World Class Coverage Plan  
designed for  
Georgetown University  
Programs Abroad  
2015-2016  
Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905  
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the University. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits  
Policy # GLM N06566066  
Coverage and Services  
Maximum Limits

**Section I**

- Accidental Death Per Insured  
  $15,000
- Medical expenses (per Accident or Sickness):
  - Deductible  
    zero
  - Basic medical  
    $500,000 at 100%
- Emergency Medical Reunion  
  $3,000

**Section II**

- Medical Evacuation  
  100% of Usual and Customary
- Return of Mortal Remains  
  100% of Usual and Customary

**Section I - Benefit Provisions**

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

**Extension of Benefits:**

Your coverage will be extended if You are Hospital confined for a Covered Injury or Illness and under the care of a Physician on the termination date of Your Period of Coverage. Coverage will terminate on the earlier of the following:

1) 30 days from the end of Your Period of Coverage; or
2) The maximum benefit has been paid; or
3) Your release from the Hospital or Physician care.

**Accidental Death and Dismemberment Benefit**

If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**Schedule of Covered Losses**

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life..........................................................100% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Two or more Members...............................100% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>One Member..............................................50% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears..................50% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Hearing in One Ear ...................25% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand...25% of the Principal Sum</td>
<td></td>
</tr>
</tbody>
</table>

“Member” means Loss of Hand or Foot and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

**Accident and Sickness Medical Expenses**

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a
Disability is due to causes which are the same or related to the cause of a prior Disability (including complications arising there from), the Disability shall be considered a continuation of the prior Disability and not a separate Disability.

Treatment of an Injury or Illness must occur within 30 days of the Accident or onset of the Illness.

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall 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.

Covered Accident and Sickness Medical Expenses

Only such expenses which are specifically enumerated in the following list of charges, and are incurred within the Benefit Period, and which are not excluded, shall be considered Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation
- Charges made for Intensive Care of Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Physician
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians’ Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for Specified Therapies including Physiotherapy, up to $5,000 combined total for inpatient and outpatient to 30 days (maximum when immediately following hospitalization or surgery.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon. Outpatient prescription drugs covered at 50%.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only
- Charges for a Covered Accident or Sickness while traveling:
  - the body is not found within one year of the Covered Accident.
  - he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
  - the body is not found within one year of the Covered Accident.

Extension of Benefits

Medical Expense Benefits are automatically extended 30 days after the Insured Person’s coverage ends for conditions first diagnosed or treated during the overseas study abroad program. Benefits will end at 12:00 am on the 31st day following termination of this Insurance.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 days, the Company will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person’s current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:
- The cost of a round trip economy airfare and their hotel and meals (to a maximum of $300.00 per day to a maximum of 10 days) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the Schedule of Benefits. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Insured Person was traveling and drowning.

An Insured Person is presumed dead if:
- 1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
- 2. the body is not found within one year of the Covered Accident.

Educational Travel

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:
- 1. outside of his or her Home Country;
- 2. up to the Maximum Period of Coverage shown in the Schedule of Benefits under the Medical Expense Benefit; and
- 3. engaging in educational activities sponsored by the Policyholder.

Personal Deviation (Unlimited)

The Covered Accident or Sickness must take place during a Personal Deviation while on a Trip covered by the Policy.

“Personal Deviation” means:
- 1. An activity that is not reasonably related to the Covered Activity; and
- 2. Not incidental to the purpose of the Trip.

Exclusions

We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:
- 1. Suicide or attempt thereof by the Insured Person while sane or self-destruction or any attempt thereof by the Insured Person while insane.
- 2. Disease of any kind.
- 3. Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- 4. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- 5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
   a. war, invasion, warlike operations (whether war be declared or not), or civil war;
   b. mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

1. Pre-Existing Conditions, except as specified below:
   a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment-free period will be considered for reimbursement; or
   b. If the Insured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
   c. For Emergency Medical Evacuation/Repatriation of Remains.

Note: Pre-existing Conditions will be covered up to the plan Medical Expense limit (Home Country extension of benefits excluded).

2. Charges for treatment which is not Medically Necessary.
3. Charges for treatment which exceed Reasonable and Customary charges.
4. Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
5. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
   a. War, invasion, warlike operations (whether war be declared or not), or civil war;
   b. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
7. Injury sustained while participating in professional athletics.
8. Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
10. Vocational, speech, recreational or music therapy.
11. Services or supplies provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
12. The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
13. Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
14. Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence.
15. Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
17. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
18. Congenital abnormalities and conditions arising out of or resulting therefrom.
19. The cost of the Insured Person’s unused airline ticket(s) for transportation back to the Insured Person’s Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
20. Expenses as a result of or in connection with the commission of a felony offense.
21. For injury sustained while participating in professional sports.
22. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
23. Injuries for which benefits are payable under any no-fault automobile insurance policy.
25. Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
27. Weak, strained or flat feet, corns, callouses, or toenails.
28. Diagnosis and treatment of acne.
29. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
30. Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
31. Expenses incurred within the Insured Person’s Home Country or Country of Residence, unless otherwise covered under this Policy.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident or Accidental means an event, independent of Sickness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges incurred while insured under the Policy; and which
do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits under each stated benefit.

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

Effective Date means the date the Insured Person’s coverage under the Policy begins. The Effective Date of the Policy is the later of the following:
1. The Date the Company receives a completed Application and premium for the Policy Period or
2. The Effective Date requested on the Application or
3. The Date the Company approves the Application.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries received in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.

Family Member means a spouse, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Hospital as used in the Policy means except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in the Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in Disablement covered by the Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not primarily for the convenience of the Insured Person, the Insured Person’s Doctor or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-existing Condition for the purposes of the Policy means 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under the Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under the Policy.

Reasonable and Customary means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person incurs, up to but not to exceed charges actually billed. The Company’s determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.


Sickness wherever used in the Policy means illness or disease of any kind contracted and commencing after the Effective Date of the Policy and Disablement covered by the Policy.

Termination of Insurance means the Insured Person’s coverage will end on the earliest of the following dates:
1. The date he or she is no longer eligible; or
2. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

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**IMPORTANT NOTICE**

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

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

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