



# World Class Coverage Plan

*designed for*

## Plymouth State University Study Abroad Programs 2014-2015

**administered by** Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905  
**This plan is underwritten by** Arch Insurance Company, a Missouri Corporation (NAIC # 11150)

Executive offices are located at One Liberty Plaza, New York, NY 10006

Coverage is subject to actual policy language.

*Benefits are provided for eligible (Insured Persons). Terms and conditions are briefly outlined in this document. The terms and conditions of your converge will be detailed in the policy/description of coverage as available to you when you enroll online. If there are any differences between this document and the policy/description of coverage, the policy/description of coverage will govern.*

Schedule of Benefits Coverage and Services	<b>Policy # STB009988101</b> Maximum Limits
<b>Section I</b>	
• Accidental Death and Dismemberment	
Principal Sum per Insured	\$10,000
Aggregate Limit per Accident	\$1,000,000
• Table of Loss	
Life	\$10,000
Two or more members	\$10,000
One member	\$5,000
Thumb and index finger	\$2,500
• Medical Expense (per accident or sickness)	
Deductible	zero
Basic Medical	\$100,000 at 100%
• Combined Limit For:	
Emergency Medical Evacuation/Repatriation	\$100,000
Return of Mortal Remains	\$50,000
• Emergency Medical Reunion	\$2,000
• Home Country Coverage	\$5,000
• Trip Delay-Quarantine	\$2,500
• Baggage and Personal Effects	\$200
• \$50 Deductible	
• Pre-existing coverage limit	\$500
• Team Assist Package	Included
• Extension of Benefits	30 days
• Comprehensive Security Rider	\$100,000
• Travel Assist # 001-AA-CIS-01133	

- The insured 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 results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured results, within 365 days of the date of the 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.

### 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; and:

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness and

If more than one Loss is sustained by an Insured 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 \$1,000,000.

## 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 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.

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.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

## Covered Accident and Sickness Medical Expenses

*For the purpose of this section, 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 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, and medical treatment.
- Charges for physiotherapy, if recommended by a Physician 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 Physician 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. Such transportation shall be by licensed ground ambulance only within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Nervous or Mental Disorders: are payable, a) up to \$1000 for outpatient treatment or b) up to \$5,000 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.

- Chiropractic Care and Therapeutic Services: shall be limited to a total of \$50.00 per visit, excluding x-ray and evaluation charges, with a maximum of 10 (ten) visits per injury or illness. The overall maximum coverage per injury or illness is \$500.00 which includes x-ray and evaluation charges.
- Expenses incurred within an Insured's Home Country or country of regular domicile up to a maximum of \$5,000.

## Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with Plymouth State University. Benefits will cease 12:01 a.m. on the 31st day following termination of Insurance.

## Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 days, the Company will arrange and pay 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 and return to the current Home Country. Coverage is also provided immediately (to up to 10 days) following a felonious assault (ie. theft or rape) for victims needing the support of a family member or friend. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

## Baggage & Personal Effects

The Company will reimburse the Insured Person, up to the amount stated in the Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

There will be a per article limit of \$100.

The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$100 per article.

## Trip Delay

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule, if the Insured Person is delayed en route to or from the trip for twelve (12) or more hours due to quarantine.

Covered Expenses Include: Meals, lodging, and traveling expenses limited to \$100 per day. Incurred expenses must be accompanied by receipts.

## Exclusions

*For expenses listed in the Schedule of Benefits, Accidental Death and Dismemberment, this Insurance does not cover:*

- Suicide or attempt thereof by the Insured Person while sane or self-destruction or any attempt thereof by the Insured Person while insane;
- Disease of any kind; Sickness of any kind;
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
- 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;

- 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, act of foreign enemy hostilities, 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.
- 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;
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- Service in the military, naval or air service of any country;
- While riding or driving in any kind of competition.

*For benefits listed in the Schedule of Benefits, Accident Medical, Sickness Medical, Mental and Nervous, Specified Therapies and Spinal Manipulation, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains this Insurance does not cover:*

Pre-Existing conditions, except as defined in the policy;

(This exclusion does not apply to Emergency Medical Evacuation/Repatriation and Return of Mortal Remains)

**Note: This policy does pay benefits to a maximum of \$500.00 for loss due to a pre-existing condition.**

- Injury or illness claim which is not presented to the Company for payment within 12 months of receiving treatment;
- 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 Physician;
- 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, act of foreign enemy hostilities, 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.
- 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 Physician;
- 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;
- 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;
- Congenital abnormalities and conditions arising out of or resulting there from;
- 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 or Repatriation and/or 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 other individual or group policy or other service or medical pre-payment plan arranged through the 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;
- 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;
- Treatment for human organ tissue transplants or bone marrow 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;
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified;
- Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
- Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
- Weight reduction programs or the surgical Treatment of obesity.

## Right of Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

## Definitions

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

**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 Arch Insurance Company.

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary

charges; incurred while insured under this 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 an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

**Effective Date** means the date the Insured Person's coverage under this Policy begins. The Effective Date of this 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'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 a covered Accident.

**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 this Policy means a place that 1.) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- a facility mainly used for the Treatment of drug addicts or alcoholics.

**Illness** wherever used in this Policy means sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

**Injury** wherever used in this Policy means The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of this 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 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 provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person's Physician 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.

. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

**Mental and Nervous Disorder** means any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning.

**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.

**Physician** as used in this 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.

**Pre-existing Condition** for the purposes of this Policy means 1) a condition that would have caused person to seek medical advice, diagnosis, care or treatment during the 365 days prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 365 days prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under this Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, 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 were received, considering the nature and severity of the bodily Injury or Illness 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.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

**Relative** means spouse, 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.