



World Class Coverage Plan *designed for* **The Texas A&M University System** **Education Abroad Programs (2013-2014)**

*Administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
 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 Texas A&M University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits Coverage and Services	Policy # <i>GLM N04984080</i> Maximum Limits
Section I	
▪ Accidental Death Per Insured	\$15,000 (participant); \$5,000 (spouse); \$1,000 (child)
▪ Medical expenses (per Accident or Sickness):	
Deductible	zero
Basic Medical	\$250,000 at 100%
▪ Home Country Coverage Limit	\$10,000 (secondary only)
▪ Emergency Medical Reunion	\$3,000
▪ Return Ticket	\$1,000
▪ Program Fee Refund	\$5,000
▪ Travel Delay	\$500
Section II	
▪ Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
▪ Emergency Medical Evacuation	up to \$200,000
▪ Repatriation/Return of Mortal Remains	up to \$100,000
▪ Team Assist Plan (TAP # GLM N04984080)	
Section III	
▪ Security Evacuation (Comprehensive)	up to \$100,000

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 Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment;

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.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$2,000,000.

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 Covered 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 Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses 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, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as 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 or Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Doctor
- 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, Doctors' 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 physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or Surgeon
- 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
- Nervous or Mental Disorders are payable a) up to \$10,000 for outpatient treatment; or b) up to \$20,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured
 - Treatment for drug/alcohol dependency is covered up to \$200/day, subject to 3 treatment series
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges
- Expenses incurred within an Insured Person's home country or country of regular domicile are payable up to \$10,000. Benefits are payable under the policy only to the extent that Covered Expenses are not payable under any other group health plan.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth)
- Newborn nursery care for a covered pregnancy is covered up to \$500
 - Maternity

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to the overseas study program with Texas A&M University System. Benefits will cease 12:00 a.m. on the 31st day following Termination of Insurance. Expenses incurred in the Insured Person's home country or country of regular domicile are subject to home country limitations.

Return Ticket

In the event of death or life-threatening Accident or Sickness of an Insured's spouse, child, parent or sibling, requiring the return home after arriving for the program placement, the Company will reimburse the round-trip airfare (tourist class) from the host country to the home country point of departure and back to the host country. The death, Covered Accident or Sickness must first occur after the Insured's departure for the International Program. At least 30 days

must remain in the Insured Person's program period at the time of notification. Prior notification must be provided to the Company's appointed Assistance Company and flight arrangements must be made through the Administrator. The return journey to the Program must be made within 30 days of arrival in home country. The above Return Ticket Benefit is subject to a maximum benefit amount of \$1,000.

Program Fee Refund Benefit

We will reimburse the Program Fee to the Texas A&M University System if the Insured would otherwise be eligible for benefits under the Policy but is prevented from taking the Trip for any of the following reasons:

1. Death of a Family Member.
2. The Insured suffers an Injury or Sickness that is not a Pre-existing Condition. The Insured's Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a person to cancel the Trip.
3. The Insured is quarantined (medical isolation by a recognized government authority at the place of departure) or there is an Epidemic prohibiting travel to the Insured's scheduled destination.
4. The Insured enters full-time active duty in any Armed Forces; and We receive proof of such active duty service.

Benefits are payable up to the maximum shown in the schedule of benefits only if:

1. the event causing the cancellation of participation in the Trip occurs within 30 days prior to the scheduled departure date;
2. to the extent, the program fee has been paid and is not refundable we will not reimburse any amount of the Program fee for
 - a. the Program Application fee;
 - b. any deposit paid to confirm participation in the Program; or
 - c. any insurance premiums or fees;

Travel Delay Benefit

The Company will reimburse up to \$100 per person per day for up to five days up to a maximum of \$500 if the Insured Person's Trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts.

This benefit is payable only for one delay of the Insured Person's Trip. Travel Delay must be caused by reasons listed below:

- carrier delay;
- lost or stolen passport, travel documents;
- Quarantine;
- Natural Disaster;
- Injury or Sickness of the Insured Person;
- the Insured Person being delayed by a traffic accident while en route to a departure;
- hijacking;
- unpublished or unannounced strike;
- civil disorder or commotion;
- riot;
- a common carrier strike or other job action;
- equipment failure of a Common Carrier; or
- the loss of the Insured Person's travel documents or tickets due to theft.

"Quarantine" means the Insured Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured Person either having, or being suspected of having, a contagious disease, infection or contamination while the Insured Person is traveling outside the Insured Person's Home Country.

The Insured Person must provide the Company with proof of the Travel Delay such as a letter from the airline, cruise line, or tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Travel Delay.

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 \$150 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

Return of Dependent Children

The Company will pay for expenses to return each dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor dependent child(ren) and c) the Insured Person suffers a Medical Emergency and must be confined to the hospital.

Exclusions

For all benefits listed in the Schedule of Benefits this Insurance does not cover:

- Pre-Existing conditions, defined as any condition for which a licensed Doctor was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

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 preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or

If the Injured 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

Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

Note: This policy does pay benefits to a maximum of \$10,000 on a primary basis and from \$10,001-100,000 on a secondary basis for loss due to a pre-existing condition

- Charges for treatment which is not Medically Necessary
- Charges for treatment which exceed Reasonable and Customary charges
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes
- 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
- Declared or undeclared war or any act thereof
- Injury sustained while participating in professional athletics
- 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 a Disablement established by a prior call or attendance of a Doctor
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Doctor or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (see Covered Medical Expenses)
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
- Congenital abnormalities and conditions arising out of or resulting therefrom
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation and/or Repatriation/Return of Mortal Remains benefit is provided
- Expenses as a result or in connection with the commission of a felony offense

- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
- Injuries for which benefits are payable under any no-fault automobile insurance policy
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy
- Routine Dental Treatment
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion (Note: Therapeutic termination of pregnancy is covered up to \$500 per lifetime)
- Treatment for human organ tissue transplants and their related treatment
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Weak, strained or flat feet, corns, calluses, or toenails
- Diagnosis and treatment of acne
- 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.

In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:

- Disease of any kind
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane
 - Expenses as a result or in connection with intentionally self-inflicted injury or illness
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type

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.

Disablement as used with respect to medical expenses means a Sickness or an Accidental bodily Injury necessitating medical treatment by a Doctor defined in the Policy.

Doctor as used in the Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in

accordance with the laws of the jurisdiction where such professional services are performed; however, such definition will exclude chiropractors and physiotherapists.

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, domestic partner, 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. This may be the Primary Insured Person or Dependent(s).

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.

Relative means spouse, domestic partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

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 the Master Policy terminates;
2. The date he or she is no longer eligible; or
3. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

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 its student health insurance 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.

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