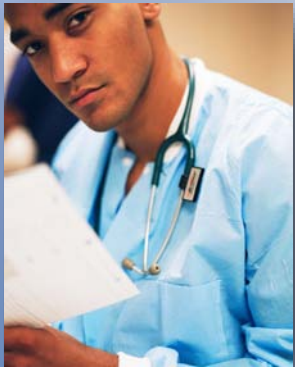


Lane Community College

2018-2019

Student Accident & Sickness Insurance For International Students



100% by Advent Underwriting Limited on Behalf of Advent Syndicate
780 at Lloyd's

Policy Number: LF005299

URGENT / PLEASE READ:

This brochure is a summary of the Plan. It provides basic information related to the types of expenses you must pay for covered services before the benefits of this plan are provided. To prevent unexpected out-of-pocket expenses, it's important for you to understand what you're responsible for. To find out the specific dollar amounts of any applicable copayments, deductible, coinsurance and out-of-pocket maximum as well as when they apply, please see the Schedule of Benefits section.

To find out what is NOT covered under the plan, please refer to page 18 "**General Policy Exclusions.**" Please note: this plan has a limited waiting period for pre-existing conditions.

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 US 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 this policy meets any obligations you may have under PPACA.

Firebird International Insurance Group, LLC

Rising Above and Beyond the Ordinary

INTERNATIONAL STUDENT HEALTH PLAN

This booklet summarizes how the Firebird International Student Health Insurance Plan works and what it covers.

- Keep your insurance card with you at all times, and show it to the doctor or hospital when you seek medical treatment or call for appointments.
- You may contact a Firebird representative 24 hours a day, 7 days a week at the phone number listed on your insurance identification (id) card or on the back of this booklet.
- You may choose any doctor you wish, but if you use a doctor in our Preferred Provider Organization (PPO) network, it may save you money.
- You can locate doctors and hospitals participating in the PPO network on the web by logging in at: www.fiig-insurance.com.

WHO IS ELIGIBLE TO ENROLL

Eligible Classes: All non-resident individuals participating in educational activities (on a full-time basis, as required in order to maintain their visa class status).

Dependent spouses and children are not eligible for coverage under this policy.

The Eligible Participant must actively attend classes for at least the first 31 days after the date for which coverage is purchased.

This plan is for international students engaging in educational activities only. It does not provide coverage for dependent spouse or children. For information regarding dependent coverages, please contact Firebird at admin@fiig-insurance.com.

Persons eligible to be a Plan Participant: Participants under the Plan Document are those persons described as an ELIGIBLE CLASS on the Schedule of Benefits. This includes anyone who may become eligible while the Plan Document is in force.

The Insurer has the right to investigate eligibility status and attendance records to verify eligibility requirements are met. **If it is discovered the eligibility requirements are not met, the Insurer's only obligation is to refund any premium paid for that person.**

Reduced-Course Load: A student will only be allowed one approved medical reduced course load term per plan year, at the request of a treating physician and approved by the participating institution.

Vacation Term: Students on an approved vacation term are considered eligible and can continue their coverage, providing the required premium has been paid.

Practical Training: All practical training students (OPT/CPT) that have had coverage prior to applying for OPT/CPT are eligible for coverage as long as the student is on the participating institution's I-20 and coverage must remain in effect throughout the practical training period. If there are any gaps in coverage during the practical training period, eligibility for coverage will terminate.

PRE-EXISTING CONDITION LIMITATION

We do not pay benefits for loss due to a Pre-Existing Condition incurred during the first 3 months of coverage. **Pre-Existing Conditions will be covered after the Plan Participant's coverage has been in force for 3 months, providing it is a covered benefit under the policy.** *Please see the definition of Pre-Existing Conditions on page 25 of this booklet.*

Pregnancy is NOT considered a pre-existing condition. Coverage for delivery or elective/therapeutic termination of pregnancy benefits will only be available if conception occurs while you were insured under the plan.

COORDINATION OF BENEFITS

When a covered person is covered under more than one valid and collectible insurance plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the Coordination of Benefits provision is included in the master policy on file with Firebird International Insurance Group, LLC.

REQUESTS FOR COVERAGE & REFUNDS

Any requests for coverage and refunds must be made by the participating institution in writing to Firebird, along with the circumstances initiating the request. All refunds are calculated in 30-day increments of unused premium.

EFFECTIVE DATES OF INSURANCE

Plan Participant's Effective Date for all other Coverages:

A Person will become a Plan Participant under the Plan Document, provided proper premium payment is made, on the latest of:

- 1) The Effective Date of the Plan Document; or
- 2) The date the Company receives a completed application or enrollment form; or
- 3) The day the Plan Participant becomes eligible, subject to any required waiting period, according to the referenced date requested and shown in the Schedule of Benefits; or
- 4) The moment the Plan Participant departs his Home Country airspace; or
- 5) The Date requested by the Participating Organization.

Newborn Children Coverage: Coverage for a newborn Child will begin from the moment of birth up to a maximum of 31 days. No additional coverage will be available after the first 31 days after birth.

Newborn Adopted Children Coverage: In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by You prior to the birth of the Child, whether or not such agreement is enforceable.

EXTENDED COVERAGE PROVISION

All new first time students to the school will automatically be covered for up to 30 days prior to the start of classes, under the terms of the policy, once they are in the United States, providing **that they are on the Educational Institution's I-20** upon arrival, and do not have other medical insurance at the time of loss.

This does not apply to new students transferring from another educational institution within the US to this participating institution. An I-94 may be requested.

TERMINATION DATES OF INSURANCE

Plan Participant's Termination Date for all other Coverages:

Insurance for a Plan Participant will end on the earliest of:

- 1) The date He is no longer in an Eligible Class; or
- 2) The date the Plan Participant permanently returns to his or her Home Country; or
- 3) The date shown on the Evidence of Coverage issued by the Company or
- 4) The date the Plan Participant becomes a permanent resident of the United States; or
- 5) The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a) The date the premium is fully earned; or
 - b) The Expiration Date of the Plan Document.
 - c) This does not include Reserve or National Guard duty for training;
- 6) The end of the period for which the last premium contribution is made; or
- 7) The date the Plan Document is terminated; or
- 8) The date the Plan Participant requests, in writing, that his/her coverage be terminated; or
- 9) **The date the Plan Participant's participation in the Program terminates; or**
- 10) **The date the Plan Participant's Trip is completed; or**
- 11) The date the Participating Organization is no longer eligible to sponsor coverage under the Plan Document; or
- 12) The expiration date of the term of coverage, requested by the Participating Organization.

EXTENSION OF BENEFITS AFTER TERMINATION

If a Plan Participant is hospital confined at term of coverage, 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 90 days beyond the term of coverage.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.

Per Injury or Sickness Maximum Per Person, Per Plan Year:	\$500,000
Deductible Per Plan Participant Per Injury or Sickness:	Network Provider: \$0 Non-Network Provider: \$0 (unless noted below)
Initial Treatment Period:	365 Days from the date of Injury or Sickness
Out-of-Pocket Maximum Per Plan Participant Per Plan Term:	\$2,500
Coinsurance:	In-Network: 100% of the Preferred Allowance Out-of-Network: 80% of Usual, Reasonable & Customary (URC) Charges
Benefit Period:	52 weeks from the date of the Covered Sickness or Injury, provided the Expense occurs prior to the Expiration Date and care is Medically Necessary.

Any Deductibles, Coinsurance, Co-payments, Benefit Periods, and Benefit Maximums apply on a per Plan Participant per Covered Injury or Sickness basis.

If you receive care within the Network, any covered expenses will be paid at the In-Network level of benefits. If an In-Network Provider is not available within 20 miles of your area, benefits will be paid at the level of benefits shown as In-Network benefits, subject to usual, reasonable & customary expenses. If the Covered Medical Expense is incurred due to an emergency treatment, benefits will be paid at the In-Network level of Benefits. In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. The Benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. The In-Network Provider for this plan is First Choice Health PPO Network.

Benefits will be paid up to the Maximum Benefit for each service scheduled below. After the Deductible and/ or Copay has been satisfied, benefits will be paid as listed for the Provider selected.

BENEFIT COVERAGE	BENEFIT AMOUNT	
	In-Network Provider Benefit	Out-of-Network Provider Benefit
Hospital Room & Board Benefit:	100% of the Preferred Allowance, subject to a \$100 copay	80% of the Semi-Private Room Rate, subject to a \$100 deductible
Intensive Care/Cardiac Care Unit Benefit	100% of the Preferred Allowance	80% of URC
Hospital Miscellaneous Expense Benefit	100% of the Preferred Allowance	80% of URC
Surgeon (In or Outpatient) Benefits	100% of the Preferred Allowance	80% of URC
Pre-Admission Testing Benefit	100% of the Preferred Allowance	80% of URC
Anesthesia Benefit	100% of the Preferred Allowance	80% of URC

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

BENEFIT COVERAGE	BENEFIT AMOUNT	
	In-Network Provider Benefit	Out-of-Network Provider Benefit
Day Surgery Miscellaneous Benefit	100% of the Preferred Allowance, subject to a \$100 copay	80% of URC, subject to a \$100 deductible
Diagnostic X-Ray and Lab Benefit	100% of the Preferred Allowance	80% of URC
Ambulance Benefit	100% of the Preferred Allowance	100% of Actual Charges
Physician Visit Benefit (Inpatient)	100% of the Preferred Allowance	80% of URC
Physician Visit Benefit (Outpatient)	100% of the Preferred Allowance, subject to a \$20 copay	80% of URC, subject to a \$20 deductible
Consultant Physician Benefit	100% of the Preferred Allowance	80% of URC
Radiation/Chemotherapy Benefit	100% of the Preferred Allowance	80% of URC
Emergency Room Benefit	100% of the Preferred Allowance, subject to a \$100 copay	100% of URC, subject to a \$100 deductible
Wellness Medical Benefit	100% of the Preferred Allowance, subject to a \$20 copay	80% of URC, subject to a \$20 deductible
Maternity and Pre-Natal Care Expense Benefit (Conception must occur while covered under the Policy)	Covered as any other Sickness	Covered as any other Sickness
Home Country Benefit (up to a max of 90 days per 12 months of coverage on an approved vacation leave)	Covered as any other Sickness	Covered as any other Sickness
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT		
In-Patient Expense	Covered as any other Sickness, up to a maximum of 30 days per policy year	Covered as any other Sickness, up to a maximum of 30 days per policy year
Out-Patient Expense	100% of the Preferred Allowance, subject to a \$20 copay, up to a maximum of 30 days per policy year	80% of URC, subject to a \$20 deductible, up to a maximum of 30 days per policy year
ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
In-Patient Expense	Covered as any other Sickness, up to a maximum of 30 days per policy year	Covered as any other Sickness, up to a maximum of 30 days per policy year
Out-Patient Expense	100% of the Preferred Allowance, subject to a \$20 copay, up to a maximum of 30 days per policy year	80% of URC, subject to a \$20 deductible, up to a maximum of 30 days per policy year

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

ADDITIONAL BENEFITS	In-Network Provider Benefit	Out-of-Network Provider Benefit
Self-Inflicted Injury	100% of the Preferred Allowance, up to a maximum of \$10,000 per policy year	80% of URC, up to a maximum of \$10,000 per policy year
Treatment of HIV infection, HIV related illness & AIDS (acquired immune deficiency syndrome)	100% of the Preferred Allowance, up to a lifetime maximum of \$7,500	80% of URC, up to a lifetime maximum of \$7,500
Elective/Therapeutic Termination of Covered Pregnancy Benefit (Conception must occur while insured under the Plan)	Covered as any other Sickness	Covered as any other Sickness
Emergency Dental Expense Benefit	100% of the Preferred Allowance, up to \$500 maximum benefit, subject to a \$20 co-pay	80% of URC, up to \$500 maximum benefit, subject to a \$20 deductible
Palliative Dental	100% of the Preferred Allowance up to \$500 maximum benefit, subject to a \$20 co-pay	80% of URC, up to \$500 maximum benefit, subject to a \$20 deductible
Physiotherapy Expense Benefit - Inpatient	100% of Preferred Allowance	80% of URC
Physical Therapy – Outpatient, limited to one visit per day (see Description of Benefits for list of treatments, page 16)	100% of the Preferred Allowance, to a combined maximum of 24 visits per plan year, subject to a \$20 co-pay per visit	80% of URC, to a combined maximum of 24 visits per plan year, subject to a \$20 deductible per visit
Skilled Nursing Facility	100% of the Preferred Allowance, up to a maximum of 30 days per policy year	80% of URC, up to a maximum of 30 days per policy year
Durable Medical Equipment Expense Benefit	100% of Preferred Allowance	100% of URC
Intramural, Club & Athletic Sports (see policy Description of Benefits, page 17)	100% of Preferred Allowance	80% of URC
OUT-PATIENT PRESCRIPTION DRUG EXPENSE BENEFIT	Covered Percentage	Covered Percentage Out of Network:
Covered Percentage:	50% of Actual Charges	50% of Actual Charges
Contraceptive Drugs and Devices	100% of Preferred Allowance	100% of URC

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.

DESCRIPTION OF BENEFITS

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 Plan Document, 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 Plan Document; provided that this Insurance will not apply while such Plan Participant is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Class 1 Principal Sum:	Up to \$10,000
Time Period for Loss:	364 days
Aggregate Limit:	\$1,000,000

<u>Loss of:</u>	<u>Benefit:</u> <u>(Percentage of Principal Sum)</u>
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	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	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 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.

DESCRIPTION OF BENEFITS cont'd.

ACCIDENT and SICKNESS MEDICAL EXPENSE BENEFITS

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

Accident 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 within 364 days after the date of the Eligible Expense.

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 3 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.

DESCRIPTION OF BENEFITS cont'd.

- 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.
- 8.) Immunizations required for admittance to educational institution.

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 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.

DESCRIPTION OF BENEFITS cont'd.

PRE-ADMISSION TESTING BENEFIT

We will pay benefits for charges for Pre-admission testing (inpatient confinement must occur within 3 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 Sickness indicated 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

Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if the Plan Participant is in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

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.**

DESCRIPTION OF BENEFITS cont'd.

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 Covered Expenses incurred.

RADIATION/ CHEMOTHERAPY THERAPY EXPENSE BENEFIT

We will pay the Covered Percentage for the Covered 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.

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 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. 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
- 2) Preventive medical attention

DESCRIPTION OF BENEFITS cont'd.

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. Newborn care will cease at the end of 31 days from birth and the newborn will no longer be eligible for benefits or enrollment under this policy.

Benefits will be payable for Eligible Expenses a 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.)**

HOME COUNTRY ACCIDENT & SICKNESS MEDICAL BENEFIT

Those expenses specifically described above which are incurred within the Plan Participant's Home Country during the Home Country Benefit Period, for a Covered Sickness or Injury that occurred, was diagnosed, and treated INSIDE the Plan Participant's Home Country during an Incidental Trip to the Plan Participant's Home Country. Covered Expenses as described above which are incurred in the Plan Participant's Home Country are limited to the maximum stated in the Schedule of Benefits.

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:

DESCRIPTION OF BENEFITS cont'd.

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) 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.

DESCRIPTION OF BENEFITS cont'd.

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 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.

ELECTIVE/THERAPEUTIC TERMINATION OF COVERED PREGNANCY BENEFIT

We will pay benefits as described in the Schedule of Benefits for expenses incurred for the intentional termination of a covered pregnancy before the fetus can live independently.

EMERGENCY DENTAL EXPENSE BENEFIT

We will pay benefits as described in the Schedule of Benefits for expenses for emergency dental treatment due to Injury to natural teeth.

PALLIATIVE DENTAL

We will pay benefits as described in the Schedule of Benefits for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

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 as an inpatient or outpatient, up to the maximum amount shown in the Schedule of Benefits per day for the Inpatient and Outpatient 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.

DESCRIPTION OF BENEFITS cont'd.

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.

ATHLETIC SPORTS & HAZARDOUS 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 and Club Sports - resulting from: Baseball; Basketball; Cheerleading; Competitive Cycling (Road, Track, CX); Cross Country; Diving; Equestrian; Fencing; Field Hockey; Football (no Division One); Golf; Gymnastics; Ice Hockey; Lacrosse; Martial Arts; Polo Horse; Polo Water; Rugby; Skiing (Slalom, Giant Slalom, Downhill); Soccer; Softball; Swimming; Tennis; Track and Field; Volleyball; Wrestling.

• **NOTE: Any Athletic Sport not expressly covered hereunder is excluded from this Plan Document unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.**

OUT-PATIENT 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.

GENERAL POLICY EXCLUSIONS

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

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane in excess of \$10,000;
2. War or any act of war, declared or undeclared;
3. An Accident 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;
4. Injury 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;
5. Voluntary, active participation in a riot or insurrection;
6. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
7. Organ transplants; Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
8. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
9. Charges that are not Medically Necessary;
10. Expenses incurred, in excess of 90 days, for treatment while in Your Home Country;
11. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participating Organization; or an Immediate Family member of the Plan Participant;
12. **Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits** or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
13. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;
14. Dental care or treatment other than care of teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless directly resulting from an injury while covered under the policy.
16. Practice or play in any intercollegiate, professional or semi-professional sports contest or competition;
17. Rest cures or custodial care;
18. 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);
19. Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 3 months under the same insurance plan;
20. 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) Except as a fare paying passenger on a regularly scheduled commercial airline.
21. Transgender/Sexual Reassignment services, including, but not limited to: therapy, hormone therapy, surgeries.
22. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
23. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction;
24. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500).

DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of the Plan Document 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:

- 1) Causes Injury to one or more Plan Participants; and
- 2) Occurs while coverage is in effect for the Plan Participant.

AIDS means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

Benefit Period means the period of time from the date of the Sickness or Injury causing the Sickness or Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

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.

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 100% by Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyd's.** Also herein after 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.

DEFINITIONS cont'd.

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 Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document 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 Plan Document. 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.

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 a Sickness or Injury. Eligible Expenses must be incurred while the Plan Document is in force.

Emergency means a 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.

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 on-going 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

DEFINITIONS cont'd.

- 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, Plan Document or other arrangement for benefits or services for medical or dental care or treatment under:

- 1) Group or blanket insurance, whether on an insured or self-funded basis;
- 2) Hospital or medical service organizations on a group basis;
- 3) Health Maintenance Organizations on a group basis.
- 4) Group labor management plans;
- 5) Employee benefit organization plan;
- 6) Professional association plans on a group basis; or
- 7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
- 8) 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 and holds a current and valid passport.

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:**

- 1) 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;
- 2) 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
- 3) 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.

DEFINITIONS cont'd.

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.

Host Country means any country other than the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and holds a current and valid passport.

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

- 1) Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
- 2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- 3) Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
- 4) Has a staff of one or more licensed Physicians available at all times;
- 5) Provides organized facilities for diagnosis, treatment and surgery, either
 - a) on its premises; or
 - b) in facilities available to it, on a pre-arranged basis;
- 6) 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
- 7) 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:

- 1) the Joint Commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) 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 Plan Document.

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.

DEFINITIONS cont'd.

Injury means bodily harm which results independently of disease or bodily infirmity. 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.

Incidental Trip means a trip to the Plan Participant's Home Country for up to 90 consecutive days per 12 months of coverage.

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 Plan Document.

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.

Master Application means the Application for the Master Plan Document.

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.

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

- 1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) 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;

DEFINITIONS cont'd.

- 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.

Mountaineering means the sport, hobby, or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

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.

The availability of specific providers is subject to change without notice. You should always confirm that a Network Provider is participating at the time services are required by calling us at 206-909-8550 or 503-729-7447 and/or by asking the provider when you make an appointment for services.

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 a 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 Plan Document Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Plan Document pays 100% of Eligible Expenses for the remainder of the Plan Document Terms. 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.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

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 Plan Document.

DEFINITIONS cont'd.

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

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 and 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, 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 Plan Document.

Policy means the Policy issued to the Participating Organization, the Application of the Participating Organization and any end endorsements, riders or amendments that will attach during the Period of Coverage.

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

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

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

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 3-month period **immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine.**

Pregnancy means the physical condition of being pregnant, including Complication 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.).

DEFINITIONS cont'd.

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:

- 1) A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or
- 2) 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 Plan Document. 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.**

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.

Third Party means a person or entity other than the Plan Participant, the Participating Organization or the Company.

Transportation Expense means the cost of Medically Necessary conveyance, personnel, and services or supplies.

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.

DEFINITIONS cont'd.

"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 Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.

We, Our, Us means **100% by Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyd's.**

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

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.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- 1) Report to a Doctor or Hospital.
- 2) Obtain a claim form from www.fiig-insurance.com. Please submit one claim form for each condition. Mail the **completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits to the address below.**
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
- 4) Claim status can be checked contacting Firebird International Insurance Group, LLC.

Submit All Claims to:
RELATION INSURANCE SERVICES
PO BOX 25936
Overland Park, KS 66225

For 24 hour, 7 days a week service, please contact:
FIREBIRD INTERNATIONAL INSURANCE GROUP, LLC
Phone: WA: 206.909.8550
OR: 503.729.7447
Toll-Free Fax: 1.800.346.9169
E-mail: admin@fiig-insurance.com

The Plan Document and Evidence of Coverage are not subject to guaranteed issuance or renewal.

COMPLAINT PROCEDURE

In the event you are dissatisfied and wish to make a complaint you can do so to the Complaints team at Firebird International Insurance Group: WA-206-909-8550; OR-503-729-7447; email: admin@fiig-insurance.com.

If you remain dissatisfied and are unable to resolve the situation, you may also refer your complaint to the Complaints team at Lloyd's

Their address is:
Complaints, Lloyd's, One Lime Street, London, EC3M 7HA

Tel: +44 207 327 5693 Fax: +44 207 327 5225
E-mail: complaints@lloyds.com. Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedure are set out in a leaflet "Your Complaint-How We Can Help" available at www.lloyds.com/complaints and are also available from the above address. If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service (United Kingdom).

SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's ('the Insurers') to Plan Participants under the Trust (the "Coverage"). I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event for non U.S. Residents while traveling outside their Home Country. I understand that the Coverage extended will terminate upon the non U.S. resident's return to their Home Country unless they qualify for a Benefit Period or Home Country Coverage. I understand that I may obtain full details of the Coverage by requesting a copy of the Master Policy from the Plan Administrator. I understand that the liability of the Insurers as underwriters of the Coverage is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all payments as they fall due in respect of the Coverage extended to them. The Trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Trustee in connection with its participation in the Plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the Plan Participant, the loss of Coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the Trustee of any change to any of matter that forms the subject of any of the Representation & Warranties. The Plan Participant agrees that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan.

Payments under the terms of the Coverage shall be paid by the Insurers to the non U.S. Resident or directly to a provider if assignment of benefits has been authorized. The Trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the Coverage is appropriate for non U.S residents and that they meet the eligibility criteria.

ADDITIONAL SERVICES

Travel Assistance benefits through Scholastic Emergency Services, an Assist America partner, are separate and are in no way related to the policy or benefits provided through Advent.

ADDITIONAL SERVICES



Travel Assistance services provided by Scholastic Emergency Services (SES), an Assist America partner, are separate and are in no way related to your Advent policy.

SES is the nation's premier provider of emergency assistance services designed specifically for your active student's lifestyle. If students encounter any medical difficulty while traveling just 100 miles or more from home and/or campus, SES is the lifeline they can depend on. One simple phone call activates our sophisticated network of emergency services on their behalf. Our services are available 24 hours a day, 365 days a year during the policy effective period. SES provides and pays fully for all assistance services we provide.

Scholastic Emergency Services
an assist america® partner

Services include:

Medical Consultation & Referrals – 24/7 medical staff for consultation and referrals

Hospital Admission Assistance: assistance with hospital admission outside the United States

Medical Monitoring – continual contact with patient and treating physician by medical coordinators

Medical Evacuation – ensures your connection to appropriate medical care around the world

Medical Repatriation – returns students home or back to campus after hospitalization

Prescription Assistance – assists students in filling prescriptions away from home

Compassionate Visit – brings a family member or friend to your side during hospitalization

Emergency Trauma Counseling – immediate telephone-based counseling for critical incidents

Legal and Interpreter referrals – local referrals to attorneys and interpreters

Pre-trip information – web-based country profiles and detailed travel information

SES is the only assistance program designed specifically to meet the real needs of active students.

What makes the SES plan unique?

- SES pays for all of the assistance services it arranges and provides
- No maximum limits or caps for any services
- No pre-existing condition exclusions for assistance services
- No exclusions for suicide or alcohol-related injuries
- No territorial exclusions
- No exclusions for sports or "hazardous hobbies"
- With the SES program, students, their families, and their academic institutions can have peace of mind in the event of an emergency



To arrange emergency assistance services, please contact SES at (877) 488-9833 (inside USA), (609) 452-8570 (outside USA), or via email at medservices@assistamerica.com.

CLAIMS ADMINISTERED BY:



Relation Insurance Services
PO Box 25936
Overland Park, KS 66225

To Find an In-Network Doctor or Hospital in your area, please visit:

www.fiig-insurance.com

PLAN SERVICED BY:



Firebird International Insurance Group, LLC

www.fiig-insurance.com • E-mail: admin@fiig-insurance.com

WA: 206.909.8550 • OR: 503.729.7447

Fax: 1.800.346.9169

Rising Above and Beyond the Ordinary

Please keep this brochure as a general summary of the insurance. The Policy on file at the Participating Institution contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Policy is the contract and in the event of a discrepancy will govern and control the payment of benefits.