

# Tacoma Community College

2019-2020

## Student Accident & Sickness Insurance For International Students



**Firebird International Insurance Group, LLC**

*Rising Above and Beyond the Ordinary*

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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 15 "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.

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](mailto:admin@fiig-insurance.com).

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](http://www.fiig-insurance.com).

**WHO IS ELIGIBLE TO ENROLL**  
**(Students/Reduced Course Load/Vacation/Practical Training)**

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

Class 1. An international student, scholar, visiting faculty or other person with a current passport or non-immigrant visa, temporarily located outside His Home County as a non-resident alien and:

- a. Is engaged in educational or cultural activities of the Participating Member; and
- b. Has not obtained permanent residency status in the United States; and
- c. Is not a U.S. Citizen.

Class 2. Participants engaged in Optional Practical Training (OPT) or Compulsory Practical Training (CPT) if:

- a. The OPT/CPT training follows a course of study of the Participating Member; and
- b. Is no longer than 12 months in duration; and
- c. The Participant maintains their valid Visa.
- d. The Subscriber is not a U.S. Citizen.

Class 3. Participants engaged in a sponsored English Language Program or similar program of the Member and maintains a valid B class, F, J or M visa status, and:

- a. The Participant has not obtained permanent residency status in the United States; and
- b. The Subscriber is not a U.S. Citizen.

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.

*We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.*

## **EFFECTIVE DATES OF INSURANCE**

Effective Date for a Covered Person

Coverage for a Covered Person that will be covered by this Policy starts at 12:00 AM on the latest of the following:

1. The Coverage Start Date shown on the insurance identification card;
2. The date the requirements of a Covered Person shown in the Schedule of Benefits are met;
3. **The moment He Departs His Home Country's airspace; or**
4. The date the premium and completed enrollment form, if any, are received by Us or the administrator.  
Thereafter, the insurance is effective 24 hours a day. In no event, however, will insurance start prior to the date the premium is received by Us.

Extended Coverage for first-time students to the U.S.

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.

Coverage of Newborn Infants

A newborn child of the Covered Person who is eligible for maternity benefits will automatically be a Covered Person for 31 days from the moment of His birth if the birth occurs while this Policy is in force, and subject to the particular coverages and amounts of insurance as specified for Eligible Dependents in the Schedule of Benefits.

## **TERMINATION DATES OF INSURANCE**

Termination Date for a Covered Person

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

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

Coverage will end at 11:59 PM on the last date of insurance. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. The end of the Benefit Period; and
2. The date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

## **PRE-EXISTING CONDITION LIMITATION**

We do not pay benefits for loss due to a Pre-Existing Condition incurred during the first 6 months of coverage. **Pre-Existing Conditions will be covered after the Plan Participant's coverage has been in force for 6 months**, providing it is a covered benefit under the policy. *Please see the definition of Pre-Existing Conditions on page 22 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.

## **EXTENSION OF BENEFITS AFTER TERMINATION**

If the Accident or Sickness Medical Benefits under this Policy cease for You or Your Eligible Dependent due to cancellation of the Policy (except if the Policy is canceled for nonpayment of premiums) and You or Your Eligible Dependent is Confined in a Hospital on that date, Accident or Sickness Medical Benefits will be paid for Covered Expenses incurred in connection with that Hospital Confinement. However, no benefits will be paid after the earliest of:

1. the date You exceed the Maximum Benefit, if any, shown in the Schedule of Benefits;
2. the date You are covered for medical benefits under another group plan;
3. the date You or Your Dependent is no longer Hospital Confined; or
4. 90 days from the date this Policy is canceled.

The terms of this Accident or Sickness Medical Benefits Extension will not apply to a child born as a result of a **Pregnancy which exists when Your Accident or Sickness Medical Benefits cease or Your Eligible Dependent's Accident or Sickness Medical Benefits cease.**

## **NON-DUPLICATION OF BENEFITS**

This provision applies if:

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

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

## **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.

## ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Any benefit limits and Benefit Percentages, Coinsurance, Copayments for *Accident & Sickness Medical Benefits* apply, unless otherwise specified, on a per Covered Person – per covered Accident or Sickness per policy year basis.

Total Maximum per policy year	
Medical Expense Benefits:	\$500,000
First Covered Expenses must be Incurred within:	365 Days after the covered Accident or Sickness
Coinsurance:	In-Network Provider: 100% of the Negotiated Rate Out-of-Network Provider: 80% of U&C
Out-of-Pocket Maximum:	\$2,500 per policy year
Deductible per Accident or Sickness:	In-Network Provider: \$0 Out-of-Network Provider: \$0

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 a Covered Person incurs Covered Expenses for services or supplies that are not of the type provided by any In-Network Provider within a 25-mile radius of where the Covered Person is currently residing, these Covered Expenses will be treated as if they had been incurred at an In-Network Provider. 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.

Covered Expenses	In-Network Provider	Out of Network Provider
<b>In-Patient Hospital Services</b>		
Room and Board Expenses Intensive Care Unit or Coronary Care Unit	100% of the Negotiated Rate subject to a \$100 Copay per visit	80% of U&C subject to a \$100 Copay per visit
Hospital Miscellaneous Expenses	100% of the Negotiated Rate	80% of U&C
<b>Emergency Room Treatment</b>	100% of the Negotiated Rate subject to a \$100 Copay per visit	100% of U&C subject to a \$100 Copay per visit
<b>Outpatient Hospital Miscellaneous Expenses</b>	100% of the Negotiated Rate subject to a \$100 Copay per visit	80% of U&C subject to \$100 Copay per visit
<b>Physician Services</b>		
Surgery	100% of the Negotiated Rate	80% of U&C
Assistant Surgeon	100% of the Negotiated Rate	80% of U&C
Physician Assistant	100% of the Negotiated Rate	80% of U&C

## ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Second Opinion or Consultation	100% of the Negotiated Rate	80% of U&C
Anesthesia and its Administration	100% of the Negotiated Rate	80% of U&C
In-Hospital Visits	100% of the Negotiated Rate	80% of U&C
Outpatient Office Visits	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Pre-Admission Testing</b>	100% of the Negotiated Rate	80% of U&C
<b>Out Patient X-Rays</b>	100% of the Negotiated Rate	80% of U&C
<b>Outpatient Laboratory Tests</b>	100% of the Negotiated Rate	80% of U&C
<b>Nursing Services</b>	100% of the Negotiated Rate	80% of U&C
<b>Ambulance Services</b>	100% of the Negotiated Rate	100% of U&C
<b>Medical Equipment Rental</b>	100% of the Negotiated Rate	80% of U&C
<b>Radiation/Chemotherapy Benefit</b>	100% of the Negotiated Rate	80% of U&C
<b>Dental Services</b>	100% of the Negotiated Rate to \$500 subject to a \$20 Copay per visit; per covered Accident	80% of U&C to \$500 subject to a \$20 Copay per visit; per covered Accident
Palliative Services	100% of the Negotiated Rate to \$500 subject to a \$20 Copay per visit	80% of U&C to \$500 subject to a \$20 Copay per visit
<b>Prescription Drugs</b>	50% of Actual Charges	50% of Actual Charges
Contraceptive Drugs & Devices	100% of Actual Charges	100% of Actual Charges
<b>Intramural and Club Sports Conditions</b> <b>All Copays apply</b>	100% of the Negotiated Rate	80% of U&C
<b>Mental and Nervous Disorders</b>		
In-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$100 Copay per visit	80% of U&C; 30 day maximum subject to a \$100 Copay per visit
Out-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$20 Copay per visit	80% of U&C; 30 day maximum subject to a \$20 Copay per visit
<b>Wellness Expense Benefit</b> Maximum Benefit is \$2,500 per policy year	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Pregnancy, Complications of Pregnancy, and Pre-Natal Expense Benefit</b> Maximum Benefit is \$25,000 per policy year	100% of the Negotiated Rate	80% of U&C
<b>Home Country Expense Benefit</b>	100% of the Negotiated Rate	100% of U&C
Benefit Period	Up to 90 days per policy year	Up to 90 days per policy year

## ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

<b>Alcohol &amp; Drug Abuse Expense Benefit</b>		
In-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$100 Copay per visit	80% of U&C; 30 day maximum subject to a \$100 Copay per visit
Out-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$20 to Copay per visit	80% of U&C; 30 day maximum subject to a \$20 Copay per visit
<b>Elective/Therapeutic Termination Of Covered Pregnancy Expense Benefit</b>	100% of the Negotiated Rate	80% of U&C
<b>Treatment of specified therapies, including acupuncture and Physiotherapy</b>	100% of the Negotiated Rate; 24 visits per policy year subject to a \$20 Copay per visit	80% of U&C; 24 visits per policy year subject to a \$20 Copay per visit
<b>Diabetic Supplies/Education</b>	100% of the Negotiated Rate	80% of U&C
<b>Skilled Nursing Facility</b>	100% of the Negotiated Rate; 30 days per policy year	80% of U&C; 30 days per policy year
<b>Walk-in Clinic/Urgent Care</b>	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Self-Inflicted Injury</b> Maximum Benefit is \$10,000 per policy year	100% of the Negotiated Rate	80% of U&C

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

#### Covered Losses

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

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, the total of Benefits We will pay will not exceed the Principal Sum.

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

Principal Sum	\$10,000
Loss must occur within	365 days of the Accident
Aggregate per Participating Member	\$500,000

### SCHEDULE OF COVERED LOSSES

<u>Covered Loss</u>	<u>Benefit</u>
Loss of Life	100% of the Principal Sum
Loss of Both Hands or Both Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand and One Foot	100% of the Principal Sum
Loss of One Hand and Sight of One Eye	100% of the Principal Sum
Loss of One Foot and Sight of One Eye	100% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Exclusions Exclusions that apply to this benefit are in the *Exclusions* section.

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

## DESCRIPTION OF BENEFITS

### ACCIDENT OR SICKNESS MEDICAL EXPENSE BENEFITS

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

Benefits will be paid:

- when Covered Expenses incurred exceed any applicable Coinsurance, Copayments and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
- as long as the first Covered Expense has been incurred within the number of days specified in the Schedule of Benefits; and
- until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
- until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
- until Benefits paid for all Covered Persons under the Policy equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

#### Covered Expenses

##### In-Patient Hospital Services

Room and Board Expenses – We will pay for:

- Confinement in an intensive care or coronary care unit, up to the maximum daily benefit shown in the Schedule of Benefits for each day of such Confinement;
- any other Confinement, up to the maximum daily benefit shown in the Schedule of Benefits for each day of the Hospital Stay.

Miscellaneous Expenses – We will pay the miscellaneous expenses charged by a Hospital or an Ambulatory Medical or Surgical Center. Miscellaneous expenses include, but are not limited to X-rays, laboratory tests, operating room, anesthesia, drugs or medicines, therapeutic services, blood and blood transfusions (blood storage not included), and all necessary charges other than room and board, for services received during:

- a Hospital Stay; or
- Outpatient medical or surgical treatment.

Emergency Room Treatment—We will pay Covered Expenses incurred for Outpatient Emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the Schedule of Benefits. When Emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense.

##### Ambulance Services

We will pay Covered Expenses incurred for ground or air ambulance service to transport the Covered Person from the place where the covered Accident or Sickness occurred to the nearest medically appropriate facility. We will pay Covered Expenses incurred for ground or air ambulance transportation from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat His covered Injury.

## DESCRIPTION OF BENEFITS cont'd.

### Physician Services

We will pay Covered Expenses incurred for physician services listed below.

#### Surgery

1. Covered Expenses charged for performing a Surgical Procedure. Two or more Surgical Procedures through the same incision will be considered as one procedure. However, We will pay up to 150% of the benefit for a Surgical Procedure when more than one Surgical Procedure through different operating fields is performed during the same surgical session.
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a Surgical Procedure.
3. Covered Expenses charged for treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other Surgical Procedure, including aftercare, which is given in the Outpatient department of a Hospital or an Ambulatory Medical or Surgical Center.
4. Treatment provided by a Physician in an Emergency room.
5. Any braces, splints or other devices required after surgery to ensure proper healing.

Second Opinion or Consultation – Covered Expenses charged by a Physician for a second or third surgical opinion or consultation.

**Physician's Assistant – Covered Expenses charged by a Physician's assistant for other than pre- or post-operative care, second or third opinion or consultation:**

1. for in-Hospital visits; and
2. for office visits.

#### Nursing Services

We will pay Covered Expenses incurred for services other than routine Hospital care, rendered by a nurse.

Anesthesia and its Administration – Covered Expenses for pre-operative screening charged by a Physician for anesthesia and its administration.

In-Hospital or Office Visits – Covered Expenses charged by a Physician for other than pre- or post-operative care, second or third opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

Pre-Admission Testing – Covered Expenses charged for pre-admission testing (In-Patient Confinement must occur within 3 days of the testing.

#### Outpatient X-Rays

We will pay Covered Expenses incurred for X-rays, except dental X-rays, performed on an Outpatient basis at a Hospital or other licensed facility.

#### Outpatient Laboratory Tests

We will pay Covered Expenses incurred for laboratory tests performed on an Outpatient basis at a Hospital or other licensed facility.

#### WELLNESS EXPENSE BENEFITS

We will pay Covered Expenses, as per the limits stated in the Schedule of Benefits. Sickness Medical Expense Benefits are limited to the following expenses incurred and are subject to the Exclusions. In no event **will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage.** Covered Wellness Expenses Benefits include:

- 1) Routine physical examinations
- 2) Preventive Treatment

## DESCRIPTION OF BENEFITS cont'd.

#### Outpatient Physical Therapy

We will pay Covered Expenses incurred for Outpatient Physical Therapy. Physical Therapy includes: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

#### Treatment of Specified Therapies, including Acupuncture and Physiotherapy

We will pay Covered Expenses incurred for the following rehabilitative therapies, if prescribed by a Physician to restore function loss due to an illness or Injury covered under this Policy.: physical, occupational, speech, chelation, massage, hearing and cardiac/pulmonary therapy. Additionally, coverage shall also be provided for Acupuncture that treats a covered illness or injury provided by Doctor of Acupuncture.

Therapies excluded under this coverage included, but are not limited to: vocational rehabilitation, behavioral training, gym or swim therapy, dance therapy, marital counseling, legal or financial counseling, biofeedback, neuro-feedback, hypnosis, sleep therapy, employment counseling, back to school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays or intellectual disabilities.

#### Medical Equipment Rental

When prescribed by a Physician, We will pay Covered Expenses incurred for rental or, if less, the purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by the Covered Person. Permanent or temporary therapeutic value must be certified **by the Covered Person's treating Physician. Examples of items that are not covered include, but are not limited to:** computers, motor vehicles and modifications thereof, ramps and installation costs; or
3. Breast pumps and the process of how they acquire it.

#### Dental Services

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

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.
4. repair to sound, natural teeth
5. for palliative dental when a Covered Person needs Emergency pain relief treatment to a natural tooth

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

Covered Expenses must be incurred within the Benefit Period shown in the Schedule of Benefits. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

## DESCRIPTION OF BENEFITS cont'd.

### Prescription Drugs

We will pay the Covered Expenses incurred for drugs that:

1. **can only be obtained through a Physician's written prescription; and**
2. are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay Covered Expenses incurred for drugs that meet 1. above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA.

The Covered Expense for a prescription drug is limited to the cost of a generic drug unless substitution of a **generic drug is prohibited by law; no generic drug is available; or the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person.**

### DIABETIC SUPPLIES/EDUCATION

We will pay Covered Expenses incurred for equipment, supplies, and other Outpatient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a health care professional legally authorized to prescribe such item.

### HOME COUNTRY EXPENSE BENEFIT

**We will pay Covered Expenses which are incurred within the Covered Person's Home Country during the Benefit Period, for a covered Injury or Sickness that occurred, was diagnosed, and treated INSIDE the Covered Person's Home Country during an Incidental Trip to the Covered Person's Home Country. Covered Expenses incurred within the Covered Person's Home Country while insured under this Policy will be considered as Covered Expenses up to the limits stated in the Schedule of Benefits.**

We will not cover any medical expense incurred in the Home Country after the Home Country medical expense coverage limits have been exceeded.

### RADIATION/ CHEMOTHERAPY THERAPY EXPENSE BENEFIT

We will pay Covered Expenses incurred by a Covered Person, 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.

### SKILLED NURSING FACILITY

We will pay Covered Expenses incurred for In-Patient services and supplies provided by a Skilled Nursing Facility. The amount by which Your room charge exceeds the prevailing two-bed room rate of the Skilled Nursing Facility is not considered covered under this Policy.

## DESCRIPTION OF BENEFITS cont'd.

### CONTRACEPTION

We will pay Covered Expenses incurred for all of the following services and contraceptive methods for women with NO cost sharing:

- a. All FDA-approved contraceptive drugs, devices and products available over the counter, as prescribed by the **enrollee's provider;**
- b. Voluntary sterilization procedures;
- c. Patient education and counseling on contraception
- d. Follow-up services related to the drugs, devices, products and procedures covered under this benefit, including, but not limited to management of side effects, counseling for continued adherence, and device insertion and removal.

### ELECTIVE/THERAPEUTIC TERMINATION OF COVERED PREGNANCY BENEFIT

We will pay Covered Expenses incurred for the intentional termination of a Covered Pregnancy before the fetus can live independently.

### PREGNANCY, COMPLICATIONS OF PREGNANCY, AND PRE-NATAL EXPENSE BENEFIT

We will pay Covered Expenses incurred, to a Covered Person, as a result of maternity, Pregnancy, childbirth, miscarriage, or any Complications of Pregnancy resulting from any of these, to the extent shown 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 Covered Expenses during any one period of individual coverage. Conception must occur while covered under this Policy.

Benefits will be payable for Covered Expenses a Covered Person incurs before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the In-Patient postpartum stay for the Covered Person and her newborn Child in a Hospital will cover a period of hospitalization for maternity and newborn infant care for:

- a. a minimum of 48 hours of In-Patient care following a vaginal delivery; or
- b. a minimum of 96 hours of In-Patient care following delivery by cesarean section.

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

- 1) **In the opinion of the Covered 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 Covered Person at her residence by a Physician or Registered Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person 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 In-Patient care for the Covered Person or newborn Child, including the collection of an adequate sample for the hereditary **and metabolic newborn screening. (At the Covered Person's discretion, this visit may occur at the Physician's office.)**

### COMPLICATIONS OF PREGNANCY

We will pay Covered Expenses incurred for Complications of Pregnancy. Complications of Pregnancy are covered as any other medical condition that is covered under this Policy. Benefits for Complications of Pregnancy shall be provided for all Covered Persons.

## **DESCRIPTION OF BENEFITS cont'd.**

### BEHAVIORAL HEALTH SERVICES EXPENSE BENEFIT

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

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

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

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

#### A. Mental Health Services

This Policy covers Medically Necessary services for the treatment of mental health disorders in a general or specialty Hospital or Outpatient facilities that are:

- licensed under the laws by the state in which the facility is located as a general or specialty Hospital or Outpatient facility.

#### In-patient

If the Covered Person is an In-Patient in a general or specialty Hospital for mental health services, this Policy covers Medically Necessary Hospital services and the services of an attending Physician for the number of Hospital days shown in the Schedule of Benefits.

#### Intermediate Care Services

Intermediate Care Services are facility based programs used as a step down from a higher level of care or a step-up from standard care.

This Policy covers the following Medically Necessary Intermediate Care Services for mental health:

- Partial Hospital Program (PHP) – This Policy covers partial Hospital programs that meet Our criteria for participation and program requirements.
- Intensive Outpatient Program (IOP) – This Policy covers intensive Outpatient programs that meet Our criteria for participation and program requirements.

#### In a Provider's Office

This Policy covers the following mental health specialists:

- **Board certified psychiatrists;**
- **Licensed clinical psychologists;**
- **Clinical social workers (licensed or certified at the independent practice level);**
- **Licensed nurse clinicians (with a master's degree in nursing and certification by the ANA as a clinical specialist in psychiatric and mental health nursing);**
- **Licensed mental health counselor;**

The above providers must be licensed and certified in the state where You receive the service and must meet Our credentialing criteria.

Covered mental health services include Medically Necessary individual psychotherapy, and group psychotherapy when rendered by the appropriate mental health specialist, as listed above.

Psychological testing and neuropsychological testing are covered when Medically Necessary and rendered by a neuropsychologist, psychologist, or pediatric neurodevelopmental specialist.

This Policy covers medication visits when rendered by a psychiatrist or a clinical nurse specialist in behavioral health.

## **DESCRIPTION OF BENEFITS cont'd.**

### B. Substance Use Disorder Treatment

This Policy covers Medically Necessary services for the treatment of substance use disorder in a Hospital, substance use disorder treatment facility, or an acute substance use disorder Rehabilitation Facility or residential facility that is.

- licensed under the laws by the state in which the facility is located as a Hospital, a substance use disorder treatment facility, or an acute substance use disorder residential/rehabilitative facility.

#### In-patient hospital

If the Covered Person is an acute In-Patient in a general or specialty Hospital for behavioral health services, We cover Medically Necessary acute Hospital services for detoxification.

#### Substance Use Disorder Treatment/Intermediate Care Services

This Policy covers services for the treatment of substance use disorder for individuals and family members covered under this Policy when rendered at a substance use disorder treatment facility or a state-licensed provider/program.

Intermediate Care Services are facility based programs used as a step down from a higher level of care or a step-up from standard Outpatient care.

This Policy covers the following Medically Necessary Intermediate Care Services for substance use disorder:

- Partial Hospital Program (PHP) – This Policy covers partial Hospital programs that meet Our criteria for participation and program requirements.
- Intensive Outpatient Program (IOP) – This Policy covers intensive Outpatient programs that meet Our criteria for participation and program requirements.

#### In a Provider's Office

**This Policy covers services for the treatment of substance use disorder for Covered Person's covered under this Policy. The services may be rendered in a provider's office.**

This Policy covers the following behavioral health specialists:

- **Psychiatrists;**
- **Licensed independent clinical psychologists;**
- **Clinical social workers (licensed or certified at the independent practice level);**
- Licensed nurse clinicians (with a masters degree in nursing and certification by the ANA as a clinical specialist in psychiatric and mental health nursing);
- Licensed mental health counselor;

The above providers must be licensed and certified in the state where You receive the service. Covered substance use disorder services include Medically Necessary individual evaluation and psychotherapy, and group psychotherapy when rendered by a behavioral health specialist, as listed above.

## EXCLUSIONS

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

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane in excess of \$10,000.
2. Commission or attempt to commit a felony or an assault.
3. Commission of or active Participation in a Riot, Civil Commotion or insurrection.
4. Declared or undeclared War or acts of War.
5. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
6. **Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.**
7. A covered 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.
8. Play or practice in any intercollegiate, professional or semiprofessional sports contest or competition, including travel to and from the activity and practice.
9. Services or treatment rendered by any person who is:
  - a.) **employed or retained by the Participating Member; b.) living in the Covered Person's household; c.) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or d.) the Covered Person.**
10. Any service, treatment or supply that is not considered Medically Necessary as defined in this Policy.
11. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury.
12. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or Complications therefrom. This exclusion does not apply to:
  - a. cosmetic surgery resulting from a covered Accident or Sickness, if initial treatment of the Covered Person began within 12 months of the date of the covered Accident or Sickness;
  - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness;
  - c. any unplanned and unintended adverse consequences that may result during the treatment of a covered Accident or Sickness.
13. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless directly resulting from an Injury while covered under this Policy.
14. Rest cures or Custodial Care.
15. Pre-Existing Conditions; however a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under the same insurance plan.
16. 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.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
20. Diagnosis and treatment of learning disabilities of developmental delays.
21. Diagnosis and treatment of sleep disorders.
22. Transgender / sexual reassignment services, transgender services including but not limited to therapy, hormone therapy and surgeries.
23. Diagnosis and treatment to addiction to or abuse of tobacco and/or caffeine.

## DEFINITIONS

Please note that certain words used in this Policy have specific meanings. Key terms used in this Policy are defined below. They are capitalized wherever they appear in this Policy.

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

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

**Age means the Covered Person's age, for purposes of initial premium calculations, attained on the later of the first day of the policy term and the date coverage becomes effective for Him under this Policy.**

Alcohol Abuse means any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

Ambulatory Medical or Surgical Center means an establishment which may or may not be part of a Hospital and which meets the following requirements:

1. Is in compliance with the licensing or other legal requirements in the jurisdiction where it is located;
2. Is primarily engaged in performing surgery on its premises;
3. Has a licensed medical staff, including Physicians and Registered Nurses;
4. Has permanent operating room(s), recovery room(s) and equipment for Emergency medical care; and
5. Has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the Ambulatory Surgical Facility.

**Arrival means entering your Home Country's air space.**

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

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.

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

Complications means a secondary condition, an Injury or a Sickness, that develops or is in conjunction with an already existing Injury or Sickness.

## **DEFINITIONS cont'd.**

Complications of Pregnancy means conditions, requiring Hospital Confinement (when the Pregnancy is not terminated), whose diagnoses are distinct from the Pregnancy, but are adversely affected by the Pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of Pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, Physician prescribed rest during the period of Pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult Pregnancy not constituting a distinct complication of Pregnancy. 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.

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

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

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

Country of Assignment means the Home Country for which the Covered Person has a valid visa, if required.

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

Covered Loss means a loss:

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

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

Covered Pregnancy means Pregnancy which began after the effective date of the Eligible Person.

## **DEFINITIONS cont'd.**

Custodial Care is services and supplies that are primarily intended to help You meet personal needs. Custodial Care can be prescribed by a Physician or given by trained medical personnel. It may involve artificial methods such as feeding tubes, ventilators or catheters. Examples of Custodial Care include: Routine patient care such as changing dressings, periodic turning and positioning in bed, administering medications;

1. Care of a stable tracheostomy (including intermittent suctioning);
2. Care of a stable colostomy/ileostomy;
3. Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
4. Care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
5. Watching or protecting You;
6. Respite care, adult (or child) day care, or convalescent care;
7. Institutional care, including room and board for rest cures, adult day care and convalescent care;
8. Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods;
9. Any services that a person without medical or paramedical training could be trained to perform; and
10. Any service that can be performed by a person without any medical or paramedical training.

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

Departure or Departs means leaving your Home Country's air space.

Drug Abuse means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

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

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

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

## DEFINITIONS cont'd.

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

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

Health Care Plan means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured or self-funded agreements or arrangements;
4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice or individual practice plans;
5. **medical benefits provided under automobile "fault" and "no-fault"**-type contracts;
6. medical benefits provided by any governmental plan or coverage or other benefit law, except:
  - a. a state-sponsored Medicaid plan; or
  - b. a plan or law providing benefits only in excess of any private or non-governmental plan;
7. other valid and collectible medical or health care benefits or services.

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

Hospital means an institution that meets all of the following:

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

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

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

## DEFINITIONS cont'd.

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

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

Injury or Injuries means any bodily harm that results, directly and independently of all other causes, from a covered Accident. To be covered, the Injury must first be treated while the Covered Person is insured under this Policy. A Sickness is not an Injury.

Incidental Trip **means a trip to the Covered Person's Home Country for up to 90 days per 12 months of coverage.**

In-Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate.

The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

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

Intensive Care Unit means an intensive care facility, cardiac care unit or other unit or area of a Hospital:

1. Which is reserved for the critically ill requiring close observation; and
2. Which is equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

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 Covered Person is located at the time of an incident.

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

## **DEFINITIONS cont'd.**

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

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

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

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

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

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

Participation in Riot or Civil Commotion. **"Participation" means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen. "Riot or Civil Commotion" means all forms of public violence, disorder, or disturbance, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder.**

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

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

## **DEFINITIONS cont'd.**

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

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

Preventive Treatment means treatment rendered to prevent disease or its recurrence.

Recognized Student Health Center means a health facility of an educational institution that provides basic health services for students during the school semester. Basic services must include staffing by a licensed medical provider (M.D., C.N.P. or R.N.) for the purpose of assessment and treatment of minor Sicknesses or Injuries and/or referral to an In-Network Provider and is approved as a Recognized Student Health Center by the administrator.

Registered Nurse means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." or "R. P.N." after His name.

Rehabilitation Facility means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:

1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation In-Patient care; and
2. is duly licensed by the appropriate government agency to provide such services; and
3. is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, Custodial Care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.

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

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

## DEFINITIONS cont'd.

Substance Abuse means the psychological or physical dependence on Alcohol or other mind-altering Drugs that requires diagnosis, care, and treatment. In determining Covered Expenses, charges made for the treatment of any physiological conditions related to rehabilitation services for Alcohol or Drug Abuse or addiction will not be considered charges made for treatment of Substance Abuse.

Surgical Procedure means:

1. a cutting procedure;
2. suturing a wound;
3. treatment of a fracture;
4. reduction of a dislocation;
5. electrocauterization;
6. diagnostic and therapeutic endoscopic procedures; and
7. an operation by means of laser beam.

Third Party means a person or entity other than the Covered Person, the Participating Member or the Company.

United States (U.S.) means the 50 states of the United States of America, and the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

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

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

War means a state or period of declared or undeclared War whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties.

We, Our, Us means StarStone – Syndicate 1301 at Lloyd's underwriting this insurance.

You, Your means the Covered Person who meets the eligibility requirements of this Policy and whose insurance under this Policy is in force.

## ADDITIONAL SERVICES

### GLOBAL ASSISTANCE PROGRAM

#### Special Markets Insurance Consultants



#### How can On Call International help?

Special Markets Insurance Consultants has partnered with On Call to provide access to immediate support should you experience any challenges that would necessitate the Services and Benefits as listed below.

**These are your Services and Benefits.** Full terms, conditions and exclusions to coverage apply. **If you or your family choose to make your own arrangements, the cost will not be reimbursable.**

Benefit Table	Limits Per Insured Person, Per Insured Event
Medical Evacuation and/or Repatriation	\$50,000
Repatriation of Remains or Burial	\$50,000
Emergency Travel Expenses/Bedside Visit	\$5,000 when hospitalized for more than 3 days

**If you sustain a serious medical condition or injury and require Medical Evacuation or Repatriation,** On Call will pay up to the limits shown in the schedule. On Call has experienced staff that will ensure medical advisers are consulted at the outset for their views on the possibility of arranging Emergency Medical Evacuation and Repatriation and the best method of transportation to be adopted.

Provided Emergency Medical Evacuation or Repatriation has been arranged by On Call, we will pay all medical care and associated costs incurred on behalf of the Insured Person for the following:

- Making arrangements for them to travel home and where necessary they are escorted by a medical attendant.
- Ensure assistance is provided upon their arrival in their Country of Domicile following an Emergency Medical Evacuation or Repatriation and pay for medical care during transportation.
- Assistance in locating and sending drugs if not available locally.

**If you are, or will be, hospitalized following an accident or illness for more than 3 days,** On Call can assist in reunifying a family member with you and can facilitate their travel needs to bring them to where you are, up to the limits shown in the schedule. Services must be arranged by On Call for services to be covered.

#### On Call Global Response Center (available 24 hours a day)

Call collect from anywhere in the world: **+1 603-952-2661**

Call toll free from US or Canada: **+1 844-884-0958**

E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

#### Helpful Information

- ✓ If you are utilizing a mobile phone and have any issues making an international call, you can EMAIL the Global Response Center as an alternative to request assistance, or a return call.
- ✓ Contact On Call for payment and arrangement of all Services; services are not reimbursable if you make your own arrangements/self-pay prior to notifying On Call.
- ✓ You may want to also contact your school's servicing agency, **Firebird International Insurance Group, LLC**, at (WA): **206-909-8550** or (OR): **503-729-7447**; E-mail: [admin@fiig-insurance.com](mailto:admin@fiig-insurance.com), 24 hours a day, where they can assist in facilitating the necessary services with On Call to you, the student of the policyholder educational institution.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Special Markets Insurance Consultants. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Special Markets Insurance Consultants. If there is a difference between this program description and the certificate wording, the certificate controls.

**GLOBAL ASSISTANCE PROGRAM**

**Special Markets Insurance Consultants**



**DEFINITIONS**

**Emergency Medical Evacuation**

The cost of transporting the Insured Person by air and/or surface transportation if the Insured Person's medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

**Emergency Travel Expenses**

The reasonable and necessary costs of transport in respect of:

1. Any one person who has travelled with the Insured Person and who has to travel with them or escort them to their Country of Domicile, or
2. The Insured Person's next of kin or other nominated person to travel by economy airfare to visit the Insured Person if the Insured Person is hospitalised for more than 3 days outside their Country of Domicile.

And the reasonable and necessary costs of accommodation and meals up to £200 per day for a maximum of 7 days.

**Repatriation**

After being treated at a local medical facility, and following the advice of Our Emergency Medical Assistance Provider and if the Insured Person's medical condition warrants it, the costs of transporting the Insured Person by air and/or surface transportation and with a qualified medical attendant to their Country of Domicile to obtain further medical treatment or to recover, or both.

**Repatriation of Remains or Burial**

Following Your death and with the agreement of Your executors or administrators We will pay up to the amount stated in the Benefits Table for the Repatriation of Your remains following Your death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.

**Serious Medical Condition**

A medical condition that in the opinion of the Emergency Medical Assistance Provider's physician requires immediate emergency medical treatment to avoid certain death or serious impairment to the Insured Person's health and such emergency medical treatment is not available or is not adequate in the Insured Person's Host Country to avoid death or serious impairment of health.

**Qualified Medical Practitioner**

A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an Insured Person, Partner of an Insured Person, and a member of the immediate family of You or the Insured Person or an employee of Yours.

**Conditions**

The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. You must contact the Emergency Medical Assistance Provider if you require Emergency Medical Evacuation, Repatriation, Repatriation of Remains, or prior to incurring Emergency Travel expenses, otherwise We will not be able to reimburse the costs incurred.
2. If We incur costs as a result of advice or assistance being provided or the settlement of any expenses being made in good faith by the Emergency Medical Assistance Provider to any person who is not insured under this Policy, You shall reimburse us in respect of such costs and expenses.
3. The Emergency Medical Assistance Provider reserves the right, at its sole discretion, to determine the location to which the Insured Person will be evacuated and the timing, means or method by which such Evacuation or repatriation will be carried out. In making such arrangements the Emergency Medical Assistance Provider may consider all relevant circumstances including, but not limited to the Insured Person's medical condition, the degree of urgency, the Insured Person's fitness to travel, airport availability, weather conditions and travel distance and whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail, water or land vehicle. Transportation shall be carried out under such medical supervision, as determined by the Emergency Medical Assistance Provider.

**GLOBAL ASSISTANCE PROGRAM**

**Special Markets Insurance Consultants**



**EXCEPTIONS**

**We will not be liable for any claims resulting from:**

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.
2. Any cost or expense not expressly covered in advance and in writing by The Emergency Medical Assistance Provider and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when Our Emergency Medical Assistance Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Insured Person.
3. Any expense incurred for Insured Person(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
4. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Insured Person is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Insured Person can be adequately treated locally, or treatment can be reasonably delayed until the Insured Person returns to their Country of Domicile.
5. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Insured Person, in the opinion of the Emergency Medical Assistance Provider's physician, can travel as an ordinary passenger without a medical escort.
6. Any expense incurred related to accident or injury occurring while the Insured Person is engaged in any hazardous activity, pastime or pursuit including but not limited to caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, winter sports and any organized sports undertaken on a professional or sponsored basis.
7. Any expense related to the Insured Person engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by Us in writing prior to travel.
8. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
9. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
10. Any Losses incurred by You or the Insured Person if You or they fail to follow the advice of Our Emergency Medical Assistance Provider.
11. Any valid claim costs that have been increased by Your or the Insured Person's failure to follow the advice of Our Emergency Medical Assistance Provider.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Special Markets Insurance Consultants. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Special Markets Insurance Consultants. If there is a difference between this program description and the certificate wording, the certificate controls.

## **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](http://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:*  
WebTPA  
PO BOX 2415  
Grapevine, TX 76099-2415

*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](mailto:admin@fiig-insurance.com)

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

CLAIMS ADMINISTERED BY:



**WebTPA**  
P.O. Box 2415  
Grapevine, TX 76099-2415

To Find an In-Network Doctor or Hospital in your area, please visit:  
[www.fiig-insurance.com](http://www.fiig-insurance.com)

**PLAN SERVICED BY:**



**Firebird International Insurance Group, LLC**  
[www.fiig-insurance.com](http://www.fiig-insurance.com) • E-mail: [admin@fiig-insurance.com](mailto: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.**