WorldTrips®

StudentSecure Budget®

Description of Coverage

4521150426

Administered by: WorldTrips

Contents

Important Notice and Disclaimer Concerning the United States Patient Protection and Affordable Care Act

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 U.S. 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.

Description of Coverage Summary

This Description of Coverage is a summary of the provisions contained in Master Policy No. CI2-6-ST-1. For a complete copy of the Master Policy, please contact WorldTrips.

This Description is to help **you** understand the insurance that **your** certificate provides. It details the benefits, limitations, exclusions, definitions, Schedule of Benefits and Limits, and any endorsements, applying to **your certificate**.

Information regarding applicable levels of coverage which apply to **your** policy are detailed in the Schedule of Benefits and Limits.

Important Features of Your Travel Insurance

Cancellation

We hope **you** are happy with the coverage this policy provides. However, if after reading it, this insurance does not meet **your** requirements, please notify **us** if **you** wish to cancel **your** policy and **we** will refund **your** premium.

Premiums will be refunded in full if a cancellation request is received prior to the **certificate effective date**.

Premiums may be refunded after the **certificate effective date** subject to the following provisions:

1. A $25 (USD) cancellation fee will apply for administrative costs incurred by **us**; and
2. Only premium for unused whole months, if paying in monthly installments, or unused days, if paid in full, of the premium will be refunded; and
3. **You** are not eligible for premium refund if **you** filed any claims under the policy; and
4. No refund of premium shall be granted after sixty (60) days.

U.S. Preferred Provider Organization (PPO)

This insurance policy offers the option of a PPO network for medical treatment received in the United States. If **you** choose to seek treatment from a PPO provider, billed charges for eligible expenses may be reduced and **we** will remit payment directly to the provider. Additionally, **we** will apply the in-network **coinsurance** applicable to the expenses.

You may review a listing of **hospitals**, **physicians** and other medical service providers included in the PPO Network for the area where **you** will be receiving treatment by accessing the website for WorldTrips: www.worldtrips.com. For assistance with locating a provider, contact us at 1-800-605-2282.

Claims

This insurance policy has in it a Claims Procedure which tells **you** what steps **you** must take to file a claim and explains **our** obligations to **you**. Beginning on the last day of **your** certificate period, **you** shall have sixty (60) days to provide **us** with a proof of claim.

Appeals and Complaints

This insurance policy has in it an Appeals and Complaints Procedure which tells **you** what steps **you** can take if **you** wish to make an appeal or complaint. The written appeal must be submitted within ninety (90) days from the date the claim was denied or the termination date of the policy, whichever is later.

Definitions

This insurance policy has defined terms, indicated by bolded words (excluding headers). The defined terms may be found in the relevant benefit section or in the general definitions.

Pre-Existing Conditions

This insurance policy excludes coverage for **pre-existing conditions** for the first twelve (12) months after the effective date of coverage, except charges resulting directly from an Acute Onset of Pre-existing Condition, Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.

This policy defines a **pre-existing condition** and provides the description of the Acute Onset of Pre-Existing Conditions benefit.

Data Protection

We respect individual privacy and value **your** confidence. **We** restrict access to personal information to employees/partners who need to know that information to perform their jobs. Any employee that **we** determine is in violation of this policy will be subject to disciplinary action, up to and including termination of employment and reporting to law enforcement, where applicable.
We will not disclose **your** personal information to third parties outside Tokio Marine HCC and **our** partners unless disclosure: i) is permissible or required under applicable laws, ii) is made pursuant to **your** consent, iii) is necessary for performance of **our** contracted services, and/or iv) is necessary for the data to be processed for **our** legitimate business interests. **You** may review the WorldTrips privacy policy here: https://www.worldtrips.com/about- worldtrips/privacy-policy.

Rights of Third Parties

You may assign benefits under this insurance to a **hospital**, **physician** or other provider. Any assignment shall not confer upon such **hospital**, **physician** or other provider, any right or privilege granted to **you** under this insurance except for the right to receive benefits, if any, which are determined to be due and payable hereunder. No **hospital**, **physician** or other provider shall have any direct or indirect claim or right of action against **us**.

Law and Jurisdiction

No action of law or equity may be brought to recover benefits under this insurance until 60 days after written proof of claim has been provided to us. No such action to recover benefits under this insurance may be brought after the end of three (3) years after the time written proof of claim is required to be furnished. This does not impact your general rights under law to pursue a legal action against us. The validity, interpretation, and performance of this agreement shall be governed by and construed in accordance with the laws of Cayman Islands.

Arbitration

EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER", SECTION OF THE POLICY AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND WORLDTRIPS AND/OR THE INSURERSWILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION, AND YOU WAIVE YOUR RIGHT TO BRING OR RESOLVE ANY DISPUTE AS, OR PARTICIPATE IN, A CLASS, CONSOLIDATED, REPRESENTATIVE, COLLECTIVE, OR PRIVATE ATTORNEY GENERAL ACTION OR ARBITRATION.

WorldTrips

WorldTrips is a subsidiary of HCC Insurance Holdings, Inc., d/b/a Tokio Marine HCC. The master policy has been issued by TMHCC (CI) Insurance SPC Ltd. acting on behalf of and for the account of TMHCC (CI) – Travel SP 1, a Cayman Islands incorporated company licensed with the Cayman Islands Monetary Authority as a Class B(iii) insurer, to Conyers Trust Company (Cayman) Limited, a Cayman Islands incorporated company licensed with the Cayman Islands Monetary Authority to conduct trust business (Licence No. 94030) in its capacity as trustee of the TMHCC(CI) – Travel Trust, a Cayman Islands law governed trust.

Member Eligibility

Eligibility

1. **You** must be under age sixty-five (65); and
   a. A **full-time student** at a college or university (excluding online colleges and universities); or
   b. Within thirty-one (31) days of being a **full-time student** at a college or university; or
   c. A student under age nineteen (19) enrolled in a secondary school; or
   d. A **full-time scholar** affiliated with an educational institution and performing work or research for at least thirty (30) hours per week; and
2. **You** must be residing outside **your home country** for the purpose of pursuing international educational activities; and

3. **You** must not have obtained residency status in **your host country**; and
4. If in the U.S., **you** must hold a valid education-related visa. A copy of the I-20 or DS2019 may be requested.

J-1 and F-1 visa holders: The **full-time student/scholar** status requirement is waived within the U.S. if **you** have a valid F-1 visa (including OPT) or a J-1 visa. Full-time status requirements remain in force for individuals holding M-1, or other category visas.

Certificate Effective & Termination Dates

Certificate Effective Date

Insurance hereunder is effective on the later of:

1. The moment **we** receive an application and correct premium if the application and payment is made online or by fax; or
2. 12:01am U.S. Eastern Time on the date we receive an application and correct premium if application and payment is made by mail; The moment **you** depart from **your home country**; or
3. The moment you depart from your home country; or
4. 12:01am U.S. Eastern Time on the date requested on the application if correct premium is received.

Certificate Termination Date

Insurance hereunder terminates on the earlier of:

1. 11:59pm U.S. Eastern Time on the last day of the period for which premium has been paid; or
2. 11:59pm U.S. Eastern Time on the date requested on the application; or
3. 12:01am U.S. Eastern Time on the date **you** no longer meet eligibility requirements; or
4. The moment of arrival upon **your** return to **your home country** (unless **you** have started a benefit period).

Benefit Period

While the **certificate** is in effect, the benefit period does not apply. Upon termination of the **certificate**, **we** will pay eligible medical expenses for up to sixty (60) days beginning on the first day of diagnosis or treatment of a covered **injury** or **illness** while **you** are outside **your home country** and while this **certificate** is in effect. The benefit period applies only to eligible medical expenses related to a condition for which **you** are hospitalized as an **inpatient** on the termination date of the **certificate**.

In the event **you** begin a benefit period while the **certificate** is in effect, and the **certificate** terminates because **you** return to **your home country**, **we** will pay eligible medical expenses which are incurred in **your home country** during the benefit period. Coverage within the home country applies only to eligible medical expenses for which **you** are hospitalized as an **inpatient** on the termination date of the **certificate**.

Except for a benefit period, coverage provided under this Master Policy is for a maximum duration of the maximum **certificate period** which is twelve (12) months. Any extension or renewal is based upon the eligibility rules in force and is solely at **our** discretion.

Notwithstanding the foregoing, coverage under all plans shall terminate on the date **we**, at **our** sole option, elect to cancel all **members** of the same sex, age, class or geographic location, provided **we** give no less than thirty (30) days advance written notice by mail to **your** last known address.

Schedule of Benefits and Limits

Plan Details	
Overall Maximum Limit	$500,000
Maximum per Injury / Illness	$250,000
Deductible	$0
Copayments	
Student Health Center Copayment	$25 per visit
Physician Office Visit Copayment	$50 per visit within the PPO network or outside the U.S.; otherwise, $100 per visit
Urgent Care Copayment	$75 per visit within the PPO network or outside the U.S.; otherwise, $150 per visit
Emergency Room Copayment (claims incurred in the U.S. only)	$350 for the emergency room facility fee for treatment received in an emergency room
Hospital Copayment – Inpatient and Outpatient	$150 per visit within the PPO network or outside the U.S.; otherwise, $300 per visit
Coinsurance - Claims Incurred in U.S.	
In-Network Payment	**Within the PPO: We** will pay 80% of the next $45,000 of eligible expenses after applicable copayments, then 100% to the overall maximum limit.
Out-Of-Network Payment	**Outside the PPO: Usual, reasonable, and customary** charges for eligible expenses up to the overall maximum limit**. You** may be responsible for any charges exceeding the payable amount.
Coinsurance - Claims Incurred outside U.S.	**We** will pay 100% of eligible expenses after applicable copayments up to the overall maximum limit.

Eligible expenses are subject to applicable copayments , **coinsurance**, overall maximum limit, and are per **certificate period** unless specifically indicated otherwise.

Benefit	Limit
Hospital Room and Board	Average semi-private room rate, including nursing services
Intensive Care Unit	Up to the overall maximum limit
Local Ambulance	Up to $500 per **injury** or **illness**, only when covered **illness** or **injury** results in hospitalization as inpatient. - *not subject to coinsurance*
Outpatient Treatment	Up to the overall maximum limit
Outpatient Prescription Drugs	50% of actual charges - *not subject to coinsurance*
Outpatient Physical Therapy & Chiropractic Care	Up to $50 per visit per day - *not subject to coinsurance* Must be ordered in advance by a **physician** and not obtained at a **student health center**
Sports & Activities - Leisure, Recreational, Entertainment, or Fitness	Up to the overall maximum limit
Mental Health Disorders (Includes **drug abuse** and **alcohol abuse**)	Treatment must not be provided at a **student health center**. **Physician Office Visit**: Maximum of 30 visits **Inpatient**: Maximum of 30 days
Maternity Care for a Covered Pregnancy	Up to $5,000 lifetime maximum
Nursery Care of Newborn	Up to $250 - *not subject to coinsurance*
Therapeutic Termination of Pregnancy	Up to $500 - *not subject to coinsurance*
Emergency Dental Treatment	Up to $500 - *not subject to coinsurance*
Acute Onset of Pre-existing Condition *(See benefit description)*	Up to $25,000 lifetime maximum for eligible medical expenses
Terrorism	Up to $50,000 lifetime maximum, eligible medical expenses only.
All Other Eligible Medical Expenses	Up to the overall maximum limit
Emergency Travel Benefits	**Limit**
Emergency Medical Evacuation	Up to $250,000 lifetime maximum - *not subject to coinsurance or overall maximum limit*
Repatriation of Remains	Up to $25,000 lifetime maximum - *not subject to coinsurance or overall maximum limit*
Emergency Reunion	Up to $1,000, subject to a maximum of 15 days - *not subject to coinsurance or overall maximum limit*

U.S. Preferred Provider Organization (PPO) Requirements

Nothing contained in this insurance restricts or interferes with **your** right to select the **hospital**, **physician** or other medical service provider of **your** choice. Nothing contained in this insurance restricts or interferes with the relationship between **you** and the **hospital**, **physician** or other providers with respect to treatment or care of any condition, nor **your** right to receive, at **you**r own expense, services and/or supplies that are not covered under this insurance.

To comply the with the United States Preferred Provider Organization requirements, **you** must receive medical treatment from PPO providers while in the United States. If **you** receive treatment from a PPO provider, **we** will apply the **coinsurance** applicable to the expenses.

You may review a listing of **hospitals**, **physicians** and other medical service providers included in the PPO Network for the area where **you** will be receiving treatment visiting WorldTrips' website located at: www.worldtrips.com. For assistance with locating a provider, contact us at 1-800-605-2282.

Claim Procedures

Claims Notification

All claims and related claim information, including a **proof of claim**, should be submitted to WorldTrips at the contact information below, or online.

Online: https://worldtrips.my.site.com/MemberPortal

Postal Mail: WorldTrips
P.O. Box 240358
Apple Valley, MN 55124
USA

Proof of Claim

You must send **proof of claim** for any expenses that **you** are requesting to be paid by **us**. This includes treatment or services for which the medical provider bills **us** directly. No payments will be made by **us** without **you** first submitting a **proof of claim**.

We must receive **proof of claim** for an incident within sixty (60) days of the last day of **your certificate period** (or for claims incurred during a benefit period, sixty (60) days from the date the claim is incurred).
A **proof of claim** must include all of the following:

1. A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments;
2. Itemized bills from **physicians**, **hospitals,** and other medical providers; and
3. Receipts for any expenses which have already been paid by **you** or on **your** behalf.

After receiving **proof of claim**, **we** may, at **our** sole discretion, request and require additional information, including but not limited to medical records necessary to confirm whether coverage exists for any claim prior to payment thereof.

Claims Cooperation

You shall provide assistance and co-operate with **us** or **our** representatives in obtaining any other records **we** or they feel necessary to evaluate **your** claim or any incident giving rise to your claim. **You** shall provide, when asked, all authorizations necessary to obtain **your** medical records. If **you** do not fully cooperate with **us** and/or **our** investigation of the claim, **we** shall not be liable to pay any claim.

Access to Additional Materials

You shall provide **us,** or **our** designated representative, all information, documentation and medical information that **we** or they may reasonably require during the term of this policy, or until all claims have been resolved, whichever is later.

Other Insurance

We shall not pay any claim if there is other insurance which would, or would but for the existence of this insurance, pay such claim. This insurance will apply to expenses in excess of the amount paid or payable under such other insurance. **We** shall not pay any claim for care, treatment, services or supplies furnished by any insurance program or agency funded by any government.

Appeal and Complaints Procedure

Appealing a Claim

In the event **we** deny all or part of a claim under this insurance, **you** may file a written appeal with **us**. The written appeal must be submitted within ninety (90) days from the date the claim was denied or the termination date of the policy, whichever is later. The appeal must include sufficient information to identify the claim under appeal and must specify the reason(s) for the appeal with supporting documentation, if applicable.

Please submit **your** written appeal online, by email, or by postal mail at the following:

Online: https://worldtrips.my.site.com/MemberPortal
Email: appeals@worldtrips.com
Postal Mail: WorldTrips Appeals
P.O. Box 241778
Apple Valley, MN 55124
USA

When **we** receive the appeal, **we** will review the claim and a written response will be sent to **you**. After **you** receive **our** response to the appeal, **you** may initiate a second appeal. With **our** receipt of the second appeal, medical and/or claims personnel who were not involved in the original claim determination or the initial appeal will review the claim. A final determination will be made and a letter will be sent to **you**.

Arbitration and Class Action Waiver

Excluding claims for injunctive or other equitable relief, or for remedies available in small claims court, ANY DISPUTE OR CONTROVERSY BETWEEN **YOU** AND ANY OF WORLDTRIPS, INSURERSOR THEIR AFFILIATES ARISING OUT OF OR RELATING TO THIS MASTER POLICY, INCLUDING WITHOUT LIMITATION, ANY AND ALL DISPUTES, CLAIMS (WHETHER IN TORT, CONTRACT, STATUTORY OR OTHERWISE) OR DISAGREEMENTS CONCERNING THE EXISTENCE, BREACH, INTERPRETATION, APPLICATION OR TERMINATION OF THIS MASTER POLICY, SHALL BE RESOLVED BY FINAL AND BINDING ARBITRATION PURSUANT to the Federal Arbitration Act and in accordance with the JAMS Inc. Comprehensive Arbitration Rules & Procedures then in effect, inclusive of the JAMS Inc. Consumer Arbitration Minimum Standards to the extent applicable (collectively, "JAMS Rules"), and inclusive of provisions in the JAMS Rules allowing for the discovery or exchange of non-privileged information relevant to the dispute. Such claims shall be arbitrated on an individual basis only and the parties waive any right or authority for any claims to be resolved in a class, consolidated, representative, collective or private attorney general action or arbitration.

Instructions regarding how to commence an arbitration are available on the JAMS website, located at https://www.jamsadr.com. If **you** initiate arbitration, **you** will be required to pay to JAMS its case initiation fee then in effect. All other costs of administering the arbitration (*i.e.*, any remaining fees for JAMS administrative services or the arbitrator's services), shall be borne by WorldTrips. The arbitration shall take place in Houston, Texas or at **your** option in **your** hometown area, virtually or via written submissions alone. The arbitral tribunal shall be composed of one arbitrator, who shall be independent and impartial. If the parties fail to agree on the arbitrator within twenty (20) calendar days after the initiation of an arbitration hereunder, JAMS shall appoint the arbitrator. The arbitration shall be conducted in the English language. The decision of the arbitrator will be final and binding on the parties. Judgment on any award(s) rendered by the arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall have the authority to determine arbitrability of any disputes arising out of or relating to this Master Policy. Nothing in this Section shall prevent either party from seeking immediate injunctive relief from any court of competent jurisdiction, and any such request shall not be deemed incompatible with the agreement to arbitrate or a waiver of the right to arbitrate. The parties undertake to keep confidential all awards in their arbitration, together with all confidential information, all materials in the proceedings created for the purpose of the arbitration and all other documents produced by the other party in the proceedings and not otherwise in the public domain, save and to the extent that disclosure may be required of a party by legal duty, to protect or pursue a legal right or to enforce or challenge an award in legal proceedings before a court or other judicial authority. The arbitrator shall award all fees and expenses, including reasonable attorney's fees, to the prevailing party. This agreement to arbitrate does not apply to claims **you** may have for medical malpractice against **your** medical providers.

You may choose to opt out of the agreement to arbitrate by mailing a written opt-out notice ("Notice") to WorldTrips. The Notice must be postmarked no later than sixty (60) days after the last day of **your** certificate period. The Notice must be mailed to: HCC Insurance Holdings, 13403 Northwest Freeway, Houston, Texas 77040, to the attention of the Chief Legal Officer. This procedure is the only mechanism by which **you** can opt out of the agreement to arbitrate. Opting out of the agreement to arbitrate has no effect on any other parts of this Master Policy, or any previous or future arbitration agreements that **you** have entered into with WorldTrips.

Misrepresentation or Fraud

Application

We rely on the statements made by **you** on the application in connection with the making of the application in determining whether or not the individual(s) included on the application meets the eligibility requirements for insurance hereunder. Any determination by **us** of a misstatement or misrepresentation (whether intentional or not), concealment or fraud in the **member's** application, or in relation to any statement or warranty made by the **member** or their authorized representative, whether in writing or otherwise, to **us** or **our** representatives, on or in connection with the application shall render this insurance null and void and all claims hereunder shall be deemed non-payable in addition to any and all other remedies available to **us**.

1. Claims

We rely on the statements made by the **member** on the claimant's statement and in connection with the submission of any claim hereunder in determining whether or not and to what extent benefits under this insurance may be payable. Any misstatement or misrepresentation (whether intentional or not), concealment or fraud in the making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be deemed non-payable and **we** reserve our rights regarding any and all other remedies available to **us**. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by the **member** or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be deemed non-payable and **we** reserve our rights regarding any and all other remedies available to **us**.

Pre-Existing Medical Conditions

Charges resulting directly or indirectly from any **pre-existing conditions** are excluded from this insurance during the first twelve (12) months of coverage, except charges resulting directly from an Acute Onset of Pre- existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.

Pre-existing Condition means any **injury**, **illness**, sickness, disease, or other physical, medical, mental, or nervous disorder, condition, or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the twelve (12) months prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, **treated**, or disclosed to **us** prior to the effective date, and including any and all subsequent, **chronic** or recurring complications or consequences related thereto or resulting or arising therefrom.

Acute Onset of Pre-Existing Condition

Subject to all other terms, conditions and limitations of this Master Policy, in the event **you** experience an **acute onset of a pre-existing condition** during the **certificate period** for which immediate **treatment** is essential and necessary to stabilize the **pre-existing condition**, this Master Policy will cover **eligible medical expenses** The benefit will apply only if at the time of the acute onset of a pre-existing condition all of the following conditions are met:

(a) The **Acute onset of a Pre-Existing Condition** does not directly or indirectly relate to a **chronic**

condition or **congenital** condition; and

(b) **Treatment** must be obtained within twenty-four (24) hours of the sudden and **unexpected** outbreak or reoccurrence; and

(c) You must not be traveling against or in disregard of the recommendations, established **treatment** programs, or medical advice of a **physician** or other healthcare provider; and

(d) You must not be traveling with the intent or purpose to seek or obtain **treatment** for the **pre-existing condition**; and

(e) You must be traveling outside **your home country**.

Such coverage shall be subject to all other terms, conditions and exclusions of this policy, including the General Exclusions and the limits set forth in Schedule of Benefits and Limits.

Medical & Repatriation Expenses

Subject to the limits set forth in the Schedule of Benefits and Limits, and subject to the conditions and restrictions contained in this provision, **we** will pay the following expenses incurred while this insurance is in effect.

Medical Expenses

YOU ARE COVERED FOR:

1. Charges made by a **hospital** for:
   a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
   b. Daily room and board and nursing services in Intensive Care Unit; and
   c. Use of operating, treatment or recovery room; and
   d. Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
   e. Emergency treatment of an **injury** or **illness**, even if **hospital** confinement is not required. However, charges for use of the emergency room itself within the U.S. will be subject to deductible as provided under the Schedule of Benefits and Limits.
2. **Surgery** at an **outpatient** surgical facility, including services and supplies.
3. Charges made by a **physician** for professional services, including **virtual physician visits** and **surgery**. Charges for an assistant surgeon are covered up to twenty percent (20%) of the **usual, reasonable and customary** charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered
4. Dressings, sutures, casts or other supplies which are **medically necessary** and administered by or under the supervision of a **physician**, but excluding nebulizers, oxygen tanks, diabetic supplies, supplies that are available over the counter or without prescriptions, and support or brace appliances.
5. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. Reconstructive **surgery** when the reconstructive **surgery** is directly related to a **surgery** which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.

9. Hemodialysis and the charges by the **hospital** for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. Oxygen and other gasses and their administration by or under the supervision of a **physician**.
11. Anesthetics and their administration by a **physician**.
12. Drugs which require prescription by a **physician** for treatment of a covered **injury** or **illness**, but excluding drugs: prescribed for the treatment of diabetes, replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of sixty (60) days per each prescription.
13. Care in a licensed **extended care facility** upon direct transfer from an acute care **hospital**.
14. **Home nursing care** in bed by a qualified licensed professional, provided by a **home health care agency** upon direct transfer from an acute care **hospital** and only in lieu of **medically necessary inpatient** hospitalization.
15. Emergency **local ambulance** transport necessarily incurred in connection with **injury** or **illness** resulting in **inpatient** hospitalization.
16. **Emergency dental treatment** necessary to a) resolve pain, or b) restore or replace natural teeth lost or damaged in a covered **accident.**
17. **Medically necessary** rental of **durable medical equipment** (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
18. Outpatient physical therapy or chiropractic care if prescribed by a **physician** for treatment of a covered **injury** or **illness**.
19. Routine and **medically necessary** care of newborns as provided in the Schedule of Benefits, provided that the delivery of the newborn is covered hereunder.
20. Pre-natal care, delivery of newborn, and post-natal care related to a **covered pregnancy** which began after the effective date of coverage.
21. For treatment of **mental health disorders** including **drug abuse** and **alcohol abuse**.

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

Emergency Medical Evacuation

YOU ARE COVERED FOR:

1. Emergency air transportation to a suitable airport nearest to the **hospital** where **you** will receive treatment; and
2. Emergency ground transportation necessarily preceding emergency air transportation; and from the destination airport to the **hospital** where **you** will receive treatment.

YOU ARE NOT COVERED unless **you** fulfill all of the following conditions:

1. The evacuation is recommended by the attending **physician** who certifies that it is **medically necessary** and that transportation by any other method would result in the loss of **your** life or limb; and
2. The evacuation is agreed upon by **you** or **your relative**; and
3. Travel arrangements, excluding emergency **local ambulance,** are approved in advance and coordinated by **us**.

YOU ARE NOT COVERED IF:

1. The **illness** or **injury** giving rise to the expense is not covered under this insurance; or
2. You are participating in a non-covered sport or activity

3. **Medically necessary** treatment, services and supplies can be provided locally; or
4. If transportation by any other method would not result in the loss of **your** life or limb; or
5. The condition giving rise to the Emergency Medical Evacuation did not occur **suddenly and unexpectedly** and without advance warning, either in the form of **physician** recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency; or
6. Expenses arise directly or indirectly from anything in the General Exclusions.

We will provide Emergency Medical Evacuation only to the nearest **hospital** that is qualified to provide the **medically necessary** treatment, services and supplies to prevent **your** loss of life or limb.

The timeliness of arrangements can be affected by circumstances which are not within **our** control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. **We** shall not be held liable for any delays that are not within **our** direct and immediate control.

Notwithstanding the foregoing, and if **you** are visiting the U.S., **we** will pay for expenses to return **you** to **your home country** if the attending **physician** and **our** medical consultant agree that transfer to **your home country** is more appropriate than transfer to the nearest qualified **hospital**.

Repatriation of Remains

YOU ARE COVERED FOR:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest **your** principal residence; and
2. Reasonable costs of preparation of the remains necessary for transportation.

YOU ARE NOT COVERED unless **you** fulfill all of the following conditions:

1. The **illness** or **injury** giving rise to the expense are covered under this insurance; and
2. Travel arrangements are approved in advance and coordinated by **us.**

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

We are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the repatriation process or otherwise.

The timeliness of arrangements can be affected by circumstances which are not within **our** control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. **We** shall not be held liable for any delays that are not within **our** direct and immediate control.

Emergency Reunion

YOU ARE COVERED FOR:

1. The cost of an economy round-trip air or ground transportation ticket for one (1) **relative** for transportation to the terminal serving the area where **you** are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and

2. Reasonable expenses for lodging and meals for the **relative**, which are incurred in the area where **you** are hospitalized for a period not to exceed fifteen (15) days.

YOU ARE NOT COVERED unless **you** fulfill all of the following conditions:

1. **You** have a covered Emergency Medical Evacuation; or
2. **You** are hospitalized as an **inpatient** for at least five (5) days due to a life-threatening covered condition. Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five (5) day **inpatient** stay.

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

Sports and Activities

Leisure, Recreational, Entertainment, or Fitness Sports and Activities

YOU ARE COVERED FOR:

1. Subject to the overall maximum limit**, you** are covered for **injury** or **illness** sustained while taking part in sports and activities, unless it is excluded below.

   You must ensure that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.

YOU ARE NOT COVERED IF:

1. The sports or athletics involve regular or scheduled practice and/or games; or
2. The sports or athletics are intercollegiate, interscholastic, intramural, or club sports; or
3. The activity is performed in a professional capacity or for any wage, reward, or profit; or
4. The activity involves exploring remote or inaccessible areas, exploratory expeditions and new routes or activities, including within Antarctica, the Arctic Circle, and Greenland ; or
5. Expenses arise directly or indirectly from anything mentioned in the General Exclusions; or
6. Any of the excluded items listed below:
   - Aviation (except when traveling solely as a passenger in a commercial aircraft)
   - Base Jumping
   - BMX freestyle
   - Bungee Jumping
   - Free-Diving
   - Hang-Gliding
   - Jet Skiing
   - Mountaineering, trekking or hiking at elevations of four thousand five hundred (4,500) meters or higher
   - Parachuting

- Racing by any Animal, Motorized Vehicle, or BMX
- Skateboarding
- Skydiving
- Skysurfing
- Cross Country and Downhill
- Snow Skiing and Snowboarding, except 1) recreational downhill skiing, cross-country skiing, and snowboarding, and 2) for downhill skiing and snowboarding, within the prepared and marked in-bound territories. (No cover for any skiing or snowboarding while skiing away from prepared and marked in-bound territories and/or for any skiing or snowboarding against the advice of the local ski school or local authoritative body.)
- Spelunking
- Sub Aqua Pursuits involving underwater breathing apparatus unless 1) accompanied by a certified instructor at depths less than ten (10) meters, or 2) **you** are PADI/NAUI/SSI certified
- Surfing
- Whitewater Kayaking and Rafting
- Windsurfing

Terrorism

YOU ARE COVERED FOR:

1. Eligible Medical Expenses for treatment of **injuries** and **illnesses** resulting from an Act of Terrorism, up to the limit set forth in the Schedule of Benefits and Limits, provided all of the following conditions are met.

YOU ARE NOT COVERED unless **you** fulfill all of the following conditions:

1. The **injury** or **illness** does not result from the use of any biological, chemical, **cyber**, radioactive or nuclear agent, material, device or weapon; and
2. **You** have no direct or indirect involvement in the Act of Terrorism; and
3. The Act of Terrorism is not in a country or location where the U.S. Department of State has issued a level 3 or higher travel advisory that has been in effect within the sixty (60) days immediately prior to **your** date of arrival; and
4. **You** have not failed to depart a country or location within ten (10) days following the date a level 3 or higher travel advisory for that country or location is issued by the United States government.

YOU ARE NOT COVERED IF:

1. Loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:
   a. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
   b. The use of any biological, chemical, **cyber**, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where **you** are exposed to nuclear radioactive and/or

radioactive material for the purpose of medical treatment; or

c. Any Act of Terrorism, not specifically covered above; or
d. Coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a), (b) or (c) above; or
e. Expenses arising directly or indirectly from anything mentioned in the General Exclusions.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If **we** allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon **you**.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

General Exclusions

Excluded Conditions, Treatments (includes Diagnoses, Tests, and Examinations), Charges, Services, Supplies, Acts, Omissions, and/or Events:

1. **Pre-existing Conditions** during the first twelve (12) months of coverage, except charges resulting directly from an acute onset of pre-existing condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
3. Vaccinations , routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes.
4. Treatment of the temporomandibular joint.
5. **Mental health disorders** if treatment is obtained at a **student health center**.
6. Physical Therapy and chiropractic care, unless ordered in advance by a **physician** for **medically necessary** treatment related to a covered **injury** or **illness,** which was not obtained at a **student health center**.
7. Routine pre-natal care, pregnancy, childbirth, post-natal care, and nursery care of a newborn, unless directly related to a **covered pregnancy**.
8. Elective termination of pregnancy.
9. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
10. All **sexually transmitted diseases** and conditions except for diagnostic testing related to a covered **injury** or **illness**.
11. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
12. Organ or tissue transplants or related services.

13. **Injury or illness** that is due wholly or partially to the effects of alcohol, illegal drugs, or drugs not taken in accordance with treatment prescribed by a **physician**, or **injury** sustained while under the influence of drugs or alcohol as defined under the law of the jurisdiction, or with a .08 Blood Alcohol Content (BAC), whichever is lower, or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party; (v) **your** own admission; or (vi) the description of events **you** described to **us** or **you** had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in their records.
14. Resulting from or occurring during the commission of a violation of law, including without limitation, those incurred when engaging in an illegal occupation or act, but excluding minor traffic violations.
15. Relating to or resulting from **sex trafficking**, failure to protect against, prevent, or report **sex trafficking**; or conduct, acts or omissions under the Trafficking Victims Protection Act of 2000, or any similar statute, ordinance or regulation.
16. Eye **surgery**, such as corrective refractory **surgery**, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
17. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
18. Orthoptics and visual eye training.
19. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
20. Hair loss including wigs, hair transplants or any drug that promises or intended to promote hair growth, whether or not prescribed, unless prescribed due to loss resulting from treatment of or caused by a covered **injury** or **illness**.
21. Acne, moles, skin tags, skin cysts or skin lesions, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
22. Sleep apnea or other sleep disorders.
23. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesiotherapy.
24. Psychometric, intelligence, competency, behavioral and educational testing.
25. Incurred while confined primarily to receive **custodial care**, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care **hospital**.
26. Incurred for cosmetic or aesthetic reasons, except for reconstructive **surgery** when such **surgery** is directly related to and follows a **surgery** which was covered hereunder.
27. Modifications of the physical body intended to improve the psychological, mental or emotional well-being, including but not limited to sex-change **surgery**.
28. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass **surgery**.
29. Exercise programs, whether or not prescribed or recommended by a **physician**.
30. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
31. Any **illness** or **injury** incurred as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health when, prior to **your** effective date, any of the following were issued:

a. The United States Centers for Disease Control & Prevention had issued a Warning/Alert Level 3 or higher for a location or destination, including common carriers; or

b. The United States Centers for Disease Control & Prevention had issued a Global or Worldwide Warning/Alert Level 3 or higher.

This exclusion is applicable when i) any of the above were in effect within sixty (60) days immediately prior to **your** effective date or ii) within ten (10) days following the date the alert/warning is issued **you** have failed to depart the country or location. This exclusion does not apply to charges resulting from COVID-19/SARS- CoV-2.

32. **Investigational, experimental or for research** purposes.
33. Complications or consequences of a treatment, condition, **injury**, or **illness** not covered hereunder.
34. Incurred outside **your certificate period**.
35. Submitted to **us** for payment more than sixty (60) days after the last day of the **certificate period**.
36. Exceeding **usual, reasonable and customary**.
37. Not **medically necessary**.
38. Not administered by or ordered by a **physician**.
39. Provided by a **relative**, family member or any person who ordinarily resides with **you**.
40. Provided at no cost to **you**.
41. Incurred for failure to keep a scheduled appointment.
42. Incurred when departure from the **home country** is to obtain treatment in the destination country/countries.
43. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
44. Payable under any government system, including the Australian Medicare system.
45. Payable under Workers' Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
46. Incurred during war, military action or while on active duty as a member of a police or military force unit.
47. Not included as Eligible Expenses as described herein.

Definitions

Accident means a sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in **injury** to **you**. The cause or one of the causes of such **accident** is external to **your** own body and occurs beyond **your** control.

Acute Onset of Pre-existing Condition means a **sudden and unexpected outbreak** or recurrence that is of short duration, is rapidly progressive, and requires urgent care. A **pre-existing condition** that is **chronic** or **congenital** or that gradually becomes worse over time is not acute onset of a pre-existing condition. An Acute Onset of Pre-existing Condition does not include any condition for which, as of the Effective date, the insured person (i) knew or reasonably foresaw he/she would receive, (ii) knew he/she should receive, (iii) had scheduled, or (iv) was told that he/she must or should receive, any medical care, drugs or **treatment**.

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.

Certificate means the document issued to **you** that provides evidence of benefits payable under the Master Policy.

Certificate Period means the period of time beginning on the date and time of the **certificate effective date** and ending on the date and time of the **certificate termination date.** The certificate period is a maximum of twelve (12) months, after which a new certificate period will begin.

Chronic means any condition that usually persists three (3) months or longer.

Coinsurance means **your** payment of eligible expenses at the percentage specified in the Schedule of Benefits and Limits.

Common Carrier means an airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Congenital means any medical condition, disorder, abnormality, deformity, **illness**, **injury** present at birth regardless of cause or manifestation, and whether or not previously diagnosed.

Covered Pregnancy means a pregnancy which began after the effective date of coverage.

Custodial Care means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist **you** in performing the activities of daily living**.** Custodial care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Cyber means the use or operations, as a means for inflicting harm, of any computer, computer software program, malicious code, computer virus or process or any other electronic system.

Deductible means the dollar amount of eligible expenses, specified in the Schedule of Benefits and Limits that **you** must pay per **certificate period** before eligible expenses are paid.

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.

Durable Medical Equipment means a standard basic hospital bed and/or a standard basic wheelchair. Walking boots and crutches are not considered durable medical equipment.

Educational or Rehabilitative Care means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an **illness** or **injury**. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing **your** life or limb in danger if medical attention is not provided within twenty-four (24) hours.

Emergency Dental means dental treatment by a Doctor of Dental Surgery (DOS), Doctor of Dental Medicine (DDM), or other licensed dental practitioner, necessary to resolve pain or to restore or replace teeth lost or damaged in an **accident** which was covered under this insurance.

Extended Care Facility means an institution, or a distinct part of an institution, which is licensed as a **hospital**, **extended care facility** or rehabilitation facility by the state in which it operates; and is regularly engaged in providing twenty–four (24)-hour skilled nursing care under the regular supervision of a **physician** and the direct supervision of a registered nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a **physician**; and provides each patient with active treatment of an **illness** or **injury**. **Extended care facility** does not include a facility primarily for rest, the aged, **substance abuse** treatment, **custodial care**, nursing care or for care of **mental health disorders** or the mentally incompetent.

Full-time Scholar means an individual who is affiliated with an educational institution and is engaging in

educational activities for at least thirty (30) hours per week. These activities may include but not be limited to performing research in an area of specialty or teaching for a temporary period of time.

Full-time Student means a student at a college or university who is taking ten (10) credit hours (undergraduate students) or six (6) credit hours (graduate students). Full-time student status for individuals enrolled at colleges or universities that do not use a credit hour system must provide documentation of full-time student status.

Home Country means the country where **you** principally reside and receive regular mail. U.S. citizens and lawful permanent residents are not eligible for coverage within the U.S., except as provided an eligible benefit period, regardless of the location of **your** principal residence.

Home Health Care Agency means a public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing home nursing care under the supervision of a registered nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a **physician**.

Home Nursing Care means services provided by a **home health care** agency and supervised by a registered nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of **medically necessary inpatient** care in a **hospital**.

Hospital means an institution which operates as a **hospital** pursuant to law, and is licensed by the state or country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as **inpatients**; and provides twenty–four (24)hour nursing service by registered nurses on duty or call; and has a staff of one or more **physicians** available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a rehabilitation facility, long- term care facility, **extended care facility**, nursing, rest, **custodial care** or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Host Country means the country, other than the **home country**, in which **you** will engage in educational pursuits. For U.S. citizens and lawful permanent residents, the host country must be outside the U.S., including the U.S. Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands.

Illness means a sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. **Illness** does not include learning disabilities, attitudinal disorders or disciplinary problems.

Injury means an unexpected and unforeseen harm to the body caused by an accident that requires medical treatment.

Inpatient means an admitted patient who occupies a hospital bed for medical treatment and whose admission was recommended by a **physician**.

Intensive Care Unit means a cardiac care unit or other unit or area of a **hospital** that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes means procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Local Ambulance means transportation from within a metro area to a hospital or other appropriate health care facility. Other than in an emergency, air ambulance may be substituted for ground ambulance if in rural area and unreachable by ground ambulance.

Medically Necessary means a service or supply which is necessary and appropriate for the diagnosis or treatment of an **illness** or **injury** based on generally accepted current medical practice as determined by **us**. A service or supply will not be considered **medically necessary** if is provided only as a convenience to **you** or the provider, and/or is not appropriate for **your** diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of

an **illness** or **injury**.

Member means a person who is covered under this insurance.

Mental Health Disorder means a mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental health disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Outpatient means a **member** who receives **medically necessary** treatment that is administered or ordered by a **physician** for **injury** or **illness** that does not require overnight stay in a **hospital**.

Physician means a Doctor of Medicine (MD), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DDM), Doctor of Podiatry (DPM), Doctor of Osteopathy (DO), a licensed Physical Therapist or Physiotherapist, and a Doctor of Psychology (Psy.D). Physician also includes an Advanced Practice Registered Nurse (APRN), Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), Nurse Midwife or a Physician Assistant (PA) under the direction of a medical doctor. For mental health treatment, Physician will include LCSW (Licensed Clinical Social Worker), LICSW (Licensed Independent Social Worker), LPC (Licensed Professional Counselor), and QMHCM (Qualified Mental Health Case Manager). A physician must be currently licensed by the jurisdiction in which the services are provided, and the services must be within the scope of that license and covered under this Master Policy.

Relative means biological or stepparent, biological or stepchild; current spouse, biological or stepsiblings, or parent-in-law, children-in-law or sibling-in-law. Minor children are not allowed to agree upon an Emergency Medical Evacuation on **your** behalf.

Routine Physical Exam means and examination of the physical body by a **physician** for preventative or informative purposes only, including establishing care with a **physician** when there is no objective impairment normal health, and not for the diagnosis or treatment of any condition. Routine physical exam also includes diagnostic labs, x-rays, and other procedures for screening and preventative purposes.

Sex trafficking means the recruitment, harboring, transportation, provision or obtaining of any person by force, fraud or coercion, or in which the person induced has not attained the legal age of adulthood or consent, for the purposes of providing a commercial sex act, or services of any type against the will of any person.

Sexually Transmitted Diseases means diseases including but not limited to syphilis, gonorrhea, chlamydiosis, trichomoniasis, genital herpes, and Human Papillomavirus (HPV).

Spouse means **your** legal spouse or domestic partner. Such relationship must have met all requirements of a valid marriage contract, domestic partnership, or civil union in the state or country where the parties' ceremony was performed.

Student Health Center means a medical facility of an educational institution that provides basic health services for students for a minimum of ten (10) hours per week during the school semester. Basic services must include staffing by a licensed medical provider (MD, CNP, or RN) for the purpose of assessment and treatment of minor **illnesses** and **injuries** and/or referral to another medical provider.

Substance Abuse means alcohol, drug or chemical abuse, overuse or dependency.

Sudden(ly)/Unexpected(ly) means quickly with little or no warning, not expected and unforeseen.

Surgery or Surgical Procedure means an invasive diagnostic procedure, or the treatment of **illness** or **injury** by manual or instrumental operations performed by a **physician** while the patient is under general or local anesthesia.

Terms means all terms, provisions, conditions, definitions, **deductibles**, **coinsurance**, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications and/or exclusions that bind the Insured Person as set forth in the Master Policy, application and any riders.

Therapeutic Termination of Pregnancy means willful termination of pregnancy determined to be **medically necessary** for the wellbeing of the mother.

Treated/Treating/Treatment means any and all services and procedures rendered in the management and/or care of a patient for the purpose of identifying, diagnosing, treating, curing, preventing, controlling and/or combating any **illness** or **injury**, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic testing or evaluation of any kind, pharmacotherapy or other medication, and/or surgery.

Usual, Reasonable and Customary means the lesser of the following:

1. One and a half times (150%) of the charges payable under the United States Medicare program, for claims incurred outside the PPO network within the U.S., or
2. Most common charge for similar services, medicines or supplies within the geographic area in which the charge is incurred, so long as those charges are reasonable. What is defined as **usual, reasonable and customary** charges will be determined by **us**. In determining whether a charge is **usual, reasonable and customary**, **we** may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the **illness** or **injury** being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country where the charges are incurred; the cost to the provider of providing the service, medicine or supply; such other factors **we**, in the reasonable exercise of discretion, determine are appropriate.

Virtual Physician Visit means a live consultation conducted over the internet or phone between **you** and a **physician.**

You/Your means each insured person named in the **certificate.**

We/Us/Our means HCC Medical Insurance Services, LLC doing business as, WorldTrips.