



2023-2024

College of Charleston

International Student Medical Insurance Plan

F1, J1 and MBA Students

cofc.myahpcare.com

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IMPORTANT CONTACTS

BENEFITS & CLAIMS QUESTIONS

Wellfleet Group, LLC
PO Box 15369
Suite 100
Springfield, Massachusetts 01115
413-733-6482 (Fax)
info@wellfleetinsurance.com

Underwritten By:
Crum & Forster, SPC

24/7 EMERGENCY TRAVEL ASSISTANCE

Academic Emergency Services
(855) 873-3555
Toll-free within the U.S.
1 (610) 263-4660
Outside the U.S.
assistance@ahpcare.com

ELIGIBILITY, COVERAGE, AND GENERAL QUESTIONS

Academic HealthPlans, Inc.
cofc.myahpcare.com
help.myahpcare.com

Plan Brokered by:
Academic HealthPlans, Inc.

MEDICAL INSURANCE ELIGIBILITY

A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Plan Participant at the same time.

Class 1: Non-United States Citizens traveling outside their Home Country, has his or her true, fixed and permanent home and principal establishment outside of the United States, and holds a current and valid passport, while actively engaged in educational or research activities. For purposes of this Eligible Class You are "actively engaged" in educational activity if you are one of the following:

- F1/J1 valid visa holder. (An F1 visa holder on OPT is not eligible); and
- Undergraduate student registered for and attending classes on a full-time basis; or
- Graduate student; or
- Scholar or researcher who is invited by an educational organization; or
- Student involved in education, educational activities, or research related activities.

Spouses of the above eligible Class who are considered to be a covered Class, and whose Application has been accepted by the Company.

Natural or legally adopted Dependent unmarried children of an above eligible Class from the moment of birth and under 26 years of age who is considered to be a covered Class, and whose Application has been accepted by the Company.

PLAN COST

Rates include the international student medical plan underwritten by Crum & Forster, SPC. Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans and Crum & Forster, SPC.

F1 STUDENT PLAN COST

TERM	ANNUAL 8/10/2023 - 8/9/2024	FALL 8/10/2023 - 12/31/2023	SPRING/SUMMER 1/1/2024 - 8/9/2024	SPRING GRADUATION 1/1/2024 - 05/15/2024
ENROLLMENT DEADLINE	9/1/2023	9/1/2023	2/1/2024	2/1/2024
STUDENT	\$1,484.00	\$584.00	\$900.00	\$552.00
SPOUSE	\$3,255.50	\$1,281.00	\$1,974.50	\$1,210.00
EACH CHILD	\$3,255.50	\$1,281.00	\$1,974.50	\$1,210.00

MBA STUDENT PLAN COST

TERM	ACADEMIC YEAR 8/1/2023 - 6/30/2024	FALL 8/1/2023 - 12/31/2023	SPRING 1/1/2024 - 6/30/2024
ENROLLMENT DEADLINE	9/1/2023	9/1/2023	2/1/2024
STUDENT	\$1,359.50	\$620.50	\$739.00
SPOUSE	\$2,984.00	\$1,360.50	\$1,623.50
EACH CHILD	\$2,984.00	\$1,360.50	\$1,623.50

J1 STUDENT PLAN COST

TERM	ACADEMIC YEAR 8/10/2023 - 5/15/2024	FALL 8/10/2023 - 12/31/2023	SPRING 1/1/2024 - 5/15/2024
ENROLLMENT DEADLINE	9/1/2023	9/1/2023	2/1/2024
STUDENT	\$1,136.00	\$584.00	\$552.00
SPOUSE	\$2,491.00	\$1,281.00	\$1,210.00
EACH CHILD	\$2,491.00	\$1,281.00	\$1,210.00

STUDENT HEALTH SERVICES

College of Charleston Student Health Services provides high quality, accessible, medical, counseling, dental, and health promotion services to College of Charleston students. Student Health Services has an incredible staff of health care professionals who are all dedicated to keeping students healthy so they can stay in the classroom and focus on learning.

Student Health Services

181 Calhoun Street
Charleston, SC 29424
(843) 953-5520
healthservices@cofc.edu

CLOSEST HOSPITALS IN CASE OF EMERGENCY

ROPER HOSPITAL

(843) 724-2010 (ER)
(843) 724-2000 (Main)
316 Calhoun St
Charleston, SC 29401

MUSC

(843) 792-3826 (ER)
(843) 792-2300 (Main)
171 Ashley Ave
Charleston, SC 29425

CLOSEST URGENT CARE CENTERS

HEALTH FIRST

(843) 300-3355
1115 Savannah Hwy.
Charleston, SC 29407

MEDCARE EXPRESS URGENT CARE

(843) 793-6093
1850 Sam Rittenberg Blvd.
Charleston, SC 29407



COORDINATION OF BENEFITS

If the Enrollee is insured under more than one group health plan, the benefits of this Plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Enrollee under any auto insurance, Workers' Compensation, Medicare, or other coverage. This Plan pays in accordance with the rules set forth in the Policy.

EXTENSION OF BENEFITS

If an Enrollee is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the Plan until the Enrollee is released or benefits are exhausted, whichever occurs first.

ID CARDS

Medical ID cards may be shipped before or shortly after your policy effective date. Providers need the ID number shown on your ID card to identify you, verify your coverage and bill Crum & Forster, SPC. You do not need an ID card to be eligible to receive benefits; if you need medical attention before receiving your ID card, benefits will be payable according to the Policy. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim.

PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK

PPO network is Cigna; providers can be found at: hcpdirectory.cigna.com

SCHEDULE OF BENEFITS

PREFERRED PROVIDER ORGANIZATION (CIGNA)	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
DEDUCTIBLE	\$250	\$400
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,350	\$6,350
COINSURANCE	80% of the Preferred Allowance (PA)	70% of the Usual, Reasonable & Customary Charges (URC)

BENEFIT COVERAGE	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Hospital Room & Board Benefit	Preferred Allowance	Semi-Private Room Rate
Intensive Care/Cardiac Care Unit Benefits	Preferred Allowance	URC
Hospital Miscellaneous Expense Benefit	Preferred Allowance	URC
Surgeon (In or Outpatient Benefits)	Preferred Allowance	URC
Assistant Surgeon Benefit	Preferred Allowance	URC
Day Surgery Benefit	Preferred Allowance	URC
Pre-Admission Testing Benefit	Preferred Allowance	URC
Anesthesia Benefit	Preferred Allowance	URC
Ambulance Benefit	Preferred Allowance	80% of URC
Physician Visit Benefit - Inpatient	Preferred Allowance	URC
Physician Visit Benefit - Outpatient	Preferred Allowance, subject to a \$30 copay, \$50 copay for specialist (\$0 copay at Student Health Center)	URC
Consultant Physician Benefit	Preferred Allowance	URC
Radiation/Chemotherapy Benefit	Preferred Allowance	URC
Emergency Room Benefit	Preferred Allowance, subject to a \$250 copay per visit (waived if admitted)	URC, subject to a \$250 deductible per visit (waived if admitted)
Extension of Accident and Sickness Medical Benefit	Preferred Allowance	URC
Wellness Medical Benefit Up to a \$500 maximum per policy term	100% of Preferred Allowance and 100% at student health center (copay and deductible does not apply)	No Benefit
Maternity and Pre-Natal Care Expense Benefit	Same as any other Sickness	Same as any other Sickness

MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
In-Patient Expense	Same as any other Sickness	Same as any other Sickness
Out-Patient Expense	Same as any other Sickness	Same as any other Sickness
ALCOHOL & DRUG ABUSE EXPENSE BENEFIT	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
In-Patient Expense	Same as any other Sickness	Same as any other Sickness
Out-Patient Expense	Same as any other Sickness	Same as any other Sickness
Therapeutic Termination of Pregnancy Benefit	Preferred Allowance	URC
Emergency Dental Expense Benefit Up to a \$1,000 maximum per policy term	Preferred Allowance	80% of URC
Physiotherapy Expense Benefit - Inpatient and Outpatient	Preferred Allowance	URC
Durable Medical Equipment Expense Benefit	Preferred Allowance	80% of URC
Medical Evacuation/Repatriation Expense Benefit	Actual expense up to \$100,000	
Return of Mortal Remains Expense Benefit	Actual expense up to \$50,000	

DEFINITIONS

The male pronoun includes the female whenever used.

Additional terms may be defined within the provision to which they apply.

Accident means an unforeseeable event which:

1. Causes Injury to one or more Plan Participants; and
2. Occurs while coverage is in effect for the Plan Participant.

AIDS means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

Benefit Period means the period of time from the date of the Accident causing the Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

Child means means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

Civil Union Partner means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits that are afforded a spouse. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms 'marriage' or 'married' or variations thereon. The term spouse or dependent includes civil union couples whenever used.

Class means means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

Coinsurance means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means means Crum & Forster, SPC. Also hereinafter referred to as We, Us and Our.

Service Provider means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means Sickness or disease contracted and causing loss commencing while the Policy is in force as to the Plan Participant whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Plan Participant is being treated or has received Treatment will be considered as part of the original Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

Spouse means lawful spouse, if not legally separated or divorced, Domestic Partner, or Civil Partner.

Substance Abuse means alcohol, drug or chemical abuse, overuse or dependency.

Complications of Pregnancy means a condition which:

- When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy.
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible;

Complications of Pregnancy will not include:

- False Labor;
- Occasional spotting;
- Physician prescribed rest during the period of pregnancy;
- Morning Sickness; and
- Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is *non*-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

Copayment means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

Cosmetic Surgery means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

Covered Accident means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment or other Injury covered under the Policy and indicated on the Schedule of Benefits.

Custodial Care means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

Deductible means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Policy. It applies separately to each Plan Participant.

Dentist means a legally licensed doctor of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Dependent means a Plan Participant's:

1. lawful spouse, if not legally separated or divorced, Domestic Partner, or Civil Union Partner.
2. unmarried Children under age 26.

The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

Domestic Partner means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Economy Transportation means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Plan Participant purchased for the Plan Participant's Trip.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

Emergency means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

Extended Care Facility means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients

He, His and Him includes "she", "her" and "hers."

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self funded basis; unmarried Children under age 26.
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. Automobile no-fault coverage (unless prohibited by law).

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and holds a current and valid passport.

Home Health Care means nursing care, treatment and Daily Living Services provided in the Plan Participant's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. The Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant's Immediate Family Member or other persons residing with the Plan Participant without causing undue hardship;
2. Nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

Home Health Care consists of, but shall not be limited to, the following:

- Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.
- Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
- Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Evidence of Coverage if the Plan Participant had remained in the Hospital.

Host Country means any country other than the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and holds a current and valid passport.

Hospital means an institution licensed, accredited or certified by the State that:

1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4. Has a staff of one or more licensed Physicians available at all times;
5. Provides organized facilities for diagnosis, treatment and surgery, either a) on its premises; or b) in facilities available to it, on a pre-arranged basis;
6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7. Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Immediate Family means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren)), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

Injury means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Inpatient means a Plan Participant who is confined in an institution and is charged for room and board.

Insurance means the coverage that is provided under the Policy.

Intensive Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Intoxicated means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

Master Application means the Application for the Master Policy.

Maximum Benefit means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and 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 consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

Mountaineering means the sport, hobby, or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Natural Teeth means the major portion of the individual tooth which is present, regardless of filings and caps; and is not carious, abscessed, or defective.

Network Provider means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

Non-Network Provider means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant's responsibility.

Occurrence means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

Outpatient means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for a Sickness or Injury, but who is not confined and is not charged for room and board.

Outpatient Surgical Facility means a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate Registered Nurses; (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law.

Out-of-Pocket Maximum means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Co-payments. Penalties and amounts above the Usual, Reasonable and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization means any organization which elects to offer coverage by completing a Participation Agreement and that has been approved by the Company to sponsor coverage under the Policy.

Participation Agreement means the agreement completed by a Participating Organization for insurance under the Master Policy.

Permanent Residence means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning, and holds a current and valid passport.

Physician means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

Physical Therapy means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; or (5) manipulation or massage.

Plan Participant means a Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a Non-United States Citizen traveling outside their Home Country, has his or her true, fixed and permanent home and principal establishment outside of the United States, and holds a current and valid passport

Policy Period means the period of time following the Policy's Effective Date, as shown on the Schedule of Benefits.

Policyholder means the entity shown as the Policyholder in the Schedule of Benefits.

Preferred Allowance means the amount a Network Provider will accept as payment in full for Eligible Expenses.

Pregnancy means the physical condition of being pregnant, including Complication of Pregnancy.

Prescription Drugs means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

Registered Nurse means a licensed registered professional Registered Nurse (R.N.).

Rehabilitation Facility means a non-residential facility that provides therapy and training rehabilitation services at a single location in a coordinated fashion, by or under the supervision of a physician pursuant to the law of the jurisdiction in which treatment is provided. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy. The facility may be either of the following:

1. A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or
2. A free standing facility

Surgery or Surgical Procedure means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

“Geographic Area” means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

Utilization of Nuclear, Chemical or Biological weapons of mass destruction shall mean the use of:

- any explosive nuclear weapon or device; or
- the emission, discharge, dispersal, release or escape of:
- fissile material emitting a level of radioactivity, or
- any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins), or
- any solid, liquid or gaseous chemical compound which, when suitably distributed;
- which is capable of causing incapacitating disablement or death amongst people or animals.

We, Our, Us means Crum & Forster, SPC

You, Your, Yours, He or She means the Plan Participant who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

EXCLUSIONS

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. War or any act of war, declared or undeclared;
2. Voluntary, active participation in a riot or insurrection;
3. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
4. Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
5. Expenses incurred for treatment while in Your Home Country;
6. Pregnancy or childbirth, except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
7. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
8. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident;
9. Eyeglasses, contact lenses, hearing aids, braces ,appliances, or examinations or prescriptions therefore;
10. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
11. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
12. Practice or play in any amateur, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
13. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
14. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers.

EMERGENCY ASSISTANCE SERVICES: ACADEMIC EMERGENCY SERVICES

Academic Emergency Services:

855-873-3555 (Toll-free within the U.S.)

1 (610) 263-4660 (Outside the U.S.)

Email: assistance@ahpcare.com
aes.myahpcare.com

As a participant in the international student medical plan, you have access to the emergency travel services and benefits when you are traveling over 100 miles from home or outside your home country.

Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services

- Emergency Medical Evacuation, Unlimited
- Medically Advisable Repatriation, Unlimited
- Return of Mortal Remains, Unlimited: up to a maximum of \$3000 for funeral expenses
- Visit by a Family Member or Friend, up to \$5,000 with 3 day hospitalization
- Return of Dependent Children, up to \$5,000, if left unattended
- Emergency Family Travel Arrangements, up to \$10,000, in the event of illness or death of family member
- Emergency Family Reunion Arrangements, up to \$10,000, in the event of death of the student
- Return of Personal Belongings, up to \$1,000 in the event of evacuation or death
- Accidental Death and Dismemberment, \$25,000

Medical, Travel, Safety and Legal Assistance

- Pre-travel information portal
- Physician referrals outside of the U.S.
- Medical monitoring during an emergency evacuation to ensure adequate care
- Prescription assistance
- Luggage lost in transit
- Passport replacement assistance
- Emergency travel arrangements
- Emergency translation assistance and/or interpreter referral
- Legal referral

Additional Benefits

- Security/Political Evacuation Coverage
- Natural Disaster Evacuation Coverage
- Emergency Reunion 3 Day Threshold

Academic Emergency Services are available to you 24 hours a day, 7 days a week.

Simply call the number above to get access to knowledgeable assistance coordinators who will help you navigate any unfamiliar cultures or circumstances.

Terms, limitations, and conditions apply to all services and benefits. International student medical plan is underwritten by Crum & Forster, SPC. Academic Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent from Academic HealthPlans Crum & Forster, SPC.

CLAIM PROVISIONS

Notice of Claim

Written notice of death, or Injury or Sickness must be given to Us within 30 days after a Covered Loss occurs or begins or as soon as reasonably possible. Notice can be given to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Plan Participant's name and address.

If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1. it can be shown that it was not possible within reason to submit notice within the **30-day** period; and
2. it is further shown that notice was given as soon as possible.

Claim Forms

When We receive the notice of claim, We will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, the Proof of Loss requirements stated below will be deemed to have been met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

Proof of Loss

Written proof of loss must be furnished to Us in the case of a claim for loss for which the Policy provides periodic payment contingent upon continuing loss within 60 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to Us at intervals required by us.

In case of claim for any other loss, proof must be furnished within **60 days** after the date of such loss. If the proof of loss is not submitted within 60 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1. it can be shown that it was not possible within reason to submit notice within the **60-day** period; and
2. it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Timely Filing of Claims

All claims for benefits under the Policy must be submitted to Us no more than **90 days** from the date of service or date of death.

Time of Payment of Claims

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installments, will be paid within 30 days after Our receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid within 30 days after Our receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

Failure to pay claims within 30 days shall entitle the claimant to interest at the rate of nine percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or their assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.

Notice: For further information on this Plan, visit cofc.myahpcare.com.

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to with College of Charleston. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Privacy Statement: We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling Crum & Forster, SPC, 3320 West Market Street, Fairlawn, OH 443333. or by visiting us at <https://www.healthsmart.com/>.

Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at 3320 West Market Street, Fairlawn, OH 443333.

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster, SPC, under the jurisdiction of Cayman Islands you become a member of the Fairmont Specialty Trust.

Benefits are provided for eligible Enrolled Persons. Terms and conditions are briefly outlined in this brochure. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this brochure and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster, SPC, Cayman Islands.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

IMPORTANT NOTE

The College of Charleston International Student Medical Plan is underwritten by Crum & Forster, SPC and administered by Academic HealthPlans.