Cardiac Care Unit	80% of Preferred Allowance	60% of URC
Surgeon (In or Outpatient)	80% of Preferred Allowance	60% of URC
Assistant Surgeon	80% of Preferred Allowance	60% of URC
Pre-Admission Testing	80% of Preferred Allowance	60% of URC
Anesthesia	80% of Preferred Allowance	60% of URC
Day Surgery Miscellaneous	80% of Preferred Allowance	60% of URC
Diagnostic X-Ray and Lab (MRI/CAT Scan \$150 copay)	80% of Preferred Allowance	60% of URC
Ambulance	80% of Preferred Allowance	60% of URC
Wellness (Includes, not limited to Student Health Center)	80% of Preferred Allowance Deductible Does not Apply	No Benefit
Radiation/Chemotherapy	80% of Preferred Allowance	60% of URC
Maternity and Pre-natal Care	Covered as Any Other Sickness Conception must occur while covered under the plan.	
Mental & Nervous Conditions (Includes Alcohol & Drug Abuse)	80% of Preferred Allowance	60% of URC

	In-Network	Out-Network
Emergency Dental	80% of Preferred Allowance \$250 maximum	60% of URC \$250 maximum
Physiotherapy	80% of Preferred Allowance \$1,500 maximum	60% of URC \$1,500 maximum
Chiropractic and Acupuncture	\$50 per visit, \$500 maximum	\$50 per visit, \$500 maximum
Durable Medical Equipment	80% of Preferred Allowance	60% of URC
Skilled Nursing Facility	80% of Preferred Allowance	60% of URC
Emergency Medical Evacuation/ Repatriation	100% of Actual Expense up to \$100,000	
Return of Mortal Remains	100% of Actual Expense up to \$50,000	
Family Assistance Benefit	100% of Actual Expense up to \$1,500	
Athletic Sports Benefit (Intramural & Club)	80% of Preferred Allowance	60% of URC
Prescription Drug	Copayment: \$30 per Prescription, Based on 30 day Supply per Prescription Contraceptive Drugs: \$0 Copay	
Accidental Death and Dismemberment	Principal Sum: \$10,000	

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.

Plan

Pricing

	\$200 Deductible	\$500 Deductible	\$1,500 Deductible
Under 25 years old	\$116 per month	\$111 per month	\$102 per month
25 to 29 years old	\$198 per month	\$189 per month	\$174 per month
30 to 64 years old	\$451 per month	\$431 per month	\$396 per month

Plan costs include insurance premiums and non-insurance benefits listed.

Rates are effective 06/01/2025 to 05/31/2026.

Minimum purchase requirement is four (4) months.



Description

PART A: ACCIDENT AND SICKNESS BENEFITS

Accidental Death and Dismemberment

If, within one year from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers from a Covered Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Plan Participant. The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit. Benefits are payable if such Injury:

1. Occurs during the course of time the Plan Participant is covered under the Policy;

Loss Of	Benefit - Percentage of Principal Sum
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	50%
Loss of One Foot and Entire Sight of One Eye	50%
Loss of Speech and Hearing (both ears)	50%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a 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 the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total, permanent and irrecoverable loss of audible communication.

Loss of Hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means.

Loss of a Thumb and Index Finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

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

Accident and Sickness Medical Expense Benefits

We will pay Accident or Injury and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Deductibles, Co-Payment, Coinsurance Factors, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident or Injury and Sickness Medical Expense Benefits are only payable:

1. for Usual, Reasonable and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Plan Participant;
3. for Eligible Expenses incurred during the term of the Policy.

No benefits will be paid for any expenses incurred that are in excess of Usual, Reasonable and Customary Charges.

Eligible Medical Expenses include:

1. Hospital Admission Expenses: Charges for each hospital admission.
2. Outpatient Pre-Surgical Testing benefit - charges for Pre-surgical testing. A scheduled surgical procedure must occur within 7 days of the testing.
3. Nursing Services - Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
4. Skilled Nursing Facility - charges for services as described in the schedule of benefits. The benefit provides skilled nursing 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A SNF provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence.

A SNF confinement must take place within 14 days from a hospital discharge and must represent care for the same condition which required hospitalization that lasted a minimum of three days. Care may not be custodial in nature (e.g., care which could be performed at home). The facility may not be primarily a place which provides general care for the aged.

5. Hospice Care Benefit as follows:
 - a) nursing care by a Registered Nurse; or a licensed practical Registered Nurse, a vocational Registered Nurse, or a public health Registered Nurse who is under the direct supervision of a Registered Nurse;
 - b) physical therapy and speech therapy when rendered by a licensed therapist;
 - c) medical supplies, including drugs and the use of medical appliances;
 - d) physician's services; and
 - e) services, supplies, and treatments deemed Medically Necessary and ordered by a licensed Physician.
6. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
7. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

Additional Benefits

HOSPITAL ROOM & BOARD BENEFIT

We will pay charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge. Hospital Room and Board expenses will include floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.

INTENSIVE CARE/CARDIAC CARE UNIT BENEFIT

We will pay charges for each day of Intensive Care /Cardiac Care Unit confinement, up to the Daily Maximum Benefit shown in the schedule per day. This payment is in lieu of payment for the Hospital Room and Board charges for those days and includes nursing services.

HOSPITAL MISCELLANEOUS EXPENSE BENEFIT

We will pay for services, supplies and charges during a Hospital Stay, up to the Maximum Daily Benefit Amount shown in the schedule per day. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies; and blood and blood transfusions. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.

SURGEON (IN OR OUTPATIENT) BENEFITS

We will pay charges for:

1. A Physician, for primary performance of a surgical procedure, up to the Maximum Benefit Amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Eligible Expenses for the additional surgeries.
2. A Physician, for assistant surgeon duties up to the Maximum Benefit shown in the Schedule of Benefits.

ASSISTANT SURGEON BENEFIT

If, in connection with such operation, a Plan Participant requires the services of an Assistant Surgeon, We will pay the Covered Percentage of the Covered Expense incurred.

PRE-ADMISSION TESTING BENEFIT

We will pay benefits for charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing).

ANESTHESIA BENEFIT

We will pay benefits for Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.

DAY SURGERY MISCELLANEOUS BENEFIT

We will pay Day Surgery Miscellaneous benefits for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies, on an outpatient basis.

DIAGNOSTIC X-RAY AND LABORATORY BENEFIT

We will pay the benefit if the Plan Participant requires diagnostic x-ray and/or laboratory examinations and services due to a Covered Loss, up to the Maximum Benefit per Covered Accident or Injury or Sickness indicated in the Schedule of Benefits. Outpatient x-ray services and laboratory tests are limited to the amount shown in the Schedule of Benefits.

AMBULANCE BENEFIT

When, by reason of Injury or Sickness, a Plan Participant requires the use of a community or Hospital Ambulance in a Medical Emergency, We will pay a Benefit Amount up to a Maximum shown in the schedule, within the metropolitan area in which the Plan Participant is located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or

Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

PHYSICIAN VISIT BENEFIT (INPATIENT)

We will pay charges by a Physician for other than pre- or post-operative care for in-Hospital visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.

PHYSICIAN VISIT BENEFIT (OUTPATIENT)

We will pay charges by a Physician for office visits, up to the Maximum Benefit Amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined Maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.

CONSULTANT PHYSICIAN BENEFIT

If, by reason of Injury or Sickness, a Plan Participant requires the services of a Consultant or Specialist when they are deemed necessary and ordered by an attending Physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Percentage of the Eligible expenses incurred.

RADIATION/ CHEMOTHERAPY THERAPY EXPENSE BENEFIT

We will pay the Covered Percentage for the Eligible expenses incurred by a Plan Participant for drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as:

1. the drug is ordered by a Physician for the treatment of a specific type of neoplasm;
2. the drug is approved by the FDA for use in antineoplastic therapy;
3. the drug is used as part of an antineoplastic drug regimen;
4. current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and
5. the Physician has obtained informed consent from the patient for the treatment regimen that includes FDA approved drugs for off-label indications.

URGENT CARE BENEFIT

We will pay benefits for Urgent Care treatment due to a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Injury or Sickness.

Urgent Care means a walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional Emergency Room. Urgent care centers primarily treat Injuries or Sicknesses requiring immediate care, but not serious enough to require an Emergency Room visit.

EMERGENCY ROOM BENEFIT

We will pay this benefit if the Plan Participant requires Emergency Room treatment due to a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Injury or Sickness.

Emergency Room means a trauma center or special area in a Hospital that is equipped and staffed to give people Emergency Treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

Services including physician charges and related x-ray/laboratory interpretations will be paid under this benefit.

WELLNESS MEDICAL EXPENSE BENEFIT

We will pay Eligible Expenses, as per the limits stated in the Schedule of Benefits, Sickness Medical. Coverage is limited to the following expenses incurred subject to Exclusions. This benefit is not subject to Deductible or Coinsurance. 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 include:

1. Routine physical examinations: per Plan term which includes, one routine physical examination, laboratory tests, x-rays and any other medical expense related to the examination.
2. Preventive medical attention: includes, annual Screening Mammogram for women; an annual cervical screening for women; a gynecological exam for women; Immunizations; Contraceptive Devices; Colorectal screening for adults over 50, an annual standard prostate diagnostic examination including, but not limited to, a digital rectal examination prostate-specific antigen test for men: (1) age fifty and over who are asymptomatic; and (2) age forty and over with a family history of prostate cancer or other prostate cancer risk factors.

MATERNITY AND PRE-NATAL CARE BENEFIT

When a covered Maternity is incurred by a Plan Participant the Company will pay the Usual, Reasonable and Customary medical expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Maternity. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits Maternity, as to Eligible Expenses during any one period of individual coverage.

Benefits will be payable for Eligible Expenses an Plan Participant incurs before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Plan Participant and her newborn Child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Plan Participant Person's attending Physician determines further Inpatient postpartum care is not necessary for the Plan Participant or her newborn Child provided the following are met:

1. In the opinion of the Plan Participant Person's attending Physician, the newborn Child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
 - a) The antepartum, intrapartum, postpartum course of the mother and infant;
 - b) The gestational stage, birth weight, and clinical condition of the infant;
 - c) The demonstrated ability of the mother to care for the infant after discharge; and
 - d) The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to the Plan Participant at her residence by a Physician or Registered Nurse performed no later than forty-eight (48) hours following discharge of the Plan Participant and her newborn Child from the Hospital. Coverage for this visit includes, but is not limited to:
 - a) Parent education;
 - b) Assistance in training in breast or bottle feeding; and
 - c) Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Plan Participant or newborn Child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Plan Participant Person's discretion, this visit may occur at the Physician's office.)

DIABETES TREATMENT EXPENSE BENEFIT

We cover charges for the following Medically Necessary diabetes equipment services and supplies for the treatment of diabetes, when recommended by a Doctor or other licensed health care provider. We treat such charges the same way We treat any other Eligible expenses for a Sickness. Such supplies include: blood glucose monitors, blood glucose monitors for the legally blind, data management systems, test strips for glucose monitors and visual reading,

urine test strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices or oral agents for controlling blood sugar. We also cover charges for expenses incurred for diabetes self-management education.

Coverage for self-management education and education relating to diet shall be limited to Medically Necessary visits upon the diagnosis of diabetes, where a Doctor diagnoses a significant change in the Covered Person's symptoms or conditions which necessitates changes in a patient's self-management or upon determination that reeducation or refresher education is necessary. Diabetes self-management education may be provided by a Doctor or other licensed healthcare provider, the Doctor's office staff, as part of an office visit, or by a certified diabetes nurse educator, certified nutritionist, certified dietician registered dietician. Education may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet includes Medically Necessary home visits.

MENTAL AND NERVOUS CONDITIONS EXPENSE BENEFIT

If a Plan Participant requires treatment for a Mental or Nervous Condition, We will pay for such treatment as follows:

BENEFITS FOR INPATIENT HOSPITAL CONFINEMENT

When a Plan Participant requires Hospital Confinement for treatment of a Mental or Nervous Condition, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement. Such confinement must be in a licensed or certified facility, including Hospitals.

BENEFITS FOR OUTPATIENT MENTAL AND NERVOUS SERVICES

We will pay the Covered Percentage of the Eligible Expenses incurred for the outpatient treatment of Mental and Nervous Conditions as defined up to one visit per day.

The Mental and Nervous Condition must, in the professional judgment of healthcare providers, be treatable, and the treatment must be Medically Necessary.

Outpatient treatment and Physician services include charges made by an outpatient treatment department of a Hospital, or community mental health facility, or charges for services rendered in a Physician's office. Treatment may be provided by any properly licensed Physician, psychologist or other provider as required by law.

Biologically Based Mental Sickness means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness.

We will pay the Covered Percentage of the Eligible Expenses incurred for treatment of biologically based mental Sickness, including:

- a) Schizophrenia;
- b) Schizoaffective disorder;
- c) bipolar affective disorder;
- d) major depressive disorder;
- e) specific obsessive-compulsive disorder;
- f) delusional disorders;
- g) obsessive compulsive disorders;
- h) binge eating, anorexia and bulimia; and
- i) panic disorder.

ALCOHOL AND DRUG ABUSE EXPENSE BENEFIT

If a Plan Participant requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

Benefits for inpatient Hospital Confinement

When a Plan Participant is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay the Covered Percentage of the Eligible Expenses incurred for such Hospital Confinement.

Such Confinement must be in a licensed or certified facility, including Hospitals.

Benefits for Outpatient Alcohol and Drug Services

We will pay the Covered Percentage of the Eligible Expenses incurred for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency.

Outpatient Treatment and Physician services include charges for services rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies every three months that a Plan Participant needs to continue such treatment.

Alcohol Abuse means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Drug Abuse means a condition that is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

Detoxification Facility means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social and emotional needs of the individual by:

- a) monitoring the amount of alcohol and other toxic agents in the body of the individual;
- b) managing withdrawal symptoms; and
- c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol and Drug Abuse.

EMERGENCY DENTAL EXPENSE BENEFIT

We will pay benefits as described in the Schedule of Benefits for expenses for emergency dental treatment due to sustaining an Injury to natural teeth. We will pay benefits as described in the Schedule of Benefits for expenses incurred during the Plan Participant's Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.

PHYSIOTHERAPY EXPENSE BENEFIT

We will pay benefits as described in the Schedule of Benefits for eligible Physiotherapy expenses incurred by the Plan Participant. We will pay Usual, Reasonable and Customary expenses in excess of the Deductible as stated in the Schedule of Benefits. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Eligible Expenses during any one period of individual coverage.

For the purpose of this section, Physiotherapy means charges for physiotherapy if recommended by a Physician for the treatment of a specific Disablement or following hospitalization and administered by a licensed physiotherapist, up to up to the maximum amount shown in the Schedule of Benefits per day for the Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

DURABLE MEDICAL EQUIPMENT EXPENSE BENEFIT

If, by reason of Injury or Sickness, a Plan Participant requires the use of Durable Medical Equipment, We will pay the Covered Percentage of the Eligible Expenses incurred by a Plan Participant for such Durable Medical Equipment. We pay the Covered Percentage of the Eligible Expenses incurred by a Plan Participant for the purchase or rental of such item. In no event shall we pay rental charges in excess of the purchase price. Any rental charges paid will be applied toward the cost of the purchase price if the equipment is purchased at a later date. If Durable Medical Equipment is purchased, it is Our property and is to be returned to Us, at Our expense, upon completion of a Plan Participant's need, if so requested by Us.

We do not pay for the replacement of Durable Medical Equipment.

Durable Medical Equipment which includes braces and appliances means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of an Injury or Sickness; and
4. can be used in the home without medical supervision.

EXTENSION OF ACCIDENT AND SICKNESS MEDICAL BENEFITS

If a Plan Participant is under the care and treatment of a Physician and Hospital confined on the Termination Date of the Policy benefits will continue to be paid for that condition for a period of up to 30 days, discharge from the Hospital or the maximum benefit has been paid, whichever occurs first.

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
2. Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 60 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:
3. Return of Remains: In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

FAMILY ASSISTANCE BENEFIT

If the Primary Insured requires hospitalization exceeding seven (7) days we will pay the round trip air-fare based on the most economical air fare and room and board expenses up to a \$1,500 maximum for a family member to provide assistance. All expenses must be approved by the assistances company.

ATHLETIC SPORTS ACTIVITY BENEFIT

Coverage is provided up to the maximum amount payable as stated in the schedule if the Plan Participant's Injury or Sickness results from the below enumerated Athletic Sports activities:

1. Intramural Athletics and Club Sports

OUTPATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Eligible Expenses, subject to the Deductible Amount, co-payment, and Coinsurance Percentage shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the outpatient use by the Plan Participant:

1. On or after the Plan Participant's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the Maximum Benefit Amount shown on the Schedule of Benefits.

Plan

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

Each Exclusion listed below will be in-or-out depending on the plan.

1. War or any act of war, declared or undeclared, any Terroristic Act;
2. Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
3. Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
4. Voluntary, active participation in a riot or insurrection;
5. 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;
6. For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
7. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
8. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
9. Treatment of acne;
10. Charges which are in excess of Usual, Reasonable and Customary charges;
11. Charges that are not Medically Necessary;
12. Charges provided at no cost to the Plan Participant;
13. Expenses incurred for treatment while in Your Home Country;
14. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
15. Duplicate services actually provided by both a certified nurse midwife and Physician;
16. Any Covered Loss 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 Policyholder;
17. 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;
18. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
19. Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion limited to \$750;
20. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
21. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
22. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
23. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore; unless specifically covered by this Policy
24. Weak, strained or flat feet, corns, calluses, or toenails;
25. Private-duty nursing services;
26. The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
27. Expenses payable under any prior policy which was in force for the person making the claim
28. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature
29. For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary;
30. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
31. Travel in or upon;
 - a) A snowmobile;
 - b) A water jet ski
 - c) Any two or three wheeled motor vehicle
 - d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
32. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving

- underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus, solo diving snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
33. Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition;
 34. Rest cures or custodial care;
 35. Weight reduction programs or surgical treatment of obesity;
 36. Treatment of venereal disease;
 37. 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);
 38. 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 Policyholder
- of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household.
- 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 bungi-cord jumping;
 - g) 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.
39. Ionising 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.
 40. Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.
 41. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500;

Insurance

Definitions

The male pronoun includes the female whenever used.

For the purposes of the Policy the capitalized terms used herein are defined as follows:

Additional terms may be defined within the provision to which they apply.

Accident means an unforeseeable event which:

Causes Injury to one or more Plan Participants; and

Occurs while coverage is in effect for the Plan Participant.

Caregiver means an individual employed for the purpose of providing assistance with activities of daily living to the Plan Participant or to the Plan Participant's Immediate Family Member who has a physical or mental impairment. The Caregiver must be employed by the Plan Participant or the Plan Participant's Immediate Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

Child means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

Class means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

Coinsurance means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means Crum & Forster SPC on and behalf of ITI SP. Also hereinafter referred to as We, Us and Our.

Complications of Pregnancy means a condition which:

When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy.

When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible;

Complications of Pregnancy will not include:

False Labor;

Occasional spotting;

Physician prescribed rest during the period of pregnancy;

Morning Sickness; and

Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

Contraceptive Devices include one IUD every two years (including removal), diaphragms, and cervical caps.

Contraceptive Drugs include oral contraceptives (combined estrogen and progestin and progestin-only), NuvaRing, Depo-Provera and Ortho Evra.

Co-Payment means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

Cosmetic Surgery means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

Covered Accident means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Policy and indicated on the Schedule of Benefits.

Custodial Care means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

Deductible means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Policy. It applies separately to each Plan Participant.

Dentist means a legally licensed doctor of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Elective Treatment and Procedures means any Medical Treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by the Company to be research or experimental or that is not recognized as a generally accepted medical practice.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Policy is in force.

Emergency/Emergency Treatment means an Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine

would reasonably expect that failure to receive immediate medical attention would cause:

His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;

His bodily functions would be seriously impaired; or

A body organ or part would be seriously damaged.

Excluded Country means any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;

The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;

The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;

Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or

Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

Extended Care Facility means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

He, His and Him includes "she", "her" and "hers."

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

Group or blanket insurance, whether on an insured or self funded basis;

Hospital or medical service organizations on a group basis;

Health Maintenance Organizations on a group basis.

Group labor management plans;

Employee benefit organization plan;

Professional association plans on a group basis; or

Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or

Automobile no-fault coverage (unless prohibited by law).

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment holds a current and valid passport and to which he or she has the intention of returning..

Home Health Care means nursing care, treatment and Daily Living Services provided in the Plan Participant's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant's Immediate Family Member or other persons residing with the Plan Participant without causing undue hardship;

nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and

Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

Home Health Care consists of, but shall not be limited to, the following:

Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.

Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and

Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Evidence of Coverage if the Plan Participant had remained in the Hospital.

Hospital means an institution licensed, accredited or certified by the State that:

Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;

Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;

Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;

Has a staff of one or more licensed Physicians available at all times;

Provides organized facilities for diagnosis, treatment and surgery, either

on its premises; or

in facilities available to it, on a pre-arranged basis;

Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and

Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

the Joint Commission on Accreditation of Hospitals; or

the American Osteopathic Association; or

the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Immediate Family means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

Immunizations Include: flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention.

Injury means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Inpatient means a Plan Participant who is confined in an institution and is charged for room and board.

Insurance means the coverage that is provided under the Policy.

Intensive Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Intoxicated means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

Maximum Benefit means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits as found on the ID card.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury;

Prescribed or ordered by a Physician or furnished by a Hospital;

Performed in the least costly setting required by the condition;

Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

Is Experimental/Investigational or for research purposes;

Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;

Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;

Could have been omitted without adversely affecting the person's condition or the quality of medical care;

Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;

Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or

It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

Natural Teeth means the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

Non-Network Provider means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant's responsibility.

Occurrence means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

Outpatient means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Sickness or Injury, but who is not confined and is not charged for room and board.

Outpatient Surgical Facility means a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate Registered Nurses; (3) is authorized by law in the jurisdiction in which it is located to perform

surgical services and is licensed (if no license is required, officially approved) under law.

Out-of-Pocket Maximum means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term per Injury or Sickness. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term Injury or Sickness. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Co-payments. Penalties and amounts above the Usual, Reasonable and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

Participating Organization means any organization which elects to offer coverage by completing a Participation Agreement and that has been approved by the Company to sponsor coverage under the Policy.

Participation Agreement means the agreement completed by a Participating Organization for insurance under the Master Policy.

Permanent Residence means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning holds a current and valid passport.

Physician means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

Physical Therapy 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; or (5) manipulation or massage.

Plan Participant means a Person eligible for coverage as identified in the Enrollment/Application who is a Non-United States Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport; and for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Policy.

Policy means this document, the Master Application of the Policyholder and the Participating Organization and any end endorsements, riders or amendments that will attach during the Period of Coverage.

Policy Period means the period of time following the Policy's Effective Date, as shown on the Schedule of Benefits.

Policyholder means the entity shown as the Policyholder in the Schedule of Benefits.

Preferred Allowance means the amount a Network Provider will accept as payment in full for Eligible Expenses.

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

Prescription Drugs means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

Registered Nurse means a licensed registered professional Registered Nurse (R.N.).

Rehabilitation Facility means a non-residential facility that provides therapy and training rehabilitation services at a single location in a coordinated fashion, by or under the supervision of a physician

pursuant to the law of the jurisdiction in which treatment is provided. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy. The facility may be either of the following:

A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or

A free standing facility.

Service Provider means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means illness or disease which requires treatment by a Physician while covered by this Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

Spouse means lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.

Substance Abuse means alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

The actual amount charged by the provider;

The negotiated rate; or

The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

We, Our, Us means Crum & Forster SPC on and behalf of ITI SP.

You, Your, Yours, He or She means the Plan Participant who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

Complaints:

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at info@internationalstudentinsurance.com

Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC under the jurisdiction of the Cayman Islands, you become a member of the ITA Global Trust, LTD.