

2017 INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE

SCHEDULE OF BENEFITS	Gold Plan	
<p>Incurral Period: 90 days after the date of a Covered Accident or Sickness</p> <p>Maximum Benefit Period: The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness</p> <p>Maximum Period of Coverage: 364 days</p>	<p>All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.</p>	
Accidental Death and Dismemberment Principal Sum	\$10,000	
Total Maximum per Covered Accident or Sickness	\$500,000	
Total Maximum per Covered Accident for Interscholastic/Intercollegiate Sports	\$10,000	
WELLNESS BENEFITS		
Routine physical exam	100% of U&C	
Pediatric dental care (exam, cleaning, fluoride treatment)	100% of U&C	
Pediatric vision care (exam, frames)	100% of U&C	
Immunization vaccines * Diphtheria, Tetanus, Pertussis * Haemophilus influenza type b * Hepatitis A, Hepatitis B * Human Papillomavirus * Inactivated Poliovirus * Influenza (Flu Shot) * Measles * Meningococcal, Pneumococcal * Rotavirus, Varicella	100% of U&C	
Alcohol, drug use and behavioral assessments	100% of U&C	
Blood pressure screening	100% of U&C	
Depression screening	100% of U&C	
Emergency Medical Benefit (guarantee of payment)	up to \$10,000	
Deductible per Policy Term	\$0	
Home Country Extension Benefit Maximum Benefit Period: 35 days	\$1,000	
Accident and Sickness Co-insurance Rate	100% of U&C	
Acupuncture and physiotherapy charges	\$2,500	
HOSPITAL EXPENSE		
Hospital room and board expense covered	100% of U&C	
Intensive care unit expense	100% of U&C	
Hospital miscellaneous expense	100% of U&C	
Inpatient hospital/emergency room services	100% of U&C	
Diagnostic x-ray and lab expense	100% of U&C	
Ambulance expense benefit	\$1,000 including ground	

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Accidental dental expense	\$200 per tooth \$500 per Injury	
Surgery Services (inpatient/outpatient)	100% of U&C	
Physician office visit	100% of U&C	
Chiropractor expense benefit	\$50 per visit, \$1,000 policy term	
Outpatient hospital/emergency room services	100% of U&C	
Outpatient prescription drug	100% of U&C charges up to a maximum of \$2,000	
Emergency medical evacuation	100% of covered expenses	
Repatriation of remains	100% of covered expenses	
Family reunion	\$1,000	
Therapeutic termination of pregnancy Benefit maximum	100% of U&C \$500	
Vision exam	100% of U&C	
Vision hardware	100% of U&C	
MENTAL AND NERVOUS DISORDERS		
Inpatient expense benefit maximum	\$2,500	
Outpatient expense benefit maximum	\$1,000	

All inquires should be directed to ISM Insurance, Inc. at intl@isminc.com, or 302-656-4944

Exclusions and Limitations

Pre-existing Condition Limitation

The Pre-existing Condition Exclusion will not apply if the Covered Person:

1. has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 6 consecutive months while covered by the Policy; or
2. has been covered by the Policy for more than 6 consecutive months; or
3. was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 100 days prior to the effective date of coverage under the Policy.

The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

“Creditable Coverage” means:

1. a self-funded employer group health plan under ERISA;
2. a group or individual health insurance coverage;
3. Part A or Part B. of Medicare;
4. Medicaid;
5. CHAMPUS;
6. the Indian Health Service or of a tribal organization;
7. a state health benefits risk pool;
8. a health plan offered under the federal employees health benefits program (FEHBP);
- (9 a public health plan; or (10) a health benefit plan.

We will not pay benefits for any loss or Injury that is caused by or results from:

- Intentionally self-inflicted Injury.
- Suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country.
- Commission of, or attempt to commit, a felony, an assault or other illegal activity.
- The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
- Flight in, boarding or alighting from an aircraft, except as: a. a fare-paying passenger on a regularly scheduled commercial or charter airline; and b. a passenger in a military. aircraft flown by the Air Mobility Command or its foreign equivalent.
- Commission of or active participation in a riot or Insurrection.

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

- Treatment by any Immediate Family Member or member of the Insured's household.

- Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
- Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy (except as provided by the Policy).
- Participation in any activity or hazard not specifically covered by the Policy.
- Routine physicals, except to the extent covered as a Wellness Benefit.
- Cosmetic or plastic surgery, except as a result of Injury.
- Birth defects and congenital anomalies; or complications which arise from such conditions.
- Routine dental care and treatment, except to the extent covered as a Wellness Benefit.
- Maternity and routine nursery care.
- Services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
- Expenses incurred for birth control including surgical procedures and devices, except for oral contraceptives.
- Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- Elective abortion, other than Complications of Pregnancy.
- Charges used to meet any Deductible, or in excess of the Coinsurance rate, or in excess of those considered Usual and Customary Charges.
- Organ and tissue transplants and related services.
- Injury or Sickness covered by Workers Compensation, Employers Liability Laws or similar occupational benefits.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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