

**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 \$5,000, for up to two individuals 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, two economy round-trip airfare tickets 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 two economy round-trip air fare ticket to the location of Your hospital confinement for individuals designated by You.

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.

Accidental Death & Dismemberment Benefit

We will pay the benefit up the Principal Sum as stated in the Schedule of Benefits if a Covered Person sustains an Injury resulting in any of the losses stated below while covered under the Plan:

For Loss of:	Percentage of Maximum Amount
• Life	100%
• Both Hands or Both Feet	100%
• Sight of Both Eyes	100%
• One Hand and One Foot	100%
• One Hand and the Sight of One Eye	100%
• One Foot and the Sight of One Eye	100%
• Speech and Hearing in Both Ears	100%
• One Hand or One Foot	50%
• The Sight of One Eye	50%
• Speech or Hearing in Both Ears	50%
• Hearing in One Ear	25%
• Thumb and Index Finger of Same Hand	25%

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Covered Person due to any one Accident.

Benefits payable are subject to the Exclusions and Limitations as listed in this document.

Exposure. If by reason of an Accident covered by the Certificate a Covered Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Certificate.

Disappearance. If the body of a Covered Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Covered Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Certificate, that such Covered Person shall have suffered Loss of life within the meaning of the Certificate.

Catastrophic Limitation. Except as may otherwise be provided, the total liability hereunder for deaths and Injuries suffered by any number of Covered Persons insured under this Certificate of Insurance in any one Accident or disaster shall not exceed the sum of \$1,000,000. In the event of any such Accident or disaster for which all indemnities payable hereunder would otherwise exceed \$1,000,000 the amount of indemnity payable for each Covered Person will be proportionately reduced to the extent that the total of all indemnities payable shall not exceed \$1,000,000.

Special Limitations/Expenses Not Covered

Benefits will not be provided for the following:

1. For loss of life or dismemberment due to a Sickness, disease or infection.
2. For any loss of life or dismemberment before the effective date of coverage.
3. For any loss of life or dismemberment after coverage ends.
4. While riding or driving in any kind of competition
5. Injury sustained while the Covered Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
6. For loss of life or dismemberment caused by or contributed by (a) an act of war; (b) An Covered Person participating in the military service of any country; (c) An Covered Person participating in an insurrection, rebellion, or riot; (d) Services received for any condition caused by an Covered Person's commission of, or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.

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).

Note: For the purposes of this limitation/[exclusion], Coronavirus disease (COVID-19) and Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), are not considered a Biosafety Class Level 3 (and above) pathogen.
15. Services not otherwise shown as covered.
16. To the extent that such payments would be prohibited by law.