



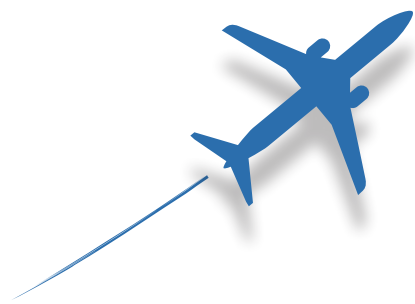
TRAWICK
INTERNATIONAL



COLLEGIATE CARE

2014-2015

International Medical, Evacuation and Repatriation Insurance Plan Designed Especially for International Students, Scholars and their Families studying or teaching in the USA



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Plan is Underwritten By: United States Fire Insurance Company
US100827, US100829, US100830

Our privacy policy: we know your privacy is important to you. We strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law including hippa. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information.

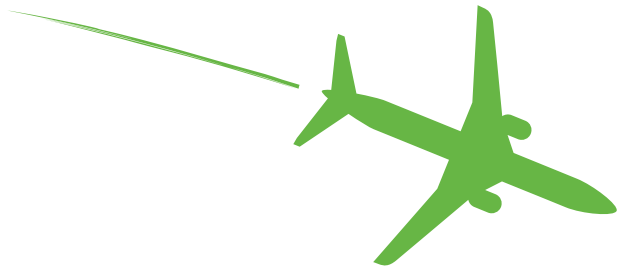


COLLEGIATE CARE STANDARD

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Standard
Maximum for all Medical Expense: Per Injury or Sickness	Primary Insured: \$100,000 Spouse: \$75,000 Dependent Child: \$75,000
Deductible- Per Injury or Sickness:	\$50 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Co-insurance:	80% to Plan Maximum
Maximum Benefit Period:	1 year from the date of the Covered Accident or Sickness
Maternity:	Not Covered
Mental or Nervous Disorders:	Inpatient: Up to a Max of 40 days Outpatient: Up to a \$500 Max
Alcohol and Drug Abuse - Inpatient or Outpatient:	50% up to \$1,000
Motor Vehicle Accident Maximum:	\$10,000
Physiotherapy Physical Medicine and Chiropractic Care:	\$500 maximum per Policy
Room and Board Charges:	Semi Private Room Rate
ICU Room and Board Charges:	Covered to Policy Maximum

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Standard
Inpatient/Outpatient Surgery:	Covered to Policy Maximum
Prescriptions	Covered to Policy Maximum
Intramural Sports Related Injury:	\$10,000 per Policy
Dental Treatment (Injury & emergency alleviation of pain):	\$250 per tooth to a maximum of \$500
Pap Smear/Yearly Exam:	One per Policy Year
Mammography:	A baseline for women between ages 35– 40; every two years ages 40 –50; annually over age 50
Ambulance Benefit:	\$350
Emergency Evacuation:	\$50,000
Repatriation:	\$25,000
Emergency Reunion:	\$5,000
Rates per month based on age	
0-18	Primary Insured: \$37 Spouse \$95
19-23	Primary Insured: \$38 Spouse \$105
24-30	Primary Insured: \$90 Spouse \$188
31-40	Primary Insured: \$155 Spouse \$321
41-50	Primary Insured: \$235 Spouse \$429
51-64	Primary Insured: \$321 Spouse \$430
Dependent Child up to age 26 \$37	



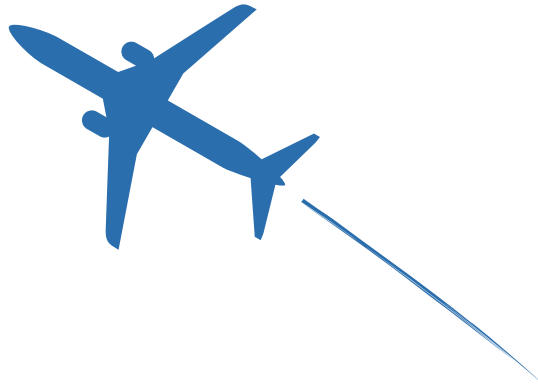


COLLEGIATE CARE PREFERRED

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Preferred
Maximum for all Medical Expense Per Injury or Sickness:	Primary Insured: \$250,000 Spouse: \$75,000 Dependent Child: \$75,000
Deductible- Per Injury or Sickness:	\$50 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Co-insurance:	80% of the first \$10,000, then 100% to Plan Maximum
Maximum Benefit Period:	1 year from the date of the Covered Accident or Sickness
Maternity:	Covered (restrictions)
Mental or Nervous Disorders:	Inpatient: Up to a Max of 40 days Outpatient: Up to a \$500 Max
Alcohol and Drug Abuse - Inpatient or Outpatient:	50% up to \$1,000
Motor Vehicle Accident Maximum:	\$10,000
Physiotherapy Physical Medicine and Chiropractic Care:	\$500 maximum per Policy
Room and Board Charges:	Semi Private Room Rate

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Preferred
ICU Room and Board Charges:	Covered to Policy Maximum
Inpatient/Outpatient Surgery:	Covered to Policy Maximum
Prescriptions	Covered to Policy Maximum
Intramural Sports Related Injury:	\$10,000 per Policy
Dental Treatment (Injury & emergency alleviation of pain):	\$250 per tooth to a maximum of \$500
Pap Smear/Yearly Exam:	One per Policy Year
Mammography:	A baseline for women between ages 35– 40; every two years ages 40 –50; annually over age 50
Ambulance Benefit:	\$350
Emergency Evacuation:	\$50,000
Repatriation:	\$25,000
Emergency Reunion:	\$5,000
Rates per month based on age	
0-18	Primary Insured: \$ 55 Spouse \$ 129
19-23	Primary Insured: \$ 57 Spouse \$ 136
24-30	Primary Insured: \$ 113 Spouse \$ 272
31-40	Primary Insured: \$ 175 Spouse \$ 421
41-50	Primary Insured: \$ 285 Spouse \$ 566
51-64	Primary Insured: \$ 382 Spouse \$ 566
Dependent Child up to age 26 \$55*	





COLLEGIATE CARE PREMIER

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Premier
Maximum for all Medical Expense Per Injury or Sickness:	Primary Insured: \$500,000 (\$250,000 at Age 51) Spouse: \$75,000 Dependent Child: \$75,000
Deductible- Per Injury or Sickness:	\$0 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Co-insurance:	80% of the first \$10,000, then 100% to Plan Maximum
Maximum Benefit Period:	1 year from the date of the Covered Accident or Sickness
Maternity:	Covered (restrictions)
Mental or Nervous Disorders:	Inpatient: Up to a Max of 40 days Outpatient: Up to a \$500 Max
Alcohol and Drug Abuse - Inpatient or Outpatient:	50% up to \$1,000
Motor Vehicle Accident Maximum:	\$10,000
Physiotherapy Physical Medicine and Chiropractic Care:	\$500 maximum per Policy

Collegiate Care Schedule of Benefits and Rates	Collegiate Care Premier
Room and Board Charges:	Semi Private Room Rate
ICU Room and Board Charges:	Covered to Policy Maximum
Inpatient/Outpatient Surgery:	Covered to Policy Maximum
Prescriptions	Covered to Policy Maximum
Intramural Sports Related Injury:	\$10,000 per Policy
Dental Treatment (Injury & emergency alleviation of pain):	\$250 per tooth to a maximum of \$500
Pap Smear/Yearly Exam:	One per Policy Year
Mammography:	A baseline for women between ages 35– 40; every two years ages 40 –50; annually over age 50
Ambulance Benefit:	\$350
Emergency Evacuation:	\$50,000
Repatriation:	\$25,000
Emergency Reunion:	\$10,000
Rates per month based on age	
0-18	Primary Insured: \$ 67 Spouse \$ 148
19-23	Primary Insured: \$ 71 Spouse \$ 151
24-30	Primary Insured: \$ 128 Spouse \$ 276
31-40	Primary Insured: \$ 198 Spouse \$ 433
41-50	Primary Insured: \$ 357 Spouse \$ 715
51-64	Primary Insured: \$ 527 Spouse \$ 715
Dependent Child up to age 26 \$67	





When Coverage Begins And When Coverage Ends

Effective Date – The Effective Date of this Policy is the later of the following: 1. The Date the Company receives a completed Application and correct premium for the Policy Period, or 2. The Effective Date requested on the Application, or 3. The day after applying online, or 4. The day after postmark when mailed. The Effective Date for your eligible spouse or dependents enrolled with you is your Effective Date, provided the Company receives the required premium for the spouse or dependent. If a spouse or dependent becomes eligible after your Effective Date, you have 30 days from the date such spouse or dependent first becomes eligible to enroll them and pay the applicable premium.

Coverage Ends - Your coverage ends on the earliest of the following: 1. The date you cease to be eligible for coverage; or 2. The end of your term of coverage; or 3. The date requested on your application; or 4. The last day for which premium has been paid. Your spouse or dependent coverage will end at the earliest of: 1. The end of the period for which the premium is paid for such spouse or dependent coverage; or 2. The date a spouse or dependent is no longer eligible for coverage; or 3. The end of your term of coverage.

If you need an enrollment form or have questions about your effective and termination dates please contact Trawick at 888-301-9289. You must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased and be enrolled in class at each renewal. Proof of active enrollment may be requested at the time of a claim. This plan is fully earned and non-refundable.

Eligibility

You are eligible for this coverage in the USA, if you have a current passport or visa and are temporarily residing outside your home country/country of permanent residence while actively engaged in education or research activities. You are “actively engaged” in education, teaching or research activities if you are one of the following: F1/J1 valid Visa holder; Undergraduate – registered for and attending classes on full-time basis; Graduate Student; Scholar or researcher who is invited by an educational organization; Students involved in education, educational activities, or research related activities. Students must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased. Home study, correspondence, internet classes and television courses do not fulfill the eligibility requirements.

Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your policy.

For purposes of this insurance, if the Eligible Person’s home country or country of permanent residence (passport country) is different from the Eligible Person’s country of permanent residence (location in which the Eligible Person permanently resides), the Eligible Person will not be covered in either location. Permanent residents (green card holders) and US Citizens are not eligible for coverage under this Policy. Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country. Injury or Accidents while on an Incidental trips to a country outside the USA, during the period of coverage are covered.

Accidental Death And Dismemberment Principal Sum

Accidental Death Benefit – the plan pays \$15,000 when your death occurs as a result of accidental injury.

Loss of life must result within 90 days of the date of the accident causing such loss. Your coverage under the policy must be in force on the date of the accident and when loss of life occurs.

Dismemberment Benefit - If you sustain accidental injury that results in loss of a limb or sight the plan will pay the portion of the Principal Sum shown below. Loss must occur within 90 days of the accident causing such loss. In the event of more than one loss only one sum, the largest, will be paid.

“Loss of hand or foot” means severance at or above the wrist or ankle joint. “Loss of sight” must be entire and irrecoverable.

For injury resulting in the loss of:

- Both hands or both feet or the sight of both eyes ;or One hand and one foot, one hand or one foot and the sight of one eye: \$15,000
- One hand or one foot or the sight of one eye: \$7,500

Medical Expense Benefits

The plan will pay benefits for covered expenses incurred by you for loss due to sickness or injury, less any deductible and subject to subject to the Schedule: 1. The maximum benefit for all services as shown in the Schedule; 2. The maximum amount for specific services as shown in the Schedule; and 3. Any coinsurance amount shown in the Schedule. Covered expenses are considered incurred when the covered service is rendered, provided there is a charge made for such service. The plan provides payment for services, procedures and supplies that are medically necessary. No benefits will be paid for expenses determined not to be medically necessary, including any or all days of hospital stay. The total payable for all covered expenses will not exceed the maximum benefit shown in the Schedule.

A. Inpatient Covered Expenses Include:

1. **Hospital Services:**
 - Room and Board Expense - Daily semi-private room rate for a hospital stay; and General nursing care provided and charged for by the hospital.
2. **Intensive Care**
3. **Miscellaneous Expenses** - During a hospital stay; or As a precondition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
4. **Physiotherapy**
5. **Surgery Services:**
 - Surgeon
 - Assistant Surgeon
 - Anesthetist
 - Nurses -During a hospital stay; General nursing care provided by the hospital is not covered under this benefit.
6. **Doctor's Visits** - during a hospital stay. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.
7. **Preadmission Testing** - limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMRs; and blood chemistries will be paid under the Hospital Miscellaneous Expenses benefit
8. **Psychotherapy** - for the treatment of a mental or emotional disorder or of related bodily illness by psychological means where the psychotherapy is administered by a doctor.
9. **Alcohol and Substance Abuse**
10. **Mental and Nervous Disorders**



B. Outpatient Covered Expenses Include:

1. **Surgery Services:**
 - Surgeon
 - Anesthetist
 - Miscellaneous for Day Surgery benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies.
2. **Miscellaneous Hospital and Doctor Surgery Services** payable as shown in the Schedule.
3. **Doctor's Visits**
4. **Physiotherapy**
5. **Medical Emergency** - as defined. Benefits will be paid as shown in the Schedule.
6. **Diagnostic X-ray Services** - as shown in the Schedule. Separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in (CPT) as codes 70000-79999 inclusive.
7. **Radiation Therapy**
8. **Laboratory Procedures** - are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.
9. **Tests and Procedures** - a. Diagnostic services and medical procedures; b. Performed by a doctor; c. Excluding Doctor's Visits; Physiotherapy; X-rays; and Laboratory Procedures.
10. **Injections** - a. When administered in the doctor's office; and b. Charged on the doctor's statement.
11. **Prescription Drugs** (including contraceptives)
12. **Chemotherapy**
13. **Mammography** - one per year
14. **Pap Smear** for annual testing performed by FDA-approved gynecologic cytology screening technologies.
15. **Maternity** the date of the last menstrual period will determine the date of the loss.
16. **Alcohol and Substance Abuse**
17. **Mental and Nervous Disorders**
18. **Durable Medical Equipment (DME)**



C. Other Services Include:

1. **Ambulance Services** – up to \$350 per sickness or injury
2. **Braces and Appliances:** a. When prescribed by a doctor; and b. When a written prescription accompanies the claim when submitted. Braces and appliances include durable medical equipment which: Is primarily and customarily used to serve a medical purpose, Can withstand repeated use, and Is not generally useful to a person in the absence of sickness or injury. No benefits will be paid for rental charges in excess of purchase price.
3. **Consulting Physician** when requested and approved by the attending doctor. Covered expenses will be paid under this benefit or under the Doctor's Visits benefit, but not both on the same day.
4. **Dental Treatment** performed by a doctor and made necessary by injury or to relieve pain to natural teeth.

D. Additional Covered Services Include:

1. **Repatriation** - The plan pays for repatriation up to \$50,000 while covered under the policy. This benefit will be paid for preparing and transporting your remains to your Home Country.
2. **Emergency Medical Evacuation** – the plan pays up to \$50,000 for medical evacuation to your Home Country while you are covered under the policy. This benefit will be paid: a. During a minimum hospital stay; and b. When recommended and approved by the attending doctor.
3. **Emergency Reunion** - When an Insured Person is hospitalized for more than 7 days, and the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under this Policy, and the assistance company representative, appointed by the Company, and the attending Physician determines that Medical Emergency Evacuation or Repatriation is necessary and prudent for the Insured Person, 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. The benefits payable will include: Company will arrange and pay for round-trip economy-class transportation for a parent, spouse, sibling (over age 21) or legal guardian to the location where the Insured Person is hospitalized, and return, up to the maximum stated in Schedule of Benefits, Emergency Medical Reunion; Also Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion for hotel and meals to a maximum of \$50 per day up to the maximum stated in Schedule of Benefits, Emergency Medical Reunion.

The period of Emergency Medical Reunion is not to exceed 14 days, including travel. All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

Definitions

Coinsurance	means the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.
Covered expenses	means charges: a. Not in excess of usual, reasonable and customary charge; b. Not in excess of the maximum benefit amount payable per service as shown in the Schedule; c. Made for medical services and supplies not excluded under the policy; d. Made for services and supplies which are medically necessary; and e. Made for medical services specifically included.
Deductible	means the amount of Covered Expenses which is Your responsibility to pay before benefits under the Plan are payable.
Dependent or Eligible Dependent	means the Insured's Spouse under age 70; or Child who: (a) Is under 26 years of age; and (b) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured. "Child" can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child. Spouse means the lawful Spouse, under age 64, of an Insured.
Home Country	shall mean, the country where you have your fixed and permanent home establishment and to which you have the intention of returning.
Injury	means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.
Preferred Providers	means the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.
Medically Necessary	means those services or supplies provided or prescribed by a hospital or doctor: a. Essential for the symptoms and diagnosis or treatment of the sickness or injury; b. Provided for the diagnosis, or the direct care and treatment of the sickness or injury; c. In accordance with the standards of good medical practice; d. Not primarily for your convenience or that of your doctor; and e. That are the most appropriate supply or level of service that can safely be provided.

Definitions

Natural teeth	means natural teeth or teeth where the major portion of the individual tooth is present, regardless of fillings or caps, and is not carious, abscessed, or defective.
Out of Network Provider	means providers who have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility.
Policy Period	means the dates as shown on your enrollment for which premium has been paid.
Prescription	means any authorization, including authorized refills, issued by a doctor for dispensing medication for the purpose and in the amount specified.
Prescription drug	means: a. A legend drug; b. A compound medication when at least one ingredient is a prescription legend drug; c. Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or d. Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.
Sickness	means illness or disease diagnosed during the Policy Period under the Policy. Sickness includes normal pregnancy and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.
Spouse	means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.
Usual, reasonable and customary (URC)	means: 1. Charges and fees for medical services or supplies that are the lesser of: a) The usual charge by the provider for the service or supply given; or b) The average charged for the service or supply in the area where service or supply is received; and 2. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Exclusions and Limitations

Pre-Existing Conditions

“**Pre-existing Condition**” means – an illness, disease or other condition, that in the 12 month period before your coverage became effective under the Policy: 1. manifested itself, worsened, became acute or exhibited symptoms that would have caused a prudent person to seek diagnosis, care or treatment; or 2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3. treated by a Doctor or treatment had been recommended by a Doctor.

The “**Pre-existing Condition Waiting Period**” is 12 months. If you receive treatment or service for a Pre-Existing Condition: a) No benefits will be paid for such condition until the day after a 12 consecutive month period has passed from your effective date; and b) The plan will pay only for Covered Expenses incurred after such 12 consecutive month period.

The Pre-existing Condition Waiting Period will be reduced by the aggregate period of credible coverage if the Credible Coverage was continuous to a date not more than 63 days before the Effective Date of coverage. Payment will be in accord with the provisions of this plan. If you have a lapse in coverage for more than 63 days, the Pre-existing Condition Waiting Period will have to be satisfied again.

Exclusions

No benefits will be paid for loss or expense caused by or resulting from:

1. Pre-existing Conditions; however, a Pre-Existing Condition will be covered after the insured person has been continuously insured for 12 months under the same insurance plan;
2. No benefits will be paid for loss or expense caused by, enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
3. For routine physical, immunizations or other examination where there are no objective indications or impairment in normal health, & laboratory diagnostic or X-ray examination except in the course of a disability established by the prior call or attendance of a physician;
4. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses;
5. Hearing examinations or hearing aids; or other treatment for hearing defects and problems;
6. Dental treatment, except as the result of Injury or to relieve pain to Natural Teeth as stated in the Covered Medical Expenses;
7. Professional services rendered by a member of the Insured Person’s Immediate Family, or anyone who lives with the Insured Person;
8. Services or supplies not necessary for the medical care of the patient’s Injury or Sickness;
9. Weak, strained or flat feet, corns, calluses, or toenails;



10. Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
11. Drug, treatment or procedure that either promotes or prevents conception, or prevents child -birth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
12. Injury sustained while participating in an amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports, except as stated in the Schedule of Benefits;
13. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
14. Organ transplants;
15. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered);
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony in the country in which it was attempted or committed;
17. Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury (may vary by state);
18. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
19. Treatment of nervous or mental disorders, or treatment of alcoholism or drug abuse, except as provided for, according to the Schedule of Benefits;
20. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
21. Duplicate services actually provided by both a certified nurse-midwife and Physician;
22. Expenses payable under any prior policy which was in force for the person making the claim;
23. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
24. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
25. Pregnancy or childbirth (except when loss occurs while covered under this policy. The last menstrual period will be used to determine the date of loss); elective abortion; elective cesarean section; pregnancy or childbirth for a dependent when dependent child of an Insured Student (except for complications arising therefrom);
26. Expenses covered by any other valid and collectible medical, health or accident insurance;
27. Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
28. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;

29. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
30. For miscarriage resulting from accident;
31. For the ordinary cost of a one way airplane ticket used in the transportation back to the Insured's home country where an air ambulance benefit is provided and medically necessary;
32. For specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, ski activity, snow -boarding, mountain climbing (where ropes or guides are used), sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing (unless part of a school credit course), and parasailing;
33. 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 the treatment without cost to any individual;
34. Treatment of Acne;
35. Elective Surgery and Elective Treatment;
36. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy;
37. Conditions that are not caused by a Covered Accident or Sickness.
38. Expense incurred within your home country or country of regular domicile which exceed \$1,000 or 30 days.

Time Limits for Covered Loss

Covered expenses will be paid as shown in the Schedule on Page 2: 1. Due to injury when: a. The accident causing the injury occurs before the end of your term of coverage; b. Treatment by a doctor begins within 30 days after the date of the accident causing injury; c. Treatment and services received are included under the definition of covered expenses; and d. All treatment is received within 52 weeks of the beginning of care. 2. Due to your sickness provided: a. Treatment by a doctor begins during that person's term of coverage; b. Treatment and services received are included under the definition of covered expenses; and c. All treatment is received within 52 weeks of the beginning of care.

Extension of Benefits - If you are under the care and treatment of a doctor, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or until the maximum benefit has been paid, whichever occurs first.

Continuous Coverage - If you are continuously covered under the policy offered through your participating institution you will be covered for any sickness diagnosed or injury sustained while so covered. If you are enrolled for coverage offered through your participating institution within 30 days of the end of any preceding company's policy, you will be considered to have maintained continuous coverage, except for expenses that are the liability of the previous policy. Coverage cannot be considered continuous if a break in enrollment of more than 30 days occurs.





General Provisions

Subrogation - When benefits are paid to or for you under the terms of the policy, the Company shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or found legally liable by a Court of competent jurisdiction for the sickness or injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by the Company of the benefits they have paid for such hospitalization and treatment and shall pay fees and costs associated with such recovery. The person agrees to sign papers and do whatever else is necessary to transfer his rights to the Company. They will exercise such rights on your behalf. You further agree to furnish us with all relevant information and documents.

Coordination of Benefits - you are eligible for benefits under this policy and any other plan, the Company will pay benefits as explained in this provision. Determine how this provision should apply, the Company may, without further consent or notice, release to or obtain any necessary information from other insurance companies or organizations. Any person claiming benefits under the Policy shall give the Company the information needed to implement this provision. You will receive notice of this exchange of claim and benefit information when the claim is filed. payments are made by another Plan of Health Coverage that should have been paid under the Policy, the Company shall pay any amount required to satisfy their share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment. If the Company pays benefits for Covered Expenses that exceed our obligation under this provision, they may recover the excess payment from any person, for whom benefits were paid; any person or organization to which benefits were paid; or from any other insurer, service plan or other organization.

Right of Recovery - Payments made by the Company which exceed the Covered expenses (after allowance for deductible and any coinsurance clauses) payable hereunder shall be recoverable by us from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered injury as their liability may appear.

Conformity of Law - Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which the policy is delivered or issued for delivery, is considered amended to conform to the applicable requirements of such state.

Pre-Authorization

USA/Canada Toll Free: 1-877-916-7920

Upon completion Fax Authorization Form To: 1-905-669-2524

Pre-authorizations are subject to certification by the Plan Administrator. Pre-certification may be done by you, your doctor, a hospital administrator, or one of your relatives. Certain medical procedures or treatments will require a request form to be received by the Company or the Company's authorized representative. This must be received a minimum of 5 business days prior to the scheduled procedure date if the procedure is elective, or within 48 hours after the initial admission if the admission is due to an emergency. Approval from the Company must be given prior to the commencement of the proposed medical treatment. If certification is received, covered charges will be paid as shown in the Schedule of Benefits. **Failure to comply with prior authorization procedures will result in a 20% reduced benefit penalty, provided that the care is determined to be a procedure that would have been approved by the Plan Administrator.** If upon review of medical records, it is determined to be a medical procedure which would not have been approved, the entire claim and all related charges will be denied. Pre-authorization is based on information provided to the Company at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the doctor and you.

Services requiring prior authorization are:

1. All Inpatient admissions and/or treatments, including but not limited to Admissions to an Inpatient Facility or Partial Hospitalization Unit; Emergencies must be post-certified within 48 hours of discharge or as soon as reasonably possible.
2. Any surgeries requiring general anesthesia (Outpatient or Inpatient);
3. Accidental Dental treatment for emergency dental repair of natural teeth damaged in an Accident;
4. Purchase or rental of Durable Medical Equipment;
5. RSV Immunization and other medications priced in excess of \$1,000 per refill;
6. All cancer treatments/therapies;
7. Hemodialysis and Peritoneal Dialysis for renal failure;
8. Substance Abuse treatments/therapies;
9. Any condition, including chronic conditions that do not meet the above criteria, but are expected to accumulate \$1,000 or more in Covered Expenses per Policy Period.

Prescriptions

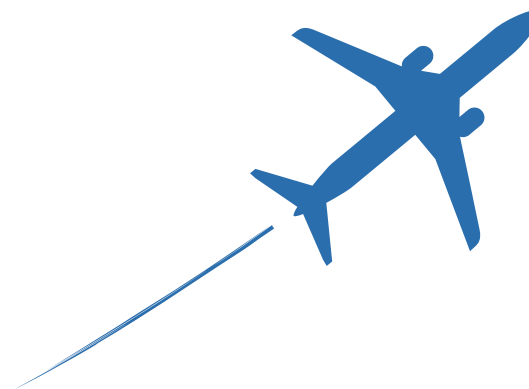
CareMark—Customer Service 866-259-0798

Provide Member ID from your ID card



Claims Status, Eligibility Verification and Coverage Questions

GBG Administrative Services
26741 Portola Pkwy Ste. 1E #527
Foothill Ranch, CA. 92610
Toll Free: 877-916-7920
claims@gbg.com



Or submit claims online or check status at

<http://www.studentinsure.com/memberservices.asp?schoolid=42>

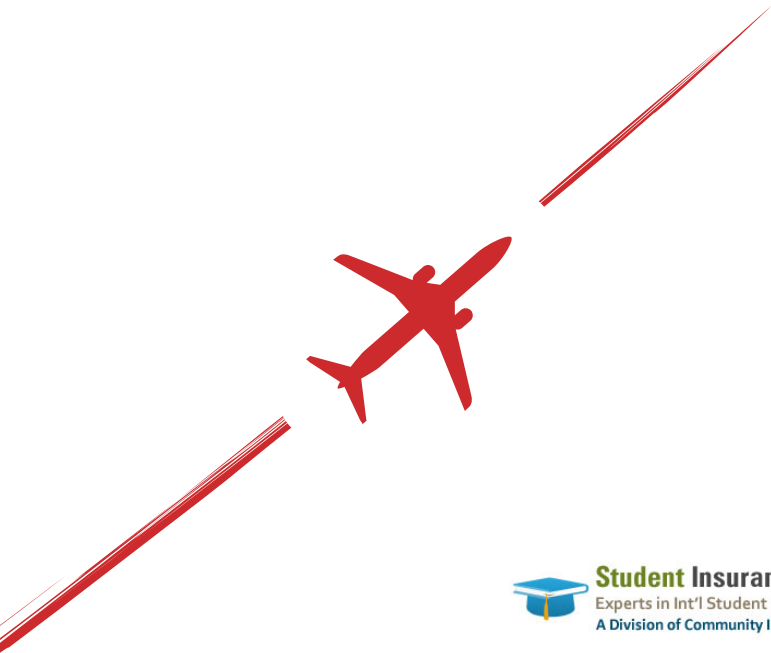
Use the MEMBER SERVICES tab to find the claim login

- Finding a provider who accepts this insurance is easy. Visit our website at <http://gbg.canmednet.com/wps/> and type in your zip code to locate a provider in your area.
- Provide the hospital or doctor with a copy of your ID card so they can bill us for the services provided to you. This shows your member ID and is how to find you in our system to verify benefits. Failure to give the correct information to the provider could result in bills getting sent to you, instead of the insurance company.
- In most cases, you are only required to pay your deductible and the cost for any services which may not be covered under your policy. However, if you are required to pay for services in full, then you will need to provide the necessary documentation for reimbursement: a. Signed medical statement which includes medical coding for service performed by the service provider; b. Proof of payment (receipts) and c. Copy of your ID card. If you get a bill from a provider call them to make sure they have your insurance information. Failure to contact them with your information will delay the processing of your claim and could result in you being solely responsible for the charges. All claims, regardless of submission date, must be received in our office within 90 days of treatment or they will be denied. Initial treatment must occur within 90 days of the Accident or Sickness.

- Once a claim has been reviewed, additional documentation may be required for processing. This request will be made in writing to the address on file. Please make sure your address is current in our database.
- To update or check the address log on to our website www.studentinsure.com/ti
- Click "Update Member Info" - located at the top of the webpage
- Your Insurance ID is the number beginning with 999...
- Your default password is your last name. You can change your password at any time.
- Make sure your name and birth date are correct then update your current address, email address, change your password if necessary, select the HTML option for email and click SAVE.
- After a claim has been processed you and the provider will receive an explanation of benefits (EOB). This explanation has a claim number, date of service, paid date, amount paid, amount applied to your deductible and an explanation as to why/how the claim was processed. The EOB will also state if you owe the provider anything for the service. If there is a reimbursement to you, a check will be attached. If you get a bill from a provider and do not get an EOB from us within 60 days please contact us at the number above for claim status.
- If a claim is denied you will receive a written explanation on the EOB. If you feel the decision is wrong, you have the right to appeal the decision which must be done in writing within 6 months of receiving the EOB. You can get an appeal form by calling the claim office at 877-916-7920 or 949-916-7941

This is a brief description of coverage provided under group policy numbers US100827, US100829, US100830 form number IN/OUT-04 , and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for details. Coverage may vary or





For Additional Info Please contacts:
Community Ins Agency, Inc
425 Huehl Rd Suite# 22-A ,Northbrook, IL 60062

Info@studentinsurancecoverage.net

Web: www.studentinsurancecoverage.net

800-344-9540 or 847-897-5120

Fax: 1-847-897-5130



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