

**SECTION 3  
SCHEDULE OF BENEFITS**

EMERGENCY MEDICAL TRANSPORTATION SERVICES	COVERAGE LIMITATIONS
MEDICAL EVACUATION & REPATRIATION	Up to \$1,000,000 per Policy Year
REPATRIATION OF MORTAL REMAINS	Actual Cost of the Repatriation of Mortal Remains
OTHER ASSISTANCE SERVICES	COVERAGE LIMITATIONS
EMERGENCY FAMILY TRAVEL ARRANGEMENTS	Up to \$10,000 per Policy Year
EMERGENCY FAMILY REUNION ARRANGEMENTS	Up to \$10,000 per Policy Year
RETURN OF PERSONAL BELONGINGS	Up to \$1,000 per Policy Year
ACCIDENTAL DEATH & DISMEMBERMENT	
Maximum Limit per Covered Person	Principle Sum Up to: \$10,000
Catastrophic Limitation	\$1,000,000

**SECTION 4  
BENEFITS DESCRIPTIONS**

**Emergency Medical Transportation Services**

**Emergency Evacuation**

If You suffer from an acute or life-threatening Accident or Sickness, and the medical facility You are currently in is not adequate to treat you in the opinion of the local attending Legally Qualified Physician in consultation with Our or Our Designee's Medical Director, We will coordinate and pay for transportation to the nearest medical facility only if the facility is capable of providing adequate care under medical supervision if necessary, up to the Maximum Limit shown in the Schedule of Benefits. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by Us after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services.

**Repatriation**

If, following stabilization, when medically necessary and deemed appropriate by Our or Our designee's medical director, we determine that it is in the best medical or psychological welfare of the student, We will pay for **one** of the following:

1. You will be transferred to your Primary Residence; or
2. You will be transferred back to your school campus location; or
3. You will be transferred back to your original location or the location from which you were evacuated via a one-way economy airfare.

If Your transportation is deemed to require medical supervision a qualified medical attendant will escort you. Additionally, if We and/or Our designee, determines a mode of transport other than economy class seating on a commercial aircraft is required, We or Our designee will arrange accordingly and such will be covered by Us. Transportation shall not be considered Medically Necessary if We or Our designee's medical director determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

**Transportation due to Felonious Assault:** If You are the victim of a Felonious Assault while covered under this Certificate and You no longer can complete Your trip or program, subject to verification by the Administrator, We will pay for You to return home from Your current location to Your Primary Residence. Your return home will be via the most direct and economical means possible, less any refundable return ticket fees available to You.

**Return of Dependent Children:** If the Covered Person has minor children who are left unattended as a result of your injury, illness or medical evacuation, We or Our designee will arrange and pay for the cost of economy class one-way fares, and the services of a non-medical escort if needed, up to the Maximum Limit shown in the Schedule of Benefits, for the transportation of such minor children to Your Home Country or place of residence or point of origin. Benefits will not be payable unless We (or Our designee) authorized in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designee.

### **General Conditions Applicable to all Emergency Transportation Benefits and Arrangements**

All transportation arrangement must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider or designee) authorized in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider or designee.

Benefit is subject to the limitations, terms and conditions contained herein and as determined by Our medical personnel in accordance with local and U.S. authorities.

### **Repatriation of Mortal Remains**

If a Covered Person dies while covered under this Plan, We will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to the Covered Person's residence or place of burial. This benefit covers:

- Expenses for embalming or cremating of the remains.
- The minimally necessary casket or air tray required by the transporting airline.
- Domestic and International paperwork fees, including up to 3 copies of a death certificate.
- Transportation of the remains to Your place of residence or place of burial.
- Air Travel Expenses in economy class, up to a maximum of \$2,500, for an Immediate Family Member or a companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence or place of burial.

This benefit does not provided coverage for expenses not listed including expenses for urns, caskets, coffins (beyond the minimally necessary casket or air tray required for transportation), burial or funeral expenses.

We will not pay any claims under this provision unless the expense has been approved by Us or Our designee before the body is prepared for transportation.

All transportation arrangement must be made by the most direct and economical route and conveyance possible and many not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider or designee) authorized in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider or designee.

### **Emergency Family Travel Arrangements**

If a Covered Person is traveling alone and if We determine that You are expected to require hospitalization due to an Injury or Sickness in excess of 3 days, or are in critical condition, or the victim of a Felonious Assault, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by You.

We will pay up to the maximum benefit as listed in Schedule of Benefit for the cost of one economy round-trip air fare ticket to the location of Your hospital confinement for one person designated by You. Included in this benefit would be payment for accommodations/lodging, meals, ground transportation and other incidentals, limited to \$150 a day for a maximum of 7 days.

The determination of whether the Covered Person will be hospitalized for more than 3 days or is in critical condition shall be made by the Us or Our designee after consultation with the attending physician. No more than one (1) visit may be made during any medical event. No benefits are payable unless the trip is approved in advance by Us or Our designee.

### **Emergency Family Reunion Arrangements**

In the event of the death, or a serious/life-threatening illness, of an Immediate Family member, the We will pay up to the amount shown in the Schedule of Benefits for the cost of one economy round trip air fare ticket for the Covered Person to return home. Immediate Family means the spouse, children, brothers, sisters or parents, or grandparents of a Covered Person.

All transportation arrangement must be made by the most direct and economical route and conveyance possible and many not exceed the Usual and Customary Charges for similar transportation I the locality where the expense is incurred. Benefits will not be payable unless We (or Our designee) authorized in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designee.

### **Return of Personal Belongings**

If the Covered Person has been repatriated to their primary residence or dies while covered under this Plan, We will pay up to the maximum limit shown in the Schedule of Benefits, toward the shipment of personal effects to their primary residence. Shipment must take place within 90 days of the repatriation of death of the Covered Person. Benefits will not be payable unless We (or Our designee) authorized in writing, or by an authorized electronic or telephonic means, all expenses in advance.

**SECTION 5**  
**GENERAL LIMITATIONS**

No payment will be made for charges for:

1. services rendered without the authorization or intervention of Us or Our designee;
2. expenses incurred if the original or ancillary purpose of Your trip is to obtain medical treatment;
3. services provided for which no charge is normally made;
4. Hospital or medical expenses of any kind or nature.
5. More than one Emergency Medical Evacuation and/or repatriation for any single medical condition of a Covered Person during the term of the Program.
6. Initial transportation to local facilities, including ground, water or air ambulance fees, unless otherwise specified in this Plan.
7. Any expense for medical evacuation or repatriation if the Covered Person is not suffering from a Serious Medical Condition, and/or in the opinion of the Our physician, the Covered Person can be adequately treated locally, or treatment can be reasonably delayed until the Covered Person returns to his/her Home Country or Country of Assignment.
8. Any expense for Emergency Evacuation where the Covered Person, in the opinion of Our physician, can travel as an ordinary passenger without a medical escort.
9. A Covered Person who is medically discharged from the hospital, or leaves against medical advice and is physically able to travel on his or her own, is not eligible for medical transport services.
10. Medical Evacuation from a marine vessel, ship or watercraft of any kind.
11. Any treatment or expense related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four (24) weeks of pregnancy.
12. Any expense related to the Covered Person engaging in the commission of, or the attempt to commit, an unlawful act.
13. Any expense incurred as a result of the Covered Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
14. Medical transport services will not be provided to a Covered Person who has a diagnosis of, or is suspected of having, a Biosafety Class Level 3 (and above) pathogen as classified by either the Centers for Disease Control and Prevention (CDC) or the National Institutes of Health (NIH).
15. Services not otherwise shown as covered.
16. To the extent that such payments would be prohibited by law.