



## Student Travel Insurance

Most High Schools and Universities with international students attending class at their institution require Sickness and Accident insurance. Pan-American International Insurance Corporation (PAIIC) and Waypoint Underwriting Management (Waypoint) have partnered together to develop Student Travel insurance programs geared to satisfying the needs of the student and school while he/she is studying in the United States.

### Notice

For further information on this Plan, please contact Waypoint at 908-367-3932.

Please keep this Plan 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 your school. 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 Pan-American International Insurance Corporation. The Policy will prevail in the event of any discrepancy between this Plan Summary 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.

# Student Travel Insurance

Student Travel insurance is essential for anyone planning to study or attend school abroad. Our student travel insurance plans offer the protection you need when coming to school in the United States, so you can concentrate on studying and enjoying your time — without worrying about accidents, medical costs, and other unfortunate mishaps.

Whether you plan on attending a single semester or completing a college degree, we have student insurance plans that offer the protection you need.

## General Information

### ***Eligibility***

All international students and scholars of the University or high school under the age of 65 with a current passport and an F-1 or J-1 visa who are registered and regularly attend enrolled classes at the University or high school as acceptable to Us and the Policyholder.

We maintain our right to investigate student status, attendance records and Visa/Passport status to verify that the eligibility requirements have been met. If an whenever we discover that the eligibility requirements have not been met, our only obligation is a refund of premium, less any claims paid.

Students may also insure their eligible Dependents. A Student's Spouse, Domestic Partner and Dependent Children becomes effective under this Policy if:

1. the Insured is eligible; or
2. the date the person becomes a Spouse, Domestic Partner or Dependent Child(ren).

In no event will a Spouse, Domestic Partner or Dependent Child(ren) be eligible if the Insured is not eligible. Also, an individual can't be covered as an Insured and either a Spouse, Domestic Partner or Dependent Child.

An Insured's newborn child is automatically covered from the moment of birth. Coverage for newborns shall be the same as for all other covered Dependent Children. If an additional premium must be paid for the newborn child, the Insured must notify Us in writing within 31 days of such birth and pay the required additional premium, in order to have coverage for the newborn child continue beyond such 31-day period.

An adopted child is automatically covered for the first 31 days from: the date of placement for the purpose of adoption; or the date of the entry of an order granting the adoptive parent custody of the child. Coverage for such child will be the same as for all other covered Dependent Children. If an additional premium must be paid for the adopted child, the Insured must: notify Us in writing within 31-days of: the date of placement, or the date of the entry; and pay the required additional premium; in order to have coverage for the adopted child continue beyond such 31-day period.

A foster child is automatically covered for the first 31-days from the date of placement in the foster home. Coverage for such child will be the same as for all other covered Dependent Children. If an additional premium must be paid for the foster child, the Insured must: notify Us in writing within 31-days of the date of placement; and pay the required additional premium; in order to have coverage for the foster child continue beyond such 31-day period.

## Terms of Coverage

### ***Coverage Length***

Coverage length may vary from 5 to 364 days

### ***Effective Date***

Insurance for a student becomes effective on the latest of: (1) the Certificate Effective Date; (2) the date on which such person first meets the eligibility criteria as an Insured; (3) the beginning of the period for which required premium is paid for the student; (4) the date of the student departure from their Home Country.

### ***Termination Date of Insurance for an Insured***

Insurance for an Insured automatically terminates on the earliest of: (1) the date the Policy terminates; (2) the termination date set forth in the Certificate Schedule of Benefits; (3) the date on which a person no longer meets the eligibility criteria as an Insured; (4) the period ends in which premium has been paid for; (5) the date the Insured returns to their Home Country for a period greater than: (a) 60 consecutive days; or (b) Winter or spring break.

### ***Premium Refund***

There are no premium refunds, except when the student leaves school and permanently returns to his or her Home Country or enters the armed forces of any country in which case a pro rata refund (for the number of full months remaining in the term) will be issued only upon request and only if there are no claims on file.

## **Policy Terms and Conditions**

### ***Extension of Benefits***

We will extend benefits under a Certificate for 3 months after an Insured's (or if included as part of the Insured's plan, the Insured's Spouse's or Dependent Child(ren)'s) coverage would otherwise end if on that date he or she is: (1) Hospital Confined for an injury or Sickness covered by the Policy; and (2) Under a Doctor's care. Any benefits payable under this provision will not exceed any Benefit Amount shown in the Schedule of Benefits section of this Policy.

### ***Pre-Existing Conditions***

Pre-Existing conditions are not covered under this plan of insurance. However, a pre-existing condition will be covered after the 6 months of continuous coverage under this plan.

### ***Scope of Coverage***

Primary Benefits - We will pay the Coinsurance percentage of the charges without regard to any Health Care Plan the student or family member may have, after any applicable Deductible has been satisfied.

### ***Disappearance***

If the Insured or Spouse, Domestic Partner or Dependent Child(ren) (if included as part of the Insured's plan) disappears and is not found within 1 year after the Insured's Spouse or Domestic Partner or personal representative has exhausted all law enforcement resources following the date of the an avalanche, or wrecking, sinking or disappearance of the conveyance in which the Insured or Spouse, Domestic Partner or Dependent Child(ren) (if included as part of the Insured's plan) was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Insured's or Spouse's, Domestic Partner's or Dependent Child(ren)'s (if included as part of the Insured's plan) death resulting directly and independently of all other causes from a Covered Accident.

### ***Precertification***

Treatment and supplies including hospital admission, in-patient or out-patient surgery, and other procedures as noted below must be pre-certified for medical necessity, which means the Insured or their attending Doctor must communicate with Us or Our claims representative at [Telephone Number of TPA] prior to admittance to a Hospital, before receiving certain treatments and supplies or performance of a surgery. In case of an emergency, the Precertification must be made within 48 hours of the admission or as soon as reasonably possible. If a Hospital admission or a surgery is not pre-certified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses eligible for reimbursement must be Medically Necessary and will be paid or reimbursed at Usual and Customary rates. The treatment and supplies that must be pre-certified are: (1) Cancer; (2) Non-Emergency Cardio Vascular Disease; (3) Non-Emergency Coronary Artery Bypass Graft; (4) Non-Emergency Kidney (Renal) Failure; (5) Non-Emergency Major Organ Transplant; (6) Disability; (7) Non-Emergency Stroke; (8) Coma; (9) Specialty Drugs; (10) Experimental Drugs and Services; (11) Radiological Exams; (12) Blood Infusions.

## Plan Benefits

All benefits listed in this schedule are in United States Dollar amounts. All medical (accident or sickness) benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person and the are provided up to the amount shown.

	In-Network	Out-of-Network
Lifetime Maximum	\$5,000,000	
Maximum per Sickness or Accident Medical	\$100,000, \$250,000, \$500,000	
Deductible: (per person, per certificate term)	\$100, \$500, \$1,000	
First Initial Treatment Period:	30 days	
Coinsurance	80% of all Covered Expenses up to \$10,000	60% of all Covered Expenses
Benefit Period	Certificate Term	

<b>Co-Pays</b>	In-Network	Out-of-Network
Prescription Drugs		
Generic RX	\$20	\$20
Specialty RX	\$50	\$50
Brand Name RX	\$25	\$25
Doctor Visits (PCP Visits)	\$25	\$50
Doctor Visits (Specialist)	\$50	\$75
Hospital Room and Board	\$150	\$250
Urgent Care Facility	\$25	\$50
Emergency Room	\$150	\$250
Diagnostic X-Ray	\$100	\$250
Radiation Therapy	\$100	\$250

<b>In-Patient Benefits</b>	In-Network	Out-of-Network
Hospital Room and Board	80% of PPO Allowance	60% of U&C
Intensive Care	80% of PPO Allowance	60% of U&C
Hospital Miscellaneous Expenses	80% of PPO Allowance	60% of U&C
Physical Therapy	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Surgery	80% of PPO Allowance	60% of U&C
Anesthetist Services	80% of PPO Allowance	60% of U&C
Doctor Visit (PCP Visits)	80% of PPO Allowance	60% of U&C
Doctor Visit (Specialist)	80% of PPO Allowance	60% of U&C
Osteopath	80% of PPO Allowance	60% of U&C
Chiropractor	80% of PPO Allowance	60% of U&C
Chiropodist	80% of PPO Allowance	60% of U&C
Podiatrist	80% of PPO Allowance	60% of U&C
Speech Therapist	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Acupuncturist	80% of PPO Allowance	60% of U&C
Psychotherapy	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Pregnancy	80% of PPO Allowance	60% of U&C
Mental and Nervous Treatment	80% of PPO Allowance	60% of U&C
Drug and Alcohol Treatment	80% of PPO Allowance	60% of U&C

<b><i>Outpatient Benefits</i></b>	In-Network	Out-of-Network
Surgery	80% of PPO Allowance	60% of U&C
Day Surgery Miscellaneous	80% of PPO Allowance	60% of U&C
Anesthetist	80% of PPO Allowance	60% of U&C
Assistant Surgeon	80% of PPO Allowance	60% of U&C
Doctor Visit (PCP Visit	80% of PPO Allowance	60% of U&C
Doctor Visit (Specialist):	80% of PPO Allowance	60% of U&C
Physical Therapy	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Chiropractic Care	80% of PPO Allowance	60% of U&C
Osteopath	80% of PPO Allowance	60% of U&C
Chiroprapist	80% of PPO Allowance	60% of U&C
Podiatrist	80% of PPO Allowance	60% of U&C
Speech Therapist	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Acupuncturist	80% of PPO Allowance	60% of U&C
Diagnostic X-Ray	80% of PPO Allowance	60% of U&C
Radiation Therapy	80% of PPO Allowance	60% of U&C
Laboratory Procedures	80% of PPO Allowance	60% of U&C
Miscellaneous Test and Procedures	80% of PPO Allowance	60% of U&C
Shots or Injections	80% of PPO Allowance	60% of U&C
Psychotherapy	80% of PPO Allowance up to 10 visits	60% of U&C up to 5 visits
Mental and Nervous Treatment	80% of PPO Allowance	60% of U&C
Drug and Alcohol Treatment	80% of PPO Allowance	60% of U&C
Chemotherapy	80% of PPO Allowance	60% of U&C

<b><i>Other Medical Benefits</i></b>	In-Network	Out-of-Network
Ground Ambulance	80% of PPO Allowance	60% of U&C
Air Ambulance	80% of PPO Allowance	60% of U&C
Braces and Appliances	80% of PPO Allowance	60% of U&C
Consultant Doctor Services	80% of PPO Allowance	60% of U&C
Durable Medical Equipment	80% of PPO Allowance up to \$5,000	60% of U&C up to \$5,000
Motor Vehicle Accident	80% of PPO Allowance up to \$100,000	60% of U&C up to \$100,000
Routine Newborn Hospital Nursery Care	80% of PPO Allowance up to \$500	60% of U&C u up to \$500
Cat Scan; MRI for a covered condition	80% of PPO Allowance	60% of U&C
Telehealth Service and Telemedicine Service	80% of PPO Allowance	60% of U&C
Brain Injury Treatment	80% of PPO Allowance	60% of U&C
Dental Treatment	80% of PPO Allowance	60% of U&C
Prescription Drugs	30 day supply	30 day supply

<b><i>Additional Benefits Offered</i></b>	
Emergency Travel Assistance Benefit	Actual Cost
Medical Evacuation Benefit	Actual Cost
Medical Repatriation Benefit	Actual Cost
Non-Medical Repatriation Benefit	Actual Cost
Return of Remains Benefit	Actual Cost

Visit to Hospital Benefit	Actual Cost
Return of Child Benefit	Actual Cost
Return of Companion Benefit	Actual Cost
Escort Services Benefit	Actual Cost
Dispatch of a Physician or Specialist Benefit	Actual Cost
Access Fee Benefit	Actual Cost
Accidental Death and Dismemberment Benefit	
Life	\$10,000
Two or more Members	\$10,000
One Member	\$5,000
Thumb and Index Finger of the Same Hand	\$2,500
Four Fingers	\$2,500

## Policy Exclusions

### ***Sickness and Accident Medical Exclusions***

The following exclusions apply to the Out of Country Medical Benefit: (1) war or any act of war, whether declared or not. War or act of war does not include acts of terrorism; (2) Piloting or serving as a crewmember; (3) Commission of or attempted to commit: a felony; an assault; or other illegal activity; (4) active participation in a riot or insurrection; (5) flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) A fare-paying passenger on a regularly scheduled commercial or charter airline; (b) A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent; (6) travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle; (7) an Accident or Sickness if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program; (8) travel in any aircraft: owned; leased; or controlled by the Sponsoring Organization or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Sponsoring Organization if the aircraft may be used as the Sponsoring Organization wishes for more than 10 straight days or more than 15 days in any year; (9) an Accident or Sickness that occurs while on active-duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 days; (10) the Insured being under the influence of drugs or intoxicants while operating a motorized vehicle. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater; (11) participation in professional; club; intercollegiate; interscholastic; sports; (12) participation in any sport activity listed below not specifically authorized, sponsored and supervised by the Sponsoring Organization:

- |                       |                          |                       |
|-----------------------|--------------------------|-----------------------|
| a. Rugby;             | b. Cave diving;          | c. Cheerleading;      |
| d. Motorcycling;      | e. Rock climbing;        | f. Ice climbing;      |
| g. Mountain climbing; | h. Horse riding;         | i. Base jumping;      |
| j. Lacrosse;          | k. Soccer;               | l. Gymnastics;        |
| m. Bull riding;       | n. Hockey;               | o. Street lugging;    |
| p. Heli-skiing;       | q. Surfing;              | r. Snowboarding;      |
| s. Bungee jumping;    | t. Skiing;               | u. Parachuting;       |
| v. Hang-gliding;      | w. Caving or spelunking; | x. Extreme skiing;    |
| y. Scuba diving;      | z. Hot-air ballooning;   | aa. Sail gliding;     |
| bb. Parakiting;       | cc. Parkour;             | dd. Rodeo activities. |

(13) complication of pregnancy or miscarriage, except as a result of a Sickness; (14) elective or cosmetic surgery, except for reconstructive surgery needed as a result of an Emergency Sickness; (15) treatment or service provided by a private duty nurse; (16) complication of pregnancy or miscarriage, except as a result of a Sickness; (17) elective or cosmetic surgery, except for reconstructive surgery needed as a result of an Emergency Sickness; (18) treatment or service provided by a private duty nurse; (19) routine physical exams and medical services or wellness visits; (20) overuse symptoms including, but not limited to, bursitis; tendonitis; shin splints; stress fractures; heat exhaustion; heat stroke; heat prostration; malfunction of the heart; embolism; reinjuries or the aggravation thereof; sprains; hernia; strains; muscle tears; repetitive motion injuries and/or treatment of injuries that result over a period of time (such as blisters and tennis elbow) and that are normal result of participation in a

covered Hazard; (21) expenses due a Pre-Existing Condition or an aggravation or injury of a Pre-Existing Condition; (22) medical emergency evacuation; (23) experimental or investigative treatment or procedures; (24) treatment by an Immediate Family Member; (25) covered medical expenses for which the Insured would not be responsible for in the absence of this Policy; (26) conditions that are not cause by a Covered Injury or Emergency Sickness; (27) participation in any activity or hazard not specifically covered by this Policy; (28) any: treatment; service or supply not specifically covered by this Policy; (29) personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals; (30) birth defects and congenital anomalies; or complications which arise from such conditions; (31) rest cures or custodial care; (32) organ or tissue transplant and relative services; (33) 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; (34) sexually transmitted disease or immune deficiency disorders and related conditions. This exclusion does not apply to the care of treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any Sickness or disease arising from these medical conditions; (35) treatment of acne; (36) expenses incurred for travel taken for the purpose of seeking medical care; (37) Covered Injury or Sickness where the Insured's travel from their primary residence is undertaken for treatment or advice for such Covered Injury or Sickness.

### ***All other Benefit's Exclusions***

The following exclusions apply to all other benefits included in the policy: (1) suicide or attempted suicide. (2) internationally self-inflicted injury. (3) war or any act of war, whether declared or not. War or act of war does not include acts of terrorism. (4) piloting or serving as a crewmember. (5) commission of or attempt to commit: a felony; an assault; or other illegal activity. (6) active participation in a riot or insurrection. (7) flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) A fare-paying passenger on a regularly scheduled commercial or charter airline; (b) A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent. (8) travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle. (9) an Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program. (10) travel in any aircraft: owned; leased; or controlled by the Sponsoring Organization or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Sponsoring Organization if the aircraft may be used as the Sponsoring Organization wishes for more than 10 straight days or more than 15 days in any year. (11) an Accident that occurs while on active-duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 days. (12) the insured being under the influence of drugs or intoxicants while operating a motorized vehicle. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If the such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater. (13) participation in professional; club; intercollegiate; interscholastic; intramural sports. (14) complications of pregnancy or miscarriage, except as a result of a Covered Accident; (15) elective or cosmetic surgery, except for reconstructive surgery needed as a result of a Covered Injury; (16) treatment or service provided by a private duty nurse; (17) expenses due to an aggravation or re-injury of a Pre-Existing Condition or due to an aggravation or re-injury; (18) mental and nervous disorders; (19) conditions that are not cause by a Covered Accident; (20) participation in any activity or Coverage not specifically covered by this Policy; (21) participation in any sport activity listed below not specifically authorized, sponsored and supervised by the Sponsoring Organization:

- |                       |                          |                       |
|-----------------------|--------------------------|-----------------------|
| a. Rugby;             | b. Cave diving;          | c. Cheerleading;      |
| d. Motorcycling;      | e. Rock climbing;        | f. Ice climbing;      |
| g. Mountain climbing; | h. Horse riding;         | i. Base jumping;      |
| j. Lacrosse;          | k. Soccer;               | l. Gymnastics;        |
| m. Bull riding;       | n. Hockey;               | o. Street lugging;    |
| p. Heli-skiing;       | q. Surfing;              | r. Snowboarding;      |
| s. Bungee jumping;    | t. Skiing;               | u. Parachuting;       |
| v. Hang-gliding;      | w. Caving or spelunking; | x. Extreme skiing;    |
| y. Scuba diving;      | z. Hot-air ballooning;   | aa. Sail gliding;     |
| bb. Parakiting;       | cc. Parkour;             | dd. Rodeo activities. |

## Key Policy Definitions

### ***Accident***

a: sudden; unexpected; and unintended event that occurs by change at an identifiable time and place during the Certificate Term and results in bodily Injury to the Insured.

### ***Covered Injury***

any bodily harm that results directly and independently of all other causes from a Covered Accident.

### ***Covered Loss***

a loss which meets the requisites of one or more Benefits, results from a Covered Injury or Sickness, and for which benefits are payable under this Policy.

### ***Dependent Child***

an Insured's unmarried child, under the age of 26, from the moment of birth, including a natural child, grandchild, stepchild, child covered due to a court or an administrative order, or foster or adopted child from the date of placement with the Insured. Insurance will continue for any Dependent Child who reaches the age limit and continues to meet the following conditions: 1) the child is incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and 2) the child is chiefly dependent on the Insured for support and maintenance. Proof of the child's condition and dependence must be submitted to Us within 31 days after the child's 26<sup>th</sup> birthday. After that, We may, no more than once a year, require proof of the continuation of such condition and dependence.

### ***Doctor***

a licensed health care provider; acting within the scope of his or her license; and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include a: Insured; the Insured's Immediate Family Member; or a member of the Insured's household.

### ***Domestic Partner***

a person designated by the Insured who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who; 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Insured by blood; 3) has exclusively lived with the Insured for at least 6 months prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Insured at least 2 of the following financial arrangements: 1) joint mortgage or lease; 2) joint bank account; 3) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or 4) joint credit card account with a financial institution. Neither the Insured or Domestic Partner can be married to, nor in a civil union with anyone else.

### ***Emergency Room***

a specified area within a Hospital that is designated for emergency healthcare. This area must: (1) be staffed and equipped to handle trauma; (2) be under the direct supervision of a Doctor; (3) provide treatment by Doctor and/or medical professionals; and (4) provided care 24 hours per day, 7 days per week. This definition does not include an Urgent Care Facility.

### ***Health Care Plan***

any arrangement, whether individually or group purchased which provides benefits or services for: health care; dental care; disability benefits; or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual: (1) Insurance policies; (2) Subscriber contracts; (3) Uninsured agreements or arrangements; (4) Coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans; (5) Medical benefits provided by any governmental plan or coverage or other benefit law, except: (a) a state-sponsored Medicaid or similar plan; or (b) a plan or law providing benefits only in excess of any private or non-governmental plan; (6) Other valid and collectible medical or health care benefits or services.



**Home Country**

a country from which the Insured holds a valid passport. If the Insured holds a valid passport from more than one country, his or her Home Country will be that country which the Insured lives in the majority of time.

**Hospital**

a public or private institution which: 1) is licensed in accordance with the laws of the jurisdiction where it is located; 2) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; 3) provides organized facilities for diagnosis and medical or surgical treatment; 4) provides 24 hour nursing care; 5) has a Doctor or staff of Doctors; and 6) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts. Hospital also includes a state tax-supported institution that would otherwise be considered a Hospital, except that it does not have an operating room and related equipment for surgery.

**Insured**

a person in a Classes of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Spouse, Domestic Partner or Dependent Child(ren) is an Insured if included as part of the Insured's Plan.

**Medically Necessary**

a determination by the Insured's Doctor that treatment, service or supply provided to treat an Injury is: (1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate treatment of the Injury; (2) is commonly accepted as proper care or treatment of the Injury in accordance with the medical practices of the United States and federal guidelines; (3) can reasonably be expected to result in or contribute to the improvement of the Injury or Sickness; and (4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the medical care provided. The fact that a Doctor may prescribe, order, recommend, or approve a treatment, service or supply does not, of itself, make the treatment, service, or supply Medically Necessary for the purpose of determining eligibility for coverage. The medical professional must be acting within the scope of his or her license. A medical professional does not include an Insured or any Immediate Family Member.

**Pre-Existing Conditions**

a health condition for which an Insured has sought or received medical advice or symptoms that would lead a reasonable person to seek medical treatment or treatment from a Doctor or medical professional at any time during the 6 months immediately preceding the Insured's effective date of coverage under this Policy. Any exclusion related to a Covered Injury or Sickness that results from, or is caused or contributed to by, a Pre-Existing Condition shall only exclude coverage for such condition during the first 6 months after the Insured's effective date.

**Spouse**

the Insured's husband or wife or Domestic Partner who is recognized as such by the laws of the jurisdiction in which the Insured resides.

**Sickness**

a disease or condition of the Insured that causes a loss for which the Insured incurs medical expenses while covered under this Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.

**Usual and Customary**

the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.