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2007 - 2008  
STUDENT INJURY AND SICKNESS  
INSURANCE PLAN

VANTAGE PLAN

*Designed Especially for*

International Community Service



The Policy is a Non-Renewable One Year Term Policy

Notice: Benefits may vary by state or coverage may not be available in all states.  
The plan is not available in Hawaii, Massachusetts, New Jersey, Oregon,  
Puerto Rico, and Washington



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## **Privacy Policy**

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We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of our privacy practices by calling us toll-free at 800-505-4160.

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## **Eligibility**

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All full-time and part-time students, scholars or other persons with a current passport who: (1) are engaged in international educational activities; (2) are temporarily located outside his/her home country as a non-resident alien; and (3) have not obtained permanent residency status, are eligible to enroll in this insurance Plan. Students enrolled in an Optional Practical Training program (with F-1 or J-1 visa), who were previously enrolled in this Plan are eligible to enroll.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased, with the exception of those with a J-Visa or those enrolled in an Optional Practical Training program. Home study, correspondence, Internet, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If, and whenever, the Company discovers the Eligibility requirements have not been met, its only obligation is to refund premium.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the spouse and unmarried children under 19 years of age or 24 if a fulltime student at an accredited institution of higher learning who are not self-supporting. Dependent Eligibility expires concurrently with that of the Insured student.

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## **Effective and Termination Dates**

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The Master Policy on file at the school becomes effective on August 01, 2007. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on October 31, 2008. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student.

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 14 days after the coverage expiration date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage.

Refunds of premiums are allowed only upon entry into the armed forces.

The Policy is a Non-Renewable One Year Term Policy.

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## **Choice of Plan**

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Each eligible participant has a choice of one of the three benefit Plans, which have significant benefit differences between them. Please review each plan carefully to choose which plan best meets your own individual needs. Make your selection carefully, you cannot change coverage after the initial purchase of the Plan for the policy year

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## Coordination of Benefits

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Benefits will be coordinated with any other medical, surgical or Hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.

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## Extension of Benefits After Termination

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The coverage provided under the Policy ceases on the Termination Date. However, if an Insured incurs medical expenses within 30 days of the Termination Date from a covered Injury or Sickness for which benefits paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as follows provided the condition continues:

1. When not Hospital Confined on the Termination Date, not to exceed 90 days after the Termination Date; or
2. When Hospital Confined on the Termination Date, not to exceed 12 months after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After the "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

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## Accidental Death and Dismemberment Benefits

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If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

**For Loss Of:**

	<b>Student</b>	<b>Spouse</b>	<b>Child</b>
Life	\$15,000	\$5,000	\$1,000
Two or More Members	\$15,000	\$5,000	\$1,000
One Member	\$7,500	\$2,500	\$500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

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## MyNurseLine

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Insured Students have access to nurse advice and health information 24 hours a day, 7 days a week by dialing 1-800-883-2951. MyNurseLine is staffed by Registered Nurses who can help students determine if they need to seek medical care, understand their medications or medical procedures, or learn ways to stay healthy.

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## Complaint Resolution

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Insured Persons, Preferred Providers, Out-of-Network Providers or their representatives with questions or complaints may call the Customer Service Department at 1-800-505-4160. If the question or complaint is not resolved to the satisfaction of the complainant, the complainant may submit a written request to the Claims Review Committee, which will make a thorough investigation and respond to the complainant in a timely manner. The Company will not retaliate against the complainant because of the complaint.

## Pre-admission Notification

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Avidyn should be notified of all Hospital Confinements prior to admission.

1. PRE-NOTIFICATION OF MEDICAL NON-EMERGENCY HOSPITALIZATIONS: The patient, Physician or Hospital should telephone 1-877-295-0720 at least five working days prior to the planned admission.
2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

Avidyn is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m. C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

**IMPORTANT:** Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

## Maternity Testing

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This policy does not cover routine, preventive or screening examinations or testing unless Medical Necessity is established based on medical records. The following maternity routine tests and screening exams will be considered, if all other policy provisions have been met. This includes a pregnancy test, CBC, Hepatitis B Surface Antigen, Rubella Screen, Syphilis Screen, Chlamydia, HIV, Gonorrhea, Toxoplasmosis, Blood Typing ABO, RH Blood Antibody Screen, Urinalysis, Urine Bacterial Culture, Microbial Nucleic Acid Probe, AFP Blood Screening, Pap Smear, and Glucose Challenge Test (at 24-28 weeks gestation). One Ultrasound will be considered in every pregnancy, without additional diagnosis. Any subsequent ultrasounds can be considered if a claim is submitted with the Pregnancy Record and Ultrasound report that establishes Medical Necessity. Additionally, the following tests will be considered for women over 35 years of age: Amniocentesis/AFP Screening and Chromosome Testing. Fetal Stress/Non-Stress tests are payable. Pre-natal vitamins are not covered. For additional information regarding Maternity Testing, please call the Company at 1-800-505-4160.

## Definitions

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**INJURY** means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 30 days after the date of accident; and 5) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

**PRE-EXISTING CONDITION** means any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the Policy.

**SICKNESS** means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where the service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

**Schedule of Medical Expense Benefits**  
**INJURY and SICKNESS - VANTAGE PLAN**  
**\$250,000 Maximum Benefit (For Each Injury or Sickness)**  
**\*Deductible \$100 (For Each Injury or Sickness)**  
*(The maximum Deductible for any one Insured will not exceed \$500 Per Policy Year)*  
**Preferred Provider Coinsurance 80% ~ Out-of-Network Coinsurance 70%**

Each eligible student has a choice of one of the three (3) benefit Plans, as noted in the Choice of Plans provision on Page 2. Make your selection carefully; you cannot change your Plan selection after the initial purchase of the Plan for this Policy Year.

The Policy provides benefits for the Usual and Customary Charges (U&C) incurred by an Insured person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$250,000 for each Injury or Sickness.

The Preferred Provider for this plan is UnitedHealthcare Options PPO. If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when an Out-of-Network provider is used.

\*The Deductible will be reduced to \$50 if treatment is received at a Recognized Student Health Center. All copays and Deductibles listed below are in addition to the Policy Deductible.

Benefits will be paid up to the Maximum Benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network, unless noted below. Covered Medical Expenses include:

<b>PA = Preferred Allowance</b>		<b>U&amp;C = Usual &amp; Customary Charges</b>	
<b>INPATIENT</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>	
<b>Hospital Expenses</b> , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous expenses such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	80% of PA / \$100 copay per day for the 1st 3 days	70% of U&C / \$100 Deductible per day for the 1st 3 days	
<b>Intensive Care</b>	Paid under Hospital Expense	Paid under Hospital Expense	
<b>Routine Newborn Care</b> , while Hospital Confined; and routine nursery care provided immediately after birth. <i>(Up to 48 hours for vaginal delivery or up to 96 hours for cesarean delivery)</i>	Paid as any other Sickness	Paid as any other Sickness	
<b>Physiotherapy</b> <i>(\$2,500 maximum total for Inpatient and Outpatient combined)</i>	80% of PA	70% of U&C	

INPATIENT (Continued)	Preferred Providers	Out-of-Network Providers
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	80% of PA	70% of U&C
<b>Assistant Surgeon</b>	Paid under Surgeon's Fees	Paid under Surgeon's Fees
<b>Anesthetist</b> , professional services in connection with inpatient surgery	Paid under Surgeon's Fees	Paid under Surgeon's Fees
<b>Registered Nurse's Services</b> , private duty nursing care	80% of PA	70% of U&C
<b>Physician's Visits</b> , benefits are limited to one visit per day, and do not apply when related to surgery.	80% of PA	70% of U&C
<b>Pre-Admission Testing</b> , payable within 3 working days prior to admission.	Paid under Hospital Expense	Paid under Hospital Expense
<b>Psychotherapy</b> , Benefits are limited to one visit per day. Psychiatric Hospitals are not covered. <i>(30 days maximum Per Policy Year)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Biologically Based Mental Illness</b>	Paid as any other Sickness/See Benefits for Biologically Based Mental Illness	
OUTPATIENT	Preferred Providers	Out-of-Network Providers
<b>Surgeon's Fees</b> , in accordance with data provided by Ingenix. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 25% of all subsequent procedures.	80% of PA	70% of U&C
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	80% of PA / \$150 copay	70% of U&C / \$150 Deductible
<b>Assistant Surgeon</b>	Paid under Surgeon's Fees	Paid under Surgeon's Fees
<b>Anesthetist</b> , professional services administered in connection with outpatient surgery.	Paid under Surgeon's Fees	Paid under Surgeon's Fees
<b>Physician's Visits</b> , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	80% of PA / \$20 copay per visit	70% of U&C / \$20 Deductible per visit
<b>Physiotherapy</b> , benefits are limited to one visit per day (See Exclusion #17 for additional information). <i>(\$2,500 maximum total for Inpatient and Outpatient combined)</i>	80% of PA	70% of U&C

<b>OUTPATIENT (Continued)</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Tests and Procedures</b> , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures	80% of PA / \$20 copay per test	70% of U&C / \$20 Deductible per test
<b>Medical Emergency Expenses</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	80% of PA / \$150 copay per visit	80% of U&C / \$150 Deductible per visit
<b>Diagnostic X-ray &amp; Laboratory</b>	80% of PA / \$20 copay per test	70% of U&C / \$20 Deductible per test
<b>Radiation Therapy and Chemotherapy</b> <i>(\$1,000 maximum)</i>	80% of PA	70% of U&C
<b>Prescription Drugs</b> , <i>(\$2,000 maximum Per Policy Year)</i>	80% of U&C	80% of U&C
<b>Psychotherapy</b> , Benefits are limited to one visit per day, including all related or ancillary charges, including Prescription Drugs, incurred as a result if a Mental and Nervous Disorder. <i>(30 visits maximum Per Policy Year)</i>	Paid as any other Sickness / \$20 copay per visit	Paid as any other Sickness / \$20 Deductible per visit
<b>Biologically Based Mental Illness</b>	Paid as any other Sickness/See Benefits for Biologically Based Mental Illness	
<b>OTHER</b>	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Ambulance Services</b> , <i>(Includes ground and air transportation) (\$200 maximum)</i>	80% of U&C	80% of U&C
<b>Durable Medical Equipment</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered.	80% of U&C	80% of U&C
<b>Consultant Physician Fees</b> , when requested and approved by the attending physician.	80% of PA	70% of U&C
<b>Dental Treatment</b> , benefits paid on Injury to Sound Teeth only. <i>(\$100 maximum per tooth / \$500 maximum Per Policy Year)</i>	80% of U&C	80% of U&C
<b>Alcoholism / Drug Abuse</b>	Paid under Psychotherapy	Paid under Psychotherapy
<b>Maternity / Complications of Pregnancy</b> (If an Insured is pregnant on the Termination Date, and the conception occurred while covered under this policy, Covered Medical Expenses for such pregnancy will continue to be paid through the term of the pregnancy.)	Paid as any other Sickness	Paid as any other Sickness
<b>Elective Abortion</b> <i>(\$500 maximum Per Policy Year)</i>	Paid as any other Sickness	Paid as any other Sickness

OTHER (Continued)	Preferred Providers	Out-of-Network Providers
<b>CAT Scan / MRI,</b> <i>(\$1,200 maximum Per Policy Year)</i>	80% of PA / \$100 copay per test	70% of U&C /\$100 Deductible per test
<b>Child Health Assurance</b> (Benefits include coverage from the moment of birth to 16 years of age for periodic visits which shall include a history, a physical examination, a developmental assessment and anticipatory guidance, and appropriate immunizations and laboratory tests. Services shall be provided according to the prevailing medical standards. Benefits are limited to one visit payable to one provider for all services provided at each visit. Benefits are not subject to the Policy Deductible, but are subject to all copayments, coinsurance, limitations or other provisions of the policy.)	Paid as any other Sickness	Paid as any other Sickness
<b>Cervical Cytology Screening,</b> (Annual Cervical Cytologic Screening for Cervical Cancer and it's precursor states for women age 18 and older. Cervical Cytology Screening includes annual pelvic examination, collection and preparation of a Pap smear and laboratory services in connection with examining and evaluating the Pap Smear)	80% of PA	70% of U&C

### Preferred Provider Information

**"Preferred Providers"** are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices. Preferred Providers in the local school area are the Physicians and Hospitals of United Healthcare Options PPO. To find a participating provider, please go to [icsweb.org](http://icsweb.org).

Please be aware that if an Insured is treated at a Preferred Provider Hospital, it does not mean that all providers at that Hospital are Preferred Providers. In addition, if an Insured is referred by a Preferred Provider to another provider or facility, it does not mean that the provider or facility to which the Insured is referred is also a Preferred Provider.

The availability of specific providers is subject to change without notice. Insured's should always confirm that a Preferred Provider is participating at the time services are required by calling the Company at 1-800-505-4160 and/or by asking the provider when making an appointment for services.

**"Preferred Allowance"** means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

**"Out of Network"** providers have not agreed to any prearranged fee schedules. Insured's may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Insured's responsibility.

Regardless of the provider, each Insured is responsible for the payment of their Deductible. The Deductible must be satisfied before benefits are paid. The Company will pay according to the benefit limits in the Schedule of Benefits.

#### **Inpatient Hospital Expenses**

**PREFERRED HOSPITALS** - Eligible inpatient Hospital expenses at a Preferred Hospital will be paid at the coinsurance percentages specified in the Schedule of Benefits, up to any limits specified in the Schedule of Benefits. Call (800) 505-4160 for information about Preferred Hospitals.

**OUT-OF-NETWORK HOSPITALS** - If care is provided at a Hospital that is not a Preferred Provider, eligible inpatient Hospital expenses will be paid according to the benefit limits in the Schedule of Benefits.

## Preferred Provider Information (Continued)

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### **Outpatient Hospital Expenses**

Preferred Providers may discount bills for outpatient Hospital expenses. Benefits are paid according to the Schedule of Benefits. Insureds are responsible for any amounts that exceed the benefits shown in the Schedule, up to the Preferred Allowance.

### **Professional & Other Expenses**

Benefits for Covered Medical Expenses provided by United Healthcare Options PPO will be paid at the coinsurance percentages in the Schedule of Benefits or up to any limits specified in the Schedule of Benefits. All other providers will be paid according to the benefit limits in the Schedule of Benefits.

## Mandated Benefits

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### ***Benefits for Mammography***

Benefits will be paid the same as any other Sickness for mammography screening as follows:

1. Ages thirty-five (35) to thirty-nine (39), one baseline mammogram;
2. Ages forty (40) to forty-nine (49), one mammogram every other year;
3. Age fifty (50) and older, one mammogram every year; or
4. More often if recommended by a Physician.

“Low-dose mammography” means the X-ray examination of the breast using equipment dedicated specifically for mammography, including the X-ray tube, filter, compression device, screens, films and cassettes, with an average radiation exposure delivery of less than one rad midbreast, with two views for each breast and with interpretation by a qualified radiologist.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Breast Reconstruction***

Benefits will be paid the same as any other Sickness for breast reconstruction recommended by a Physician following a covered mastectomy for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complication of all states of mastectomy, including lymphedemas.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Drug Treatment of Cancer or Life Threatening Conditions***

When Prescription Drug benefits are payable under the policy, benefits will be provided for drugs for treatment of cancer or life threatening conditions although the drug has not been approved by the Food and Drug Administration for that indication if that drug is recognized for treatment of such indication in one of the standard reference compendia or in the appropriate medical literature. The prescribing Physician must submit documentation supporting the proposed off-label use or uses to the Company if requested. Coverage shall include Medically Necessary services associated with the administration of such drugs.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Biologically-Based Mental Illness***

Benefits will be paid the same as any other Sickness for services and supplies for the Medically Necessary treatment of Biologically-based Mental Illness when recommended by a Physician.

“Biologically-based mental illness means schizophrenia and other psychotic disorders, bipolar disorder, major depression and obsessive-compulsive disorder.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy

## **Mandated Benefits (Continued)**

### ***Benefits for Dental Anesthesia***

Benefits shall be provided for dental anesthesia and related Hospital Covered Medical Expenses for services and supplies provided to a covered Dependent who:

1. Is a child under age five; or
2. Is severely disabled or otherwise suffers from a developmental disability as determined by a Physician which places such child at serious risk.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Prostate Cancer Screening***

Benefits will be paid the same as any other Sickness for prostate cancer screening. Subject to the following:

- (1) An annual medically recognized diagnostic examination, including a digital rectal examination and a prostate-specific antigen test, as follows:
  - (a) For asymptomatic men aged fifty and over; and
  - (b) For men aged forty-five and over at high risk for prostate cancer; and
  - (c) For males of any age who have a prior history of prostate cancer, medically indicated diagnostic testing at intervals recommended by a physician, including the digital rectal examination, prostate-specific antigen test, and bone scan.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

### ***Benefits for Diabetes***

Benefits will be paid the same as any other Sickness for equipment, supplies, and self-management training and education, including medical nutrition therapy, for treatment of Insureds diagnosed with diabetes if prescribed by a Physician. Medical nutrition therapy does not include any food items or nonprescription drugs.

The benefit for Medically Necessary equipment and supplies shall include blood glucose monitors, blood glucose monitors for the legally blind, test strips for glucose monitors, urine testing strips, insulin, injection aids, lancets, lancet devices, syringes, insulin pumps and all supplies for the pump, insulin infusion devices, prescribed oral agents for controlling blood sugars, glucose agents, glucagon kits, insulin measurement and administration aids for the visually impaired, and other medical devices for the treatment of diabetes.

Diabetes self-management training and education shall be covered if: (a) the service is provided by a Physician, nurse, dietitian, pharmacist, or other licensed health care provider who satisfies the current academic eligibility requirements of the National Certification Board for Diabetic Educators and has completed a course in diabetes education and training or has been certified as a diabetes educator; and (b) the training and education is based upon a diabetes program recognized by the American Diabetes Association or a diabetes program with a curriculum approved by the American Diabetes Association or the South Dakota Department of Health

The benefit for diabetes self-management training is limited to (a) persons who are newly diagnosed with diabetes or have received no prior diabetes education; (b) persons who require a change in current therapy; (c) persons who have a co-morbid condition such as heart disease or renal failure, or (d) persons whose diabetes condition is unstable. Under these circumstances, no more than two comprehensive education programs per lifetime and up to eight follow-up visits per year are covered. Coverage is limited to the closest available qualified education program that provides the necessary management training to accomplish the prescribed treatment.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy

## **Exclusions and Limitations**

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No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Injections;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
7. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
8. Dental treatment, except for accidental Injury to Teeth;
9. Elective Surgery or Elective Treatment;
10. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
11. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
12. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. Injury sustained while (a) participating in any interscholastic, high school, intramural, club, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
16. Organ transplants, including organ donation;
17. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. Pre-existing Conditions, except for individuals who have been continuously insured under the International Community Service student insurance policy; for at least 6 consecutive months; Credit will be given for the time the Insured was covered under previous Creditable Coverage if the Creditable Coverage was continuous to a date not more than sixty-three days (63) prior to the Insured's Effective Date under this Policy;
20. Prescription Drugs, services or supplies as follows:
  - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as specifically provided in the Benefits for Diabetes;
  - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;

## Exclusions and Limitations (Continued)

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- c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - d) Drugs labeled, "Caution - limited by federal law to investigative use" or experimental drugs; except as specifically provided in the policy;
  - e) Products used for unapproved cosmetic indications;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
21. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
  22. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
  23. Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
  24. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
  25. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
  26. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
  27. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  28. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
  29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
  30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
  32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

## Scholastic Emergency Services: Global Assistance Services

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Through participation in the International Community Service insurance plan, each Insured\* is eligible for global emergency medical assistance services when traveling 100 miles or more from his/her permanent home or campus address or abroad. Services are accessible 24 hours a day, 365 days a year and are provided by Scholastic Emergency Services.

### What Makes the Scholastic Emergency Services (SES) program unique?

1. Exceeds USIA requirements for International student and scholars
2. No maximums or subrogation for any assistance services SES provides
3. No pre-existing conditions or territorial exclusions
4. Worldwide network of pre-qualified medical providers
5. Operations Centers with immediate worldwide response capabilities
6. "Out of Area" medical problems alleviated

### Key Services include:

#### Evacuation, Repatriation and Return of Mortal Remains:

Whenever appropriate medical facilities are not available locally, Scholastic Emergency Services will utilize whatever mode of transport, equipment, and personnel is necessary to evacuate the participant to the nearest facility capable of providing appropriate care. Once the participant is ready to be released from the hospital, SES will arrange and pay to transport the participant to his/her residence or rehabilitation facility, with necessary medical supervision, if necessary.

If a participant should die while traveling, SES will render every possible assistance in the return of mortal remains including locating a funeral home to prepare the deceased for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

Some additional services include:

- Medical Consultation, Evaluation and Medical Referrals
- Foreign Hospital Admission Guarantee
- Critical Care Monitoring
- Prescription Assistance
- Emergency Message Transmission
- Transport to Join Patient (when in-patient for more than 7 days)
- Care for Minor Children (left unattended due to medical incident)
- Emergency Trauma Counseling
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals

Please refer to [www.assistamerica.com](http://www.assistamerica.com) for service descriptions under the "Student" tab.

To access services please call:

**(877) 488-9833** Toll-free within the United States

**(609) 452-8570** Collect outside the United States

Services are also accessible via e-mail at: [medservices@assistamerica.com](mailto:medservices@assistamerica.com).

Scholastic Emergency Services is not travel or medical insurance, but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by SES. Claims for reimbursement of assistance services will not be accepted.

*\*Insured's spouse and dependent children may also be eligible for services.*

## Claim Procedure

In the event of Injury or Sickness, students should:

- 1) Report to their Physician or Hospital.
- 2) Mail to the address below all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the university under which the student is insured. A Company claim form is not required for filing a claim.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

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### Submit All Claims To:

FIRSTSTUDENT  
P.O. Box 809067  
Dallas, TX 75380-9067  
1-800-505-4160

or visit our website at: [www.firststudent.com](http://www.firststudent.com)

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**This Plan is Underwritten by:  
The United HealthCare Insurance Company**

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**Preferred Provider Information  
United Healthcare Options PPO  
[www.icsweb.org](http://www.icsweb.org)**

(When asked which health plan are you interested in: UnitedHealthcare Options PPO)

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### For Questions on Enrollment or Customer Service Inquiries Contact IFS:

Insurance for Students  
600 Corporate Drive, Suite 101  
Ft. Lauderdale, FL 33334  
1-800-356-1235  
[www.icsweb.org](http://www.icsweb.org)

Please keep this Certificate as a general summary of the insurance. The Master Policy on file at the Association contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. The Master Policy is the contract and will govern and control the payment of benefits.

**This Certificate is based on Policy: 2007-201293-92**

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