



TRAWICK
INTERNATIONAL



SAFE TRAVELS FOR STUDY ABROAD

Designed especially for the students and Study Abroad Program



Underwritten By:

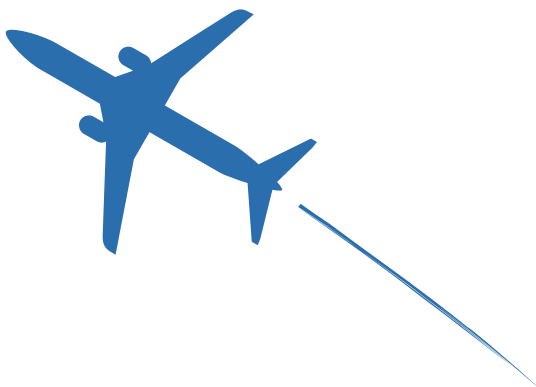
United States Fire Insurance Company
Eatontown, New Jersey
Policy # US100836

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CONTENTS

Basic Plan	2
Premier Plan	4
When Cover Begins and Ends	6
Accidental Death And Dismemberment Principal Sum	7
Accident Medical Expenses	7
Sickness Medical Expenses	9
Exclusions	16
Pre-Authorization	20
Prescriptions	17
Claims Status, Eligibility Verification and Coverage Questions	21
Time Limits for Covered Loss	22
General Provision	22




BASIC PLAN

\$100,000 per Maximum per Accident/Sickness per Policy Year

\$50 Deductible per Accident/Sickness per Policy Year

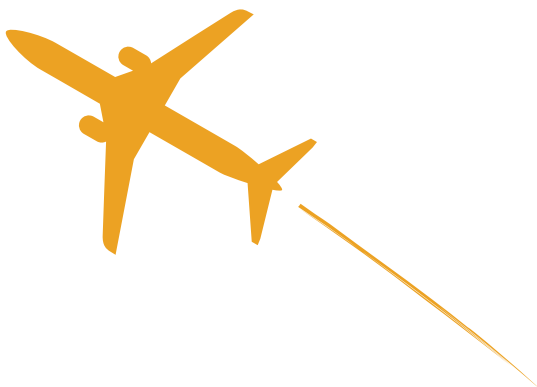
After the Deductible the plan pays 100% of Usual, Reasonable and Customary Charge (URC)

Description of Service	Basic Plan
Room & Board (including Intensive Care)	100% of URC
Hospital Miscellaneous	100% of URC Pre admission testing to be done
Inpatient Surgery	100% of URC
In Hospital Doctor's Visits	100% of URC
Outpatient Surgery	100% of URC
Inpatient/ Outpatient Surgeon's Fee	100% of URC
Anesthesia/Assistant Surgeon/Nurse / Anesthetist/CRNA	100% of URC
Doctor Office Visits	100% of URC
Laboratory, Diagnostic X-rays, Tests, Procedures and Injections	100% of URC
Chiropractic Care/ Physiotherapy	UP to \$1,000 maximum per policy year
Speech Therapy	100% of URC
Emergency Room Services	100% of URC



Description of Service	Basic Plan
Mental & Nervous	Inpatient \$5,000 Max per Policy year 30 Days max Outpatient \$1000 Max per Policy year
Alcohol & Substance Abuse	\$1,000 combined Inpatient/ Outpatient Max per Policy year
Maternity	Covered to Policy max; conception must occur while the covered person is insured under the policy
Routine nursery care of a newborn child of a covered pregnancy	URC up to \$500
DME (Durable Medical Equipment)	Rental to purchase price
Ambulance Expense	Covered to Policy Max per Policy Year
Accident Dental Injury (including Palliative Treatment)	\$100 per tooth, max \$500 per Policy Year
Prescription Drugs	100% of the actual charge
Emergency Medical Evacuation	\$50,000 max per Policy Year
Repatriation of Remains	Up to \$25,000
Accidental Death and Dismemberment Principal Sum	\$10,000
Political and Natural Disaster Evacuation Benefit	Up to \$15,000 per person; \$1,000,000 Aggregate





PREMIER PLAN

\$250,000 per Maximum per Accident/Sickness per Policy Year

\$0 Deductible per Policy Year

After the Deductible the plan pays 100% of Usual, Reasonable and Customary Charge (URC)

Description of Service	Premier Plan
Room & Board (including Intensive Care)	100% of URC
Hospital Miscellaneous	100% of URC
Inpatient Surgery	100% of URC
In Hospital Doctor's Visits	100% of URC
Outpatient Surgery	100% of URC
Inpatient/ Outpatient Surgeon's Fee	100% of URC
Anesthesia/Assistant Surgeon/Nurse / Anesthetist/CRNA	100% of URC
Doctor Office Visits	100% of URC
Laboratory, Diagnostic X-rays, Tests, Procedures and Injections	100% of URC
Chiropractic Care/ Physiotherapy	UP to \$10,000 maximum per policy year
Speech Therapy	100% of URC
Emergency Room Services	100% of URC



Description of Service	Premier Plan
Mental & Nervous	Inpatient \$5,000 Max per Policy year 30 Days max Outpatient \$1000 Max per Policy year
Alcohol & Substance Abuse	\$1,000 combined Inpatient/ Outpatient Max per Policy year
Maternity	Covered to Policy max; conception must occur while the covered person is insured under the policy
Routine nursery care of a newborn child of a covered pregnancy	URC up to \$500
DME (Durable Medical Equipment)	Rental to purchase price
Ambulance Expense	Covered to Policy Max per Policy Year
Accident Dental Injury (including Palliative Treatment)	\$100 per tooth, max \$500 per Policy Year
Prescription Drugs	100% of the actual charge
Emergency Medical Evacuation	\$100,000 max per Policy Year
Repatriation of Remains	Up to \$25,000
Emergency Medical Reunion	Up to \$10,000
Accidental Death and Dismemberment Principal Sum	\$10,000
Political and Natural Disaster Evacuation Benefit	Up to \$100,000 per person; \$1,000,000 Aggregate





When Coverage Begins and When Coverage Ends

Effective Date – The beginning date of the term for which premium has been paid.

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**.

Accidental Death and Dismemberment Principal Sum

Accidental Death Benefit – the plan pays \$10,000 for the Insured; \$5,000 for the Spouse; and \$1,000 for children when 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. 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 365 days of the accident causing such loss.



In the event of more than one loss only one sum, the largest, will be paid.
For injury resulting in the loss of:

	Indemnity
Both hands or both feet or the sight of both eyes:	100%
One hand and one foot, one hand or one foot and the sight of one eye:	100%
One hand or one foot or the sight of one eye:	50%

“Loss of hand or foot” means severance at or above the wrist or ankle joint.

“Loss of sight” must be entire and irrecoverable.

Accident Medical Expenses

The Company will pay Covered Expenses due to Accident only, as per the limits stated. Coverage is limited to Covered Expenses incurred. All bodily Injuries sustained in any one Accident will be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. Initial treatment of an Injury must occur within 30 days of the Accident.

When a covered Injury is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses in excess of the Deductible and any Coinsurance. In no event will the Company’s maximum liability exceed the maximum stated as to Covered Expenses during any one period of individual coverage.

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



Covered Accident Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded. Benefits are based on the Plan chosen.

A. Inpatient Covered Expenses Include:

1. Hospital Services:
2. Room and Board Expense (See plan details)
3. Intensive Care
4. 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.
5. Physiotherapy
6. Surgery Services: including Surgeon paid at 100%, Assistant Surgeon paid at 100% of the paid surgical expense, Anesthetist paid at 100% of the paid surgical expense.
7. Nurses: During a hospital stay; General nursing care provided by the hospital is not covered under this benefit.
8. Doctor's Visits during a hospital stay. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.
9. 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.

B. Outpatient Covered Expenses Include:

Charges for Surgery Services including Surgeon, Anesthetist, and 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.

1. Miscellaneous Hospital and Doctor Services
2. Doctor Visits limited to one visit per day. Benefits do not apply when related to surgery.
3. Physiotherapy
4. Medical Emergency as defined. Benefits will be paid as shown in the Policy's Schedule of Benefits.
5. Diagnostic X-ray Services as shown in the Policy's Schedule of Benefits. Separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000-79999 inclusive.
6. Radiation Therapy
7. Laboratory Procedures are only those procedures identified in Physicians' Current



- Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.
8. 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.
 9. Injections: a. When administered in the doctor's office; and b. Charged on the doctor's statement.
 10. Prescription Drugs
 11. Durable Medical Equipment (DME)

C. Other Services Include:

1. Ambulance Service (See plan details)
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. (See plan details)

Accident Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period from the onset of an Injury and which are not excluded are considered Covered Expenses. Initial treatment of an Injury must occur within 30 days of the Accident.

Sickness Medical Expenses

The Company will pay Covered Expenses, as per the limits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement.

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and any Coinsurance. In no event will the Company's maximum liability exceed the maximum stated as to Covered Expenses during any one period of individual coverage.

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



Covered Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded will be considered as Covered Expenses:

A. Inpatient Covered Expenses Include:

1. Hospital Services:
2. Room and Board Expense (See plan details)
3. Intensive Care
4. 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.
5. Physiotherapy
6. Surgery Services: including Surgeon, Assistant Surgeon, Anesthetist
7. Nurses: During a hospital stay; General nursing care provided by the hospital is not covered under this benefit.
8. Doctor's Visits during a hospital stay. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.
9. Preadmission Testing is 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; NMR's; and blood chemistries will be paid under the Hospital Miscellaneous Expenses benefit.
10. 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.

B. Outpatient Covered Expenses Include:

1. Charges for Surgery Services including Surgeon, Anesthetist, and 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 Services.
3. Doctor Visits limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.
4. Physiotherapy limited to one visit per day.
5. Medical Emergency as defined. Benefits will be paid as shown in the Policy's Schedule of Benefits.
6. Diagnostic X-ray Services as shown in the Policy's Schedule of Benefits. Separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (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. Doctor's Visits; Physiotherapy; X-rays; and Laboratory Procedures.
11. Injections: a. When administered in the doctor's office; and b. Charged on the doctor's statement.
12. Prescription Drugs
13. Maternity
14. Alcohol and Substance Abuse (See plan details)
15. Mental and Nervous Disorders (See plan details)
16. Durable Medical Equipment (DME)

C. Other Services Include:

1. Ambulance Services (See plan details)
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. (See plan details)

Sickness Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period, Sickness Medical, from the onset of the Illness and which are not excluded are considered Covered Expenses. Initial treatment of an Illness must occur within 365 days of the onset of the Illness.





Maternity

When a covered pregnancy is incurred by an Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible. In no event will the Company's maximum liability exceed the maximum stated, as to Covered Expenses during any one period of individual coverage. Benefits will be payable for Covered Expenses, of an Insured Person which incurs before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Insured Person and her newborn Child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care. Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Insured Person's attending Physician determines further Inpatient postpartum care is not necessary for the Insured Person or her newborn Child provided all of the following are met:

1. In the opinion of the Insured Person's attending Physician, the newborn Child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of: a. The antepartum, intrapartum, postpartum course of the mother and infant; b. The gestational stage, birth weight, and clinical condition of the infant; c. The demonstrated ability of the mother to care for the infant after discharge; and d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to the Insured Person at her residence by a Physician or nurse performed no later than forty-eight (48) hours following discharge of the Insured Person and her newborn Child from the Hospital. Coverage for this visit includes, but is not limited to: a. Parent education; b. Assistance in training in breast or bottle feeding; and c. Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Insured Person or newborn Child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Insured Person's discretion, this visit may occur at the Physician's office.)



Mental and Nervous – Alcohol And Drug Abuse

When covered Mental or Nervous or Alcohol or Drug Abuse expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance. In no event will the Company's maximum liability exceed the maximum stated, as to Covered Expenses during any one period of individual coverage.

Mental or Nervous

For the purpose of this section, only such expenses, incurred as the result of Mental or Nervous treatment or medication, which are specifically enumerated in the following list of charges, and which are not excluded will be considered as Covered Expenses:

1. Inpatient Care:
 - a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semiprivate room and board accommodation.
 - b. Charges made for diagnosis and treatment by a Physician.
 - c. Charges made for the cost and administration of anesthetics.
 - d. Charges for medication, x-ray services, laboratory tests and services, oxygen, and medical treatment.
 - e. Drugs and medicines that can only be obtained upon a written prescription of a Physician
2. Outpatient care:
 - a. Charges made for diagnosis and treatment by a Physician.
 - b. Charges made for the cost and administration of anesthetics.
 - c. Charges for medication, x-ray services, laboratory tests and services, oxygen, and medical treatment.
 - d. Drugs and medicines that can only be obtained upon a written prescription of a Physician.

Only those expenses specifically described above which are incurred within the Limits from the onset of the Mental Illness and which are not excluded

Alcohol And Drug Abuse

For the purpose of this section, only such expenses, incurred as the result of Alcohol and Drug Abuse treatment or medication, which are specifically enumerated in the following list of charges, and which are not excluded, will be considered as Covered Expenses:

1. The process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum, will be considered a covered benefit.



2. Additional treatment as a covered benefit will be provided by a hospital, a non-hospital residential facility, an outpatient treatment facility, a physician, a psychologist, or a social worker, and will include inpatient services, outpatient services, or any combination of these, certified as medically or psychologically necessary by a physician, psychologist, or social worker.

The Company will not be liable for more than one such Inpatient or Outpatient occurrence per Lifetime under this Policy, with respect to one Insured Person.

Dental

When covered Dental expenses are incurred by the insured person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance. In no event will the Company's maximum liability exceed the as to Covered Expenses during any one period of individual coverage. For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded will be considered as Covered Expenses.

1. With respect to Accidental Dental, an eligible Dental condition will mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.
2. With respect to Palliative Dental, an eligible Dental condition will mean emergency pain relief treatment to natural teeth.

Spinal Manipulation

When covered Spinal Manipulation expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible. In no event will the Company's maximum liability exceed the maximum stated, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred by the Insured Person, which are prescribed, performed, or ordered by a licensed chiropractor for the relief of pain, and which are not excluded will be considered as Covered Expenses.

Emergency Medical Evacuation/Repatriation

The Company will pay benefits for Covered Expenses incurred up to the maximum, Emergency Medical Evacuation/Repatriation, if any Injury or covered Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The decision for an Emergency Medical Evacuation or Repatriation must be ordered by the Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.



Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation of the Insured Person. All transportation arrangements must be by the most direct and economical route. Expenses for Special transportation and medical supplies and services must be: a) pre-approved and ordered by the Company's appointed assistance company representative and b) required by the standard regulations of the conveyance transportation the Insured Person. Transportation means any land, water or air conveyance required to transport the Insured Person. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles. All transportation in connection with an Emergency Medical Evacuation or Repatriation must be pre -approved and arranged by an assistance company representative appointed by the Company.

Return Of Mortal Remains

The Company will pay the reasonable Covered Expenses incurred up to the maximum to return the Insured Person's remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

Political and Natural Disaster Evacuation Benefit

The Company will pay for the evacuation of a covered person due to political or natural disaster. In order to be considered, this benefit must be coordinated through the assistance company - GBG Assist.

Emergency Reunion Benefit-Premier Plan Only

Up to \$15,000 maximum for the cost of one economy airfare ticket and other local travel related expenses; or the reasonable expenses incurred for lodging and meals of your Immediate Family Member for a period of up to 10 days to accompany you to your Home Country or Hospital where you are confined if: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; and 2. you are alone outside of your Home Country; and 3. the place of confinement is more than 100 miles from your Home Country; and 4. expenses were authorized in advance by the Company.



Lost Baggage Benefit - Premier Plan Only

Up to \$300 maximum for the replacement costs of clothes and personal hygiene items, up to \$75 per article, if your luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen or damaged luggage.

Trip Interruption Benefit-Premier Plan Only

Up to \$7,500 maximum for reimbursement of the cost of one way economy air and/or ground transportation ticket if your Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. your unforeseen Injury or Sickness or, the Injury or Sickness of a Traveling Companion or Immediate Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of your principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

Tuition Reimbursement Benefit-Premier Plan Only

We will pay 50% of any unreimbursed tuition expense up to a maximum of \$1,250 if you suffer a Covered Injury or Sickness which prevents you from taking final examinations or make-up examinations. The condition must last at least four (4) consecutive weeks and be certified by a Doctor.

Chaperone Replacement Benefit-Premier Plan Only

In the event that the official chaperone of a participating school is prevented from continuing his to her Trip due to Injury, Sickness or death of him or her or an Immediate Family Member which occurs after the Trip begins and before the Trip termination date, We will pay for the reimbursement of: 1. the replacement chaperone, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and 2. returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home. We will only pay one Chaperone Replacement Benefit per Trip.

Exclusions

For Accidental Death and Dismemberment this Insurance does not cover:

1. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
2. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;



3. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war, mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. b) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence, martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Company will not be liable under this Policy except to the extent that the Insured Person will prove that such consequence happened independently of the existence of such abnormal conditions.
4. Service in the military, naval or air service of any country;
5. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
6. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
8. While riding or driving in any kind of competition;

For benefits listed, Mental and Nervous – Alcohol and Drug Abuse, Dental, Spinal Manipulation, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, this Insurance does not cover:

1. Injury of the primary insured covered under any student accident insurance policy underwritten by us.
2. Any Pre- existing Condition, unless the waiting period or continuous coverage are applied.
3. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or doctors who work for the participating institution.
4. Services covered or provided by the student health fee.
5. Normal health checkups, preventive testing or treatment, screening exams or testing in the absence of Injury.
6. Preventive medicines, serums, vaccines, except as provided by State mandates.
7. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a Sickness or Injury covered by the policy.
8. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an Injury covered by the policy.
9. Dental treatment, except as specifically provided for in the Policy's Schedule of Benefits.
10. War or any act of war, declared or undeclared, or while in the armed forces of any country.





11. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self defense.
12. Intentionally self inflicted Injury, suicide or any attempt thereat (this exclusion does not apply to Repatriation).
13. Injury sustained while: a. Participating in any school, professional or organized sports contest or competition; b. Traveling to or from such sport, contest or competition as a participant; or c. During participation in any practice or conditioning program for such sport, contest or competition; except as specifically provided for in the Policy's Schedule of Benefits.
14. Skydiving; parachuting or bungi-cord jumping, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
15. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless: a. The services are rendered on a medical emergency basis; and b. A legal liability exists for the charges made on your behalf for the services given in the absence of insurance.
16. Injury caused by, or resulting from, the use of alcohol, controlled substance, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the person's doctor.
17. Psychotherapy, except as specifically provided for in the Policy's Schedule of Benefits.
18. Elective surgery and elective treatment, except as required to correct an Injury for which benefits are otherwise payable under the policy.
19. Any loss covered by state or federal worker's compensation law, employer's liability law, occupational disease law, or similar laws or act.
20. Replacement braces and appliances.
21. Assistant surgeon services, except as specifically provided for in the Policy's Schedule of Benefits.
22. Expense incurred within your home country or country of regular domicile which exceed \$1,000 or 30 days.



23. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column which exceed the maximum in the Policy's Schedule of Benefits.
24. That part of medical expense payable by any automobile insurance policy without regard to fault.
25. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) You are within a 25 mile radius of the site of the release either: At the time of the release; or Within 24 hours of the start of the release.
26. Travel in or upon: a. A snowmobile; b. Any two- or three-wheeled motor vehicle; or c. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
27. Any accident where you are the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license, except while in a Driver's Education Program.
28. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical or prepayment plan.
29. Blood or blood plasma, except for charges by a hospital for the processing or administration of blood.
30. Rest cures or custodial care.
31. Personal services such as television and telephone or transportation.
32. A hernia of any kind.
33. Treatment for acne.

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. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a 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 controlled without any change in the required prescription; or 3. was 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.



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 sound 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.



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/welcome.asp?schoolid=95>

Use the MEMBER SERVICES tab to find the claim login

- 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.
- 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
<http://www.studentinsure.com/welcome.asp?schoolid=95>
- 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.



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 your 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 63 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 63 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 - If you are eligible for benefits under this policy and any other plan, the Company will pay benefits as explained in this provision. To 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. Whenever 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.

Basic Plan Rates (valid until 8/2014)		
Age	Weekly	Monthly
Under age 25	\$8	\$30
25-34	\$13	\$47
35-49	\$24	\$90
50-59	\$37	\$140

Premier Plan Rates (valid until 8/2014)		
	Weekly	Monthly
Under age 25	\$12	\$47
25-34	\$18	\$69
35-49	\$29	\$118
50-59	\$42	\$168

This is a brief description of coverage provided under group policy US100836, 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 may not be available in all states.

Visit our website at <http://www.studentinsure.com/welcome.asp?schoolid=95> where you can print a temporary ID card, download or print a brochure, change your address, search for forms, and file or check the status of a claim. If you have questions about your enrollment or if you can't login to the website please contact your student advisor or Trawick International Enrollment Department at Toll Free: **1-888-301-9289**



Agent Information



Student Insurance CoverageTM.net

Experts in Int'l Student Insurance since 1980

A Division of Community Insurance Agency, Inc

For Additional Info Please Contact:

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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