



SAFETRIP SCHOLASTIC

HOW TO USE UNITEDHEALTHCARE GLOBAL SERVICES

24 hours a day, 7 days a week, 365 days a year

SCHEDULE OF BENEFITS

| All Coverages and Benefits are in U.S. Dollar Amounts | |
|---|-------------------------------------|
| Benefit Period | Per Trip |
| Out of Country Medical Expense Accident Medical; Sickness Medical | \$250,000 per Person per Occurrence |
| Deductible | \$0 |
| Co-Insurance | 100% of Usual and Customary |
| Dental Treatment (Injury Only) | \$500 |
| Accidental Death & Dismemberment | \$10,000 per Insured |
| Aggregate Limit of Indemnity per Accident | \$500,000 Aggregate Limit |
| Emergency Medical Evacuation | Up to \$200,000 |
| Repatriation of Remains | Up to \$25,000 |
| Family Reunion | Up to \$2,500 |
| Home Country Extension | Up to \$10,000 |
| Political Evacuation | Up to \$200,000 |
| Assistance Services – UHC Global | 24 Hours - Worldwide |

SafeTrip Scholastic provides you with international travel assistance services and travel medical insurance.

- Travel assistance coverage is provided by United Healthcare Global (UHCG).
- Travel Medical Insurance is provided by and underwritten by Catlin Insurance Company, Inc. XL Catlin is the global brand used by XL Group plc's insurance subsidiaries, including Catlin Insurance Company, Inc.

Emergency Assistance Services provided by UnitedHealthcare Global

Medical Assistance Services Travel
Assistance Services Destination
Intelligence

If you have a medical or travel problem, simply call UHCG for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, call *collect*, or email at:

Baltimore, Maryland +1-410-453-6330

Assistance@uhcglobal.com

An assistance coordinator will ask for Your name, Your company or group name, the UHCG ID number shown on Your card, and a description of Your situation. **If the condition is an emergency, You should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center.** UHCG will then take the appropriate action to assist You.

This coverage is not subject to and does not provide benefits which comply with the U.S. "Affordable Care Act". Please consult your attorney or insurance producer to determine if you need coverage under the Affordable Care Act.

These non-insurance services are provided by UnitedHealthcare Global.

MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals: Upon a your request, UHCG will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area you are traveling in order to assist you in locating appropriate treatment and quality care.

Monitoring of Treatment: As and to the extent permissible, UHCG will continually monitor your medical condition. Physician Advisors will provide consultative and advisory services to UHCG in relation to your medical condition, including review and analysis of the quality of medical care received by you.

Facilitation of Hospital Payment: Upon securing payment or a guarantee to reimburse, UHCG will either wire or guarantee funds needed for admitting you into a hospital for medical treatment. You are responsible for the payment of the cost of medical care and treatment, including hospital expenses.

Relay of Insurance and Medical Information: Upon your request and authorization, UHCG will relay your insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHCG will also assist with hospital admission and discharge planning.

Medication and Vaccine Transfers: In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHCG will coordinate the transfer of the medication or vaccine to you upon the prescribing physician's authorization, if it is legally permissible.

Updates to Family, Employer, and Home Physician: Upon your approval, UHCG will provide periodic case updates to appropriate individuals designated by you in order to keep them informed.

Hotel Arrangements: UHCG will assist you with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

Replacement of Corrective Lenses and Medical Devices: UHCG will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

TRAVEL ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: UHCG will assist you in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements: UHCG will make new reservations for airlines, hotels, and other travel services for you in the event of: (a) an Illness or Injury, (b) a Security Evacuation, and (c) during a Political Evacuation.

Transfer of Funds: UHCG will provide you with an emergency cash advance subject to UHCG first securing funds from you (via a credit card) or your family.

Legal Referrals: Should you require legal assistance, UHCG will direct you to a duly licensed attorney in or around the area where you are located.

Language Services: UHCG will provide immediate interpretation assistance to you in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UHCG will provide you with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through the UHCG Emergency Response Center.

Covered Medical Expenses

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.

3. Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Newborn nursery care expenses.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
8. Doctor non-surgical treatment or examination expenses (excluding medicines) 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.
10. Outpatient laboratory test expenses.
11. Physiotherapy expenses on an inpatient or outpatient basis. 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.
12. 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.
13. Air Ambulance expenses for transportation from the emergency site to the Hospital.
14. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor.
15. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
16. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.
17. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
18. Emergency medical treatment of pregnancy.
19. Therapeutic termination of pregnancy.
20. MRI/Cat scan and all other diagnostic imaging services.

Exclusions For purposes of this benefit: We will not pay Political Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
 - violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
 - violation of the laws of the Covered Person's Home Country or country of residence.
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases; or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to:
 - a. debt; insolvency; commercial failure; the repossession of any property by any title holder or lien holder; or any other financial cause;
 - b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

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

XL Catlin - XL Catlin is the global brand used by XL Group plc's insurance subsidiaries, including Catlin Insurance Company, Inc. XL Catlin will not pay benefits for any loss or Injury that is caused by, or results from:

1. Suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection; or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
5. piloting or serving as a crewmember.
6. commission of, or attempt to commit: a felony; an assault; or other illegal activity.
7. active participation in a riot, or insurrection.
8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a) fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
10. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
11. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
12. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
13. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
14. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policyholder; rugby; or cave diving; or cheerleading; or motorcycling; or rock climbing; or ice climbing; or mountain climbing; or horse riding; or base jumping; or lacrosse; or soccer; or gymnastics; or bull riding; or hockey; or football; or street luge; or heli-skiing; or surfing; or motorcycle racing; or snowboarding; or climbing above 20,000 feet; including: tryouts; practice; or any competitions or games; bungee jumping; or parachuting; or skydiving; or parasailing; or hang-gliding; or caving or spelunking; or extreme skiing; or heli-skiing; or skiing outside marked trails; or mountain climbing; or ice climbing; or scuba diving; or professional or semi-professional sports; or extreme sports; or body contact sports; or hot-air ballooning; or snowboarding; or base jumping; or sail gliding; or parakiting; or parkour; or racing including stunt show or speed test of any motorized or non-motorized vehicle; or rodeo activities or similar hazardous 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. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. 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.
4. 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 highways.

5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
6. 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.
7. treatment or service provided by a private duty nurse.
8. replacement of: artificial limbs; eyes; and larynx.
9. 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.
10. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
11. conditions that are not caused by a Covered Accident or Sickness.
12. participation in any activity or hazard not specifically covered by the Policy.
13. Any: treatment; service; or supply not specifically covered by the Policy.
14. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
15. routine physicals.
16. cosmetic or plastic surgery, except as a result of Injury.
17. elective surgery.
18. birth defects and congenital anomalies; or complications which arise from such conditions.
19. routine dental care and treatment.
20. rest cures or custodial care.
21. organ or tissue transplants and related services.
22. Injury sustained while participating in amateur; club; intramural; interscholastic; intercollegiate; professional; or semi-professional sports.
23. confinement or institutional care.
24. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
25. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
26. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
27. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
28. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.
29. treatment of acne.
30. expenses incurred for Trips taken for the purpose of seeking medical care.
31. expenses incurred while traveling against the advice of a medical professional.
32. Future repair or replacement of artificial: limb(s); eye(s); larynx; dental devices(s); or any other orthopedic prosthetic appliance(s).

This document is just a summary of the benefits provided. Please see full policy document for complete description of coverage.