

This is a Description of Coverage for



ASSIST, Inc.

Underwritten By: ACE American Insurance Company (Referred to as "The Company")

You are entitled to the benefits outlined in this Description of Coverage if you have enrolled for this insurance and paid the required premium.

Eligibility: All registered students who participate in an international student exchange program sponsored by a participating school outside of their Home Country. Chaperones are also eligible for coverage under this Plan.

Period of Coverage: Coverage begins at 12:01 a.m. Standard Time at the school's address, on the latest of the following: a) the date of an Insured's departure from their Home Country; b) the date the school's enrollment form and premium are received by the Company or its designated representative; or c) the date requested in the school's enrollment form. Coverage will end on the latest of the following: a) the date of an Insured's return to their Home Country; b) the date requested in the school's enrollment form; or c) the date through which premium has been paid.

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

Medical Expense Benefits: If an Insured requires medical or surgical treatment for a covered Injury or Sickness that occurs during the Period of Coverage, the Company will pay 100% of the covered expenses up to a maximum of \$200,000 for usual and customary expenses listed below. A deductible of \$250 will apply per Emergency Room visit per covered Sickness. The Emergency Room deductible will be waived if the Covered Person is admitted to the hospital, suffers an Injury, or is the victim of a Felonious Assault. The deductible amounts consist of covered expenses that would otherwise be paid by the policy. The deductibles are the Covered Person's responsibility.

Covered Expenses: To be considered a covered expense under this Plan, it must: a) have been incurred and as a result of, and within 52 weeks of a covered Sickness or Injury during the Period of Coverage; b) not be excluded by the provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of expenses. All expenses will be deemed to be incurred on the date the service is rendered or supply is received. The covered expense shall in no event include any amount which is in excess of the usual and customary charges.

1. Expenses made by a hospital for room and board, general nursing and other 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 semi-private room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies (includes blood and blood transfusion, oxygen and its administration).
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist for 20 days per policy year. Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses incurred for treatment of mental disorders. Benefits are payable: a) up to a \$500 maximum for outpatient treatment; or b) eligible expenses incurred for inpatient treatment for a maximum period of 10 days.
7. Expenses for newborn nursery care, up to \$500 per policy year.
8. Therapeutic or Elective Termination of Pregnancy, \$500 per policy year.
9. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
10. Dental expenses resulting from an accident \$5,000 per occurrence and dental expenses for emergency pain relief treatment to sound, natural teeth: limit \$1,000 per occurrence maximum.
11. Emergency treatment of pregnancy up to a maximum of \$10,000

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

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by MEDEX Assistance (MEDEX) in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by MEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits.

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

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

Repatriation of Remains: The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

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

Emergency Reunion Benefit: In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days. In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. "Family Member" means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

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

Trip Interruption Benefit: we will reimburse the cost of a round trip economy air and/or ground transportation ticket of a Covered Person's Trip, up to the Benefit Maximum of \$2,000, if his or her Trip is interrupted as the result of: 1. the death of a Family Member; or 2. the unforeseen Injury or Sickness of the Covered Person's of a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted. "Family Member" means a Covered Person's parent, sister, brother, husband, wife, or children, or grandparent.

Extended Benefit Option: We will pay the benefit shown in the Schedule of Benefits, subject to the payment of the separate Deductible, while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for an Injury or Sickness within **30 days** of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury or sickness that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit

Accidental Death and Dismemberment Benefit: If Injury to the Insured results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident. **Principal Sum Life: \$25,000;**

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

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Exclusions and Limitations:

With respect to Medical Expense Benefit, Emergency Medical Evacuation Benefit, Repatriation of Remains Benefit, and Emergency Reunion Benefit, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions (defined as a Sickness, disease or other condition of the Insured, that in the 6 month period before the Insured's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. Losses incurred for Pre-existing Conditions are covered under this plan provided the Insured demonstrates that they had continuous Creditable Coverage insurance coverage for 6 months prior to becoming insured under this plan. After the Pre-existing Condition requirement is met, coverage will be considered continuous provided there is not a break in coverage. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.) **"Creditable Coverage" means:** 1. a self-funded employer group health plan under ERISA; 2. a group or individual health Insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of a tribal organization; 7. a state health benefits risk pool; 8. a health plan offered under the federal employees health benefits program (FEHBP); 9. a public health plan; or 10. a health benefit plan.
2. For services, supplies, or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor; or expenses which are non-medical in nature.
3. For suicide or attempted suicide, while sane or insane.
4. For loss incurred as a result of war or any act of war, whether declared or not.
5. For injury sustained while participating in professional or interscholastic sports unless the Participating Secondary School does not provide coverage under a group sponsored interscholastic sports policy, then benefits are payable.
6. For routine physicals.
7. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
8. For elective surgery.
9. For dental care, except as the result of Injury to natural teeth caused by an accident.
10. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.
11. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
12. For expenses as a result of, or in connection with, intentionally self-inflicted injury.
13. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
14. For scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing;
15. For treatment furnished under any other individual or group policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual.
16. For treatment by an immediate family member.
17. For treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
18. For expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
19. For personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
20. For organ or tissue transplants and related services.
21. For nasal and sinus surgery, except surgery made necessary as the result of a covered injury.
22. For treatment of acne.
23. For expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
24. For injury or sickness covered by Workers' Compensation, Employer's Liability or similar occupational benefits.
25. For loss incurred as a result of pregnancy and childbirth, except as provided by the Policy.
26. For expense incurred in connection with weak, strained or flat feet, corns, calluses, or toenails.
27. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.

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

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide; while sane or insane.
3. War or any act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. Piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Excess Benefits: All coverage, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply when such benefits are exhausted.

Right of Subrogation: If the Insured is injured as the result of another person's negligence, the Company has the right to seek reimbursement on his/her behalf against the negligent party for any claims paid under this Plan, unless prohibited by state law.

**Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., S. 1005, Wayne, PA 19087-1706.
From within the USA and Canada: 1-888-293-9229 Outside the USA or Canada call: 1-610-293-9229 Fax: 1-610-293-9299
www.visit-aci.com**

Beech Street Corporation is the recommended PPO. To locate a participating provider please contact Beech Street at 1-800-432-1776 or visit at their web site: www.beechstreet.com.

Emergency Assistance: MEDEX Global Solutions

Toll Free from within the USA and Canada: 1-800-527-0218; or call direct or collect: 410-453-6330



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

**Program Arranged By: CMI Insurance, A MEDEX Global Solutions Company, PO Box 19056, Baltimore, MD 21284
www.cmi-insurance.com. 1-800-586-0753, 410-583-2595 Fax 410-583-8244.**

Claim forms and instructions are available from the web site. Policy Number: GLM N0106065A

IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains its student health insurance is not subject to PPACA.

ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

Underwritten By: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Policy Number: GLM N0106065A

This Description of Coverage is a brief description of the important features of the insurance plan provided under Policy Form Number AH-15090. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N0106065A, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of ASSIST, Inc. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

Assist, June 2011



Claim Instructions

Please refer to the Description of Coverage for the Plan under which you are insured for the explanation of Benefits, Covered Expenses, Limitations, and Exclusions.

There are three ways claims may be treated by medical providers:

1. You may be billed for services by the health care providers instead of paying for the services immediately. You may pay the bills and then submit a claim to the Claims Administrator for reimbursement. Or, you may submit the bills and a claim form to the Administrator and authorize payment of medical benefits directly to the provider.
2. You may be asked to pay for the medical services when they are provided. This is called fee-for-service health care. After you pay for the health care provider, you can then file a claim for reimbursement of the covered expenses with the Claims Administrator.
3. The health care provider may accept the insurance and claim form and will file the claim on your behalf.

Under all three of the above, it is extremely important that the claim form be completed fully as to the nature of the accident or illness and that the Insured Person sign the authorization to release information as well as the assignment of benefits if you want payment to go directly to the provider. The Insured Person must complete the claim form, do not assume that a provider is doing this for you. The most common cause for late claim processing is lack of receipt of the claim information and claim form.

All claims (original medical bills, completed claim form, and original receipt for prescription charges, if applicable) should be submitted to:

**Administrative Concepts, Inc. (ACI)
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802**

**Within the US & Canada: 1-888-293-9229
Outside the USA & Canada: 1-610-293-9229
Fax: 1-610-293-9299
www.visit-aci.com**

ACI should be contacted with any questions concerning claims processing.

ACI may be contacted via their web site for specific questions as to the status of your claim submission. Claim forms and links to ACI for claim status and information are also provided at the claim section of www.cmi-insurance.com.

It is the Insured Person's responsibility to make sure that the original bills, etc., with a completed claim form, are submitted to Administrative Concepts, Inc. Do not assume that the provider will do this for you.

An important feature of the insurance plan is the inclusion of Assistance Services provided by MEDEX Global Group. MEDEX is available 24 hours per day, 7 days per week, and you are encouraged to call them for any and all medical emergencies. They may be reached toll-free at 1-800-527-0218 or from overseas call direct or collect to 1-410-453-6330 or using the numbers listed on the Description of Coverage. **MEDEX must be involved in any Emergency Medical Evacuation, Emergency Reunion or Repatriation of Remains procedures.** In addition, MEDEX may be of assistance in locating medical providers in the area of the world the Insured Person will be visiting. www.medexassist.com