

Premium, short term blanket accident and sickness insurance plan for international students and scholars in the US

PLANS MEET OR EXCEED J1 AND F1 VISA REQUIREMENTS



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Eligibility for Trail Blazer Plan

All students and scholars of the policyholder, excluding OPT, while traveling in the United States on Education Travel. Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Policy is issued) can also be covered, if they are traveling with you.

ELIGIBILITY FOR INSURANCE: Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be Insured on the Policy Effective Date. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that Insured.

An Insured's Dependent is eligible on the date: 1. the Insured is eligible, if the Insured has Dependents on that date; or 2. the date the person becomes a Dependent, if later. In no event will a dependent be eligible if the Insured is not eligible. Also, a Covered Person cannot be covered as an Insured and as a Dependent.

EFFECTIVE DATE OF INSURANCE: An Insured's coverage will begin on the latest of the following dates: 1) the Policy Effective Date, provided that the policy premium has been paid; 2) the date he or she is eligible; or 3) the date of the scheduled Trip departure date.

TERMINATION DATE OF INSURANCE: An Insured's coverage will end on the earlier of the date: 1) the policy terminates; 2) the Insured is no longer eligible; 3) the period ends for which premium is paid; 4) the Insured fails to pay the required premium, if the Insured is so required; 5) the scheduled Trip return date; 6) the Insured returns to his or her Home Country; or 7) the end of the School term.

A Dependent's coverage will end on the earliest of the date:

1) he or she is no longer a Dependent; 2) the Insured's coverage ends; 3) the date the Policy ends; 4) the period ends for which premium is paid; 5) the scheduled Trip return date; or 6) the Dependent returns to his or her Home Country.

ENROLLMENT TERM: A Covered Person may enroll for monthly periods of coverage, subject to the followings rules: 1) three month's minimum premium is the acceptable premium; 2) eleven month's premium is the maximum acceptable premium; and 3) the full premium is payable at the time of enrollment. Any partial month of coverage will be charged as a full month of premium.

If coverage is initially purchased for a minimum of 3 months, coverage may be extended, if available, at the premium rate in force at the time of renewal. The maximum total coverage period of coverage for any one Covered Person cannot exceed 11 months.

Benefit Schedule:



**This coverage contains a pre-existing condition limitation. Pre-existing Conditions are defined within the policy forms. Please refer to the policy form for the definition applicable within your state.
Benefits listed may not be available in all states.*

Medical Expense Benefits

8. Doctor non-surgical treatment/examination expenses (excluding medication) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
9. Doctor's surgical expenses as shown in the Schedule of Benefits. If a Covered Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
10. Assistant surgeon expenses when Medically Necessary.
11. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Outpatient laboratory test expenses.
13. Physiotherapy physical medicine/chiropractic/acupuncture expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits). Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
14. Chiropractic expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits).
15. X-ray expenses (including reading charges) but not for dental x-rays.
16. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident; and emergency alleviation of dental pain.
17. Dental expenses for impacted wisdom tooth.
18. Outpatient registered nurse services if ordered by a Doctor.
19. Ambulance expenses for transportation from the emergency site to the Hospital.
20. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
21. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor and administered on an outpatient basis.
22. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; or hearing aids.
23. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
24. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.
25. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
26. Emergency medical treatment of pregnancy.
27. Therapeutic termination of pregnancy.
28. Pregnancy when conception occurs while covered under the Policy.

EMERGENCY MEDICAL EVACUATION REPATRIATION BENEFIT

We will pay the amount stated in the Benefit Schedule for expenses incurred for the medical evacuation or repatriation of a Covered Person. Benefits are payable if the Covered Person: 1) is traveling outside of his or her Home Country; 2) suffers a Covered Injury or Sickness during the course of the covered Trip; and 3) requires Emergency Medical Evacuation.

Benefits will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness requires an Emergency Medical Evacuation or repatriation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar: transportation; treatment; services; or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

After Hospitalization or treatment for a Covered Injury or Sickness, if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

REPATRIATION OF REMAINS BENEFIT

We will pay the amount stated in the Benefit Schedule for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to a Covered Injury or Sickness while on a covered Trip. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; and 3) transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

EMERGENCY REUNION BENEFIT

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, to have one of the Insured's Immediate Family Members accompany him or her to the Covered Person's Home Country or Hospital where the Covered Person is confined if:

1. the Emergency Medical Evacuation Repatriation Benefit is payable under the Policy; and

2. the Insured is alone outside of his or her Home Country.

In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed 7 days.

This benefit will not exceed the lesser of:

1. the cost of one round-trip economy airfare ticket and other local travel related expenses; or
2. the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of 7 days; or
3. the Benefit Amount shown in the Schedule of Benefits.

We must authorize all expenses in advance for any benefit to be payable.

FAMILY REUNION BENEFIT

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers a Covered Injury or Sickness and must be confined in a Hospital for at least 3 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

We will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal SessTime Phoy where th

surfing; motorcycle racing; climbing above 20,000 feet; including: tryouts; practice; or any competitions or games; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; caving or spelunking; extreme skiing; heli-skiing; skiing outside marked trails; mountain climbing; ice climbing; scuba diving; professional or semi-professional sports; extreme sports; body contact sports; hot-air ballooning; base jumping; sail gliding; parakiting; parkour; racing including stunt show or speed test of any motorized or non-motorized vehicle; rodeo activities.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).
3. expense incurred for treatment of: temporomandibular or craniomandibular joint dysfunction; and associated myofascial pain.
4. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
5. Injury or death caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and
6. blood; blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood.
7. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
8. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
9. eyeglasses; contact lenses; hearing aids; wheelchairs; braces; appliances; examinations or prescriptions for them; or repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
10. treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
11. treatment or service provided by a private duty nurse.
12. replacement of: artificial limbs; eyes; and larynx.
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
14. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
15. conditions that are not caused by a Covered Accident or Sickness.
16. participation in any activity or hazard not specifically covered by the Policy.

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Travel Assistance Services

In addition to the insurance protection provided by this plan, Catlin Insurance Company, Inc. has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical bene ts veri cation, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents, and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling. When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for your insurance plan; 3) a description of the insured's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the Policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the Policy providing insurance bene ts is not in effect.

**This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.*

How to File a Claim

Claims under the ISP plans are administered by Administrative Concepts Inc. (ACI). If your medical provider has submitted your claim information directly to the Claims Administrator (ACI) you will simply need to complete a claim form and return it to ACI. A separate claim form is needed for each Covered Sickness or Injury. If the medical provider has not submitted the claim information to ACI, and you have paid the medical provider for the services provided, you will need to submit the itemized bill from the medical provider and receipt showing the amount paid, along with a completed claim form, to ACI.

Administrative Concepts, Inc.
994 Old Eagle School Rd, Suite 1005, Wayne, PA 19087
Fax: 1.610.293.9299 Email: aciclaims@visit-aci.com

Alternatively, members are encouraged to create an online account to easily manage their claims. After creating an account, members can file and check the status of a claim via our easy to use site.

Network Providers

Catlin Insurance Company, Inc. does not control which Network Providers are used. The Network Providers are organized through Administrative Concepts, Inc. (ACI), all enrollees have access to the MultiPlan Network of medical providers and are provided an Express Scripts prescription card. The forms filed and approved on behalf of Catlin Insurance Company, Inc. are not managed care plans and do not contain reference to any network providers.

MULTIPLAN NETWORK

When obtaining medical treatment, Persons insured under this plan may choose to be treated within or outside of the MultiPlan Network. The MultiPlan Network consists of hospitals, doctors, and other health care providers organized into a network for delivering quality health care at affordable rates. There is no penalty for being treated outside of the MultiPlan Network. However, insured persons often minimize their out of pocket expenses by utilizing network providers, as services are often provided at discounted rates.

In order to use the services of a participating provider you must present your Student Health Insurance Card. An insured Person may contact MultiPlan at

Eckerd, Farmco Giant, Grand Union, K Mart, Medicine Shoppe, Pathmark, Rite Aid, Target, Thriftway, Wal Mart.

To inquire about your prescription drug benefit or to access a more complete list of network pharmacies call 800-400-0136. Have your group and member numbers from your ID Card handy.

Refund of Premium

All refund requests must be in writing and your Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval of the administrator. You cannot cancel insurance for yourself so long as any dependent, if applicable, remains enrolled. Please note there is a \$25 early termination fee for all approved refunds.

DEFINITIONS: For these benefits

Accident means a sudden; unexpected; and unintended event.

Coinsurance means the percentage amount you are required to pay towards your insurance bill when you file an insurance claim. The coinsurance percentage is usually in addition to the deductible and copayment, that would need to be paid first before the insurance company would pay anything.

Copayment means A specified sum of money that the patient pays for a given type of service, usually at the time the service is rendered

Covered Injury means any bodily harm that results directly and independently of all other causes from a Covered Accident.

Deductible means the dollar amount of Covered Expenses that must be paid before the insurance company would pay anything.

Medical Emergency means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

Schedule of Benefits is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

Sickness means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.

Trip means travel by: air; land; or sea from the Covered Person's Home Country.

Usual and Customary Charge means the average amount charged by most providers for: treatment; service; or supplies in the geographic area where the: treatment; service; or supply is provided.

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This brochure provides a brief summary of the plans contained within. All benefits provided are subject to the definitions, limitations, exclusions and other provisions within the policy. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to the policy. Product features and availability may vary by state. If any conflict should arise between the contents of this brochure and their respective policies, the terms of the policy will govern in all cases.