

# 2024–2025 INTERNATIONAL STUDENT HEALTH PLAN



## ISM Sapphire Plan Policy Brochure

EFFECTIVE DATE: July 1, 2024, 12:00 a.m.  
EXPIRATION DATE: June 30, 2025, 11:59 p.m.

Benefits are provided for Eligible Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the International Accident or Sickness Medical Benefit Plan (the Plan) issued to SMIC Trust and Your Certificate. In the event of any conflict between this summary of coverage and the Plan, the Plan will govern. This is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to SMIC Trust and Your Certificate. For a detailed plan description, exclusions, and limitations please view Your Certificate of Coverage. Coverage is underwritten by Pan-American International Insurance Corporation.

### **Patient Protection and Affordable Care Act (“PPACA”) Disclosure Statement**

These benefits are not subject to, and do not provide some of the benefits required by, the United States PPACA. In no event will We provide benefits in excess of those specified in the Policy, and these benefits are not subject to guaranteed issuance or renewal.

THIS IS LIMITED BENEFIT COVERAGE. READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

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## Eligible Persons

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An Eligible Person is an individual who meets all of the requirements of the Covered Class shown below:

- Class 1.** An international student, scholar, visiting faculty, or other person with a valid F, J, or M visa status, temporarily located outside His Home Country as a nonresident alien and:
- Is engaged in educational or cultural activities of a School operating in the United States; and
  - Has not obtained permanent residency status in the United States; and
  - Is not a U.S. Citizen.

If, subject to all the terms and conditions of the Certificate, a Covered Person is eligible for insurance under multiple Classes described above, then such Covered Person will only be insured under the Class which provides the Covered Person the largest benefit amount for the Covered Loss that has occurred.

## Enrollment for Coverage

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A Covered Person will be eligible for coverage under the Policy subject to the particular types and amounts of benefits as specified in His enrollment form.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

## Payment and Refund of Premium

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Premium refunds will be considered only for withdrawal from school. Unearned funds will be refunded for the number of full months only. All refunds are calculated in 30-day increments of unused premium, providing no claims have been paid in the period the refund request is being made for and for which premium has been paid. All refunds are subject to approval by the plan manager.

## Effective and Termination Date

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### Effective Date for a Covered Person

Coverage for a Covered Person that will be covered by the Policy starts at 12:00 AM on the latest of the following: (1) the date the requirements of a Covered Person shown in the Schedule of Benefits are met; or (2) the date the premium and completed enrollment form, if any, are received by Us.

Thereafter, the benefits are effective 24 hours a day.

### Termination Date for a Covered Person

Coverage for Covered Person will automatically terminate on the earliest of the following dates:

- The date the Policy terminates;
- The date on which the Covered Person ceases to meet the requirements of an Eligible Person shown in the Schedule of Benefits;
- The end of the term of coverage specified in the Covered Person's enrollment form;
- The date the Covered Person permanently leaves the country of assignment for His Home Country;
- The date the Covered Person requests cancellation of coverage (the request must be in writing);
- The premium due date for which the required premium has not been paid, subject to the Grace Period provision; or
- The end of any period of coverage.

Coverage will end at 11:59 PM on the last date of benefits. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of: (1) the end of the Benefit Period; and (2) the date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

## Coverage for Sports Related Injuries

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We will pay benefits provided by the Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a covered Injury resulting directly and independently of all other causes from a covered Accident that occurs while He is participating in one of the following Covered Activities relating to an Intramural, Club, Interscholastic Athletic Sports: (1) regularly-scheduled practice or training; (2) regularly-scheduled competition or exhibition game; (3) a scheduled tryout, workout session or team meeting; or (4) a supervised and sponsored sports activity.

## Scope of Coverage Applicable To Medical and Other Expense Benefits

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Covered Expenses and any applicable Coinsurance, Copayments, Deductibles, Benefits Periods, Out-of-Pocket Maximum, Benefit Limits and Benefit Maximums are shown in the Schedule of Benefits.

### Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by the Policy will be reduced.

### Full Excess Medical Expense

We will pay Covered Expenses:

1. After the Covered Person satisfies any Deductible, Coinsurance, Copayments; Out-of-Pocket Maximums; and
2. Only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides..

We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

## Extension of Benefits

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### During Hospital Confinement Upon Policy Cancellation

If the Accident or Sickness Medical Benefits under the Policy cease for You or Your eligible dependent due to cancellation of the Policy or any Certificate of Coverage issued thereunder (except if the Policy or Certificate of coverage is canceled for nonpayment of premiums) and You or Your eligible dependent is Confined in a Hospital on that date, Accident or Sickness Medical Benefits will be paid for Covered Expenses incurred in connection with that Hospital Confinement. However, no benefits will be paid after the earliest of:

1. The date You exceed the Maximum Benefit, if any, shown in the Schedule of Benefits;
2. The date You are covered for medical benefits under another Health Care Plan;
3. The date You or Your Dependent is no longer Hospital Confined; or
4. 31 days from the date the Policy or the Certificate of Coverage thereunder applicable to You is canceled.

## Accident or Sickness Medical and Other Expense Benefits

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We will pay the benefits shown in the Schedule of Benefits for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Medically Necessary treatment of a covered Sickness or Injury that resulted directly and independently of all other causes from a covered Accident or Sickness.

Benefits will be paid:

1. When Covered Expenses incurred exceed any applicable Policy Aggregate, Coinsurance, Copayments, Out-of-Pocket Maximums and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
2. As long as the first Covered Expense has been incurred within the number of days specified in the Schedule of Benefits; and
3. Until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. Until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
5. Until Benefits paid for all Covered Persons under the Policy equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

## Schedule of Benefits

Any benefit limits and Benefit Percentages, Coinsurance, Copayments for Accident & Sickness Medical and Other Expense Benefits apply, unless otherwise specified, on a per Covered Person – per Policy Year basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable. Any Coinsurance, Copayments, Deductibles, Benefit Periods, Out-of-Pocket Maximums, Benefit Limits and Benefit Maximums apply on a per Covered Person basis.

Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges.

Payment of Covered Expenses for In-Network Providers is based on the Insurer's Negotiated Rate. In-Network Providers have agreed to accept the Negotiated Rate as payment in full. If a Covered Person requires Emergency treatment of an Injury or Sickness and incurs Covered Expenses at an Out-of-Network Provider, Covered Expenses for the Emergency medical care rendered during the course of the Emergency will be treated as if they had been incurred at an In-Network Provider.

If a Covered Person incurs Covered Expenses for services or supplies that are not of the type provided by any In-Network Provider these Covered Expenses will be treated as if they had been incurred at an In-Network Provider.

**Negotiated Rate is referred to as NR and Usual & Customary Charges are referred to as U&C in this schedule. Copays listed are per visit unless otherwise specified.**

| Accident & Sickness Medical Expense Benefits                                | In Network   | Out of Network   |
|---|--|--|
| Medical and Other Expense Benefits  | \$250,000 per Policy Year                                    |  |
| First Covered Expense must be Incurred within                               | 30 Days after the covered Accident or Sickness               |  |
| Coinsurance   | 100% of Negotiated Rate (NR)                                 | 80% of Usual & Customary (U&C)                               |
| Deductible  | \$100 per Policy Year  |  |
| Covered Expenses  | In Network   | Out of Network   |
| In-Patient Hospital Services  |  |  |
| Room & Board (at the semi-private room rate)                                | 100% of NR   | 80% of U&C   |
| Intensive Care Unit or Coronary Care Unit Expenses                          | 100% of NR   | 80% of U&C   |
| Hospital Miscellaneous Expense  | 100% of NR   | 80% of U&C   |
| Emergency Room and Emergency Room Treatment                                 | 100% of NR, \$75 Copay per visit<br>Copay waived if admitted | 80% of U&C, \$75 Copay per visit<br>Copay waived if admitted |
| Out-Patient Hospital Miscellaneous  | 100% of NR   | 80% of U&C   |
| Physician Services  |  |  |
| Surgery   | 100% of NR   | 80% of U&C   |
| Assistant Surgeon   | 100% of NR   | 80% of U&C   |
| Second Opinion or Consultation  | 100% of NR   | 80% of U&C   |
| Anesthesia and its Administration   | 100% of NR   | 80% of U&C   |
| In-Hospital Visits  | 100% of NR, \$25 Copay per visit                             | 80% of U&C, \$25 Copay per visit                             |
| Out-Patient Office Visits   | 100% of NR, \$25 Copay per visit                             | 80% of U&C, \$25 Copay per visit                             |
| Pre-Admission Testing   | 100% of NR   | 80% of U&C   |
| Out-Patient X-rays  | 100% of NR   | 80% of U&C   |
| Out-Patient CT Scans & MRIs   | 100% of NR   | 80% of U&C   |
| Out-Patient Laboratory Tests  | 100% of NR   | 80% of U&C   |
| Nursing Services  | 100% of NR   | 80% of U&C   |
| Ambulance Services  | 100% of NR   | 80% of U&C   |
| <i>Ground ambulance maximum benefit is \$1,000 per Accident or Sickness</i> |  |  |

## Schedule of Benefits (continued)

| Covered Expenses   | In Network   | Out of Network   |
|--|--|--|
| <b>Prescription Drugs</b><br><i>Based on a 30-day supply per prescription. Maximum Benefit is \$2,000 for all Out-Patient prescription drugs per Policy Year. Prescriptions dispensed while In-Patient at a Hospital are covered at 100%. Includes coverage for Contraceptive Drugs &amp; Devices.</i>   | 100% of Actual Charges subject to \$10 Copay for generic drugs, \$25 Copay for brand drugs | 100% of Actual Charges subject to \$10 Copay for generic drugs, \$25 Copay for brand drugs |
| <b>Eyeglasses, Contact Lenses</b>  | 100% up to \$250   |  |
| <b>Interscholastic Athletic Sports Conditions</b><br><i>All Copays apply; \$15,000 maximum per Injury</i>  | 100% of NR   | 80% of U&C   |
| <b>Intramural &amp; Club Sports Conditions</b>   | 100% of NR   | 80% of U&C   |
| <b>Behavioral Health Services Benefit—Mental and Nervous Disorders</b><br>In-Patient Expenses<br>Out-Patient Expenses  | 100% of NR, up to \$10,000<br>100% of NR up to \$5,000, subject to \$25 Copay per visit    | 80% of U&C, up to \$10,000<br>80% of U&C up to \$5,000, subject to \$25 Copay per visit    |
| <b>Behavioral Health Services Benefit—Substance Abuse</b><br>In-Patient Expenses<br>Out-Patient Expenses   | 100% of NR, up to \$10,000<br>100% of NR up to \$5,000, subject to \$25 Copay per visit    | 80% of U&C, up to \$10,000<br>80% of U&C up to \$5,000, subject to \$25 Copay per visit    |
| <b>Wellness Expense Benefit</b><br><i>Includes (1) routine physical or health examinations; (2) preventive treatment, (3) annual eye examinations; (4) immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention; (5) tuberculosis testing; (6) sports physicals; (7) annual health checkups; (8) gynecologic health screenings</i> | 100% of U&C  |  |
| <b>Complications of Pregnancy Expense</b>  | 100% of NR   | 80% of U&C   |
| <b>Out-Patient Back &amp; Spine Treatment including Modalities</b>   | 100% of NR; \$25 Copay per visit, 20 visits per Policy Year                                | 80% of U&C; \$25 Copay per visit, 20 visits per Policy Year                                |
| <b>Treatment of Specified Therapies, including Acupuncture and Physiotherapy</b>   | 100% of NR; \$25 Copay per visit, 40 visits per Policy Year on an Out-Patient basis        | 80% of U&C; \$25 Copay per visit, 40 visits per Policy Year on an Out-Patient basis        |
| <b>Child Preventive and Primary Care Services</b>  | 100% of NR   | 80% of U&C   |
| <b>Walk-in Clinic or Urgent Care Facility</b>  | 100% of NR   | 80% of U&C   |
| <b>Pre-Existing Conditions during the first 6 months of continuous coverage</b><br><i>\$2,000 maximum benefit per Policy Year</i>  | 100% of NR   | 80% of U&C   |
| <b>Pre-Existing Conditions after 6 months of continuous coverage</b>   | 100% of NR   | 80% of U&C   |
| <b>Medical Services and Supplies</b>   | 100% of NR   | 80% of U&C   |
| <b>Rehabilitative Braces and Appliances</b>  | 100% of NR   | 80% of U&C   |
| <b>Extension of Benefits</b><br><i>During Hospital Confinement upon policy cancellation</i>  | 100% of NR   | 80% of U&C   |
| <b>Dental Services</b><br><i>For Injury to Natural Teeth only; \$500 Maximum Benefit per Policy Year</i>   | 100% of NR   | 80% of U&C   |
| <b>Dental – Basic Services</b><br><i>Includes preventive &amp; diagnostic</i>  | 100% of the Actual Charge up to a \$1,000 maximum  |  |

## Schedule of Benefits (continued)

| Other Expense Benefits  |  |
|---|--|
| Home Country Expense Benefits   | 100% of Actual Charges, up to \$1,000  |
| Emergency Medical Evacuation or Repatriation**  | Unlimited  |
| Repatriation of Mortal Remains**  | Unlimited; up to a maximum of \$3,000 for the immediate family to use for expenses associated with traveling to a funeral or actual funeral related expenses such as an urn, casket, coffin, burial or funeral expenses and up to a maximum of \$2,500 for air travel expenses for a family member/companion |
| Emergency Family Travel Arrangement**   | For a family member or friend to visit student, up to \$10,000 with 3-day hospitalization, limited to \$300 per day for lodging and \$50 per day for daily meals   |
| <p><i>** Services must be paid and arranged by Academic Emergency Services. No claims for reimbursement will be considered. See the Academic Emergency Services Plan Description for full terms and conditions of the services and benefits offered by Academic Emergency Services.</i></p> |  |

## Accidental Death and Dismemberment (AD&D) Benefits

### Covered Losses

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a covered Accident.

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, the total of Benefits We will pay will not exceed the Principal Sum.

There is no coverage for loss of life or dismemberment due to Sickness, disease or infection or for or arising from an Accident or Sickness in the Covered Person's Home Country.

Exclusions that apply to this benefit are in the Exclusions section.

| Schedule of Covered Losses                      |                           |
|---|---------------------------|
| Principal Sum                                   | \$10,000                  |
| Covered Loss                                    | Benefit                   |
| Loss of Life                                    | 100% of the Principal Sum |
| Loss of Both Hands or Both Feet                 | 100% of the Principal Sum |
| Loss of Sight of Both Eyes                      | 100% of the Principal Sum |
| Loss of One Hand and One Foot                   | 100% of the Principal Sum |
| Loss of One Hand                                | 50% of the Principal Sum  |
| Loss of One Foot                                | 50% of the Principal Sum  |
| Loss of One Hand and Sight of One Eye           | 100% of the Principal Sum |
| Loss of Entire Sight of One Eye                 | 50% of the Principal Sum  |
| Loss of One Foot and Sight of One Eye           | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears)       | 100% of the Principal Sum |
| Loss of Speech or Hearing (in both ears)        | 50% of the Principal Sum  |
| Loss of Hearing                                 | 25% of the Principal Sum  |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum  |

### AD&D Definitions

**Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Sight** means the total, permanent Loss of Sight of one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Severance** means complete separation and dismemberment of the part from the body.



## General Definitions

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Please note that certain words used in the Policy have specific meanings. Key terms used in the Policy are defined below. They are capitalized wherever they appear in the Policy.

**Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in a covered Injury or Covered Loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under the Policy;
2. Is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. Is not otherwise excluded under the terms of the Policy.

**Alcohol Abuse** means any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Benefit Percentage** means the percentage of Covered Expenses We pay that are incurred by the Covered Person after He satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

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

**Coinsurance** means the ratio by which the Covered Person and the Company share in the payment of Covered Expenses for Medically Necessary treatment after the Deductible, if any, has been met. The percentage the Company pays is stated in the Schedule of Benefits.

**Complications of Pregnancy** means conditions, requiring hospital Confinement (when the Pregnancy is not terminated), whose diagnoses are distinct from the Pregnancy, but are adversely affected by the Pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of Pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, Physician prescribed rest during the period of Pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult Pregnancy not constituting a distinct complication of Pregnancy. 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.

**Confinement or Confined** means the continuous period a Covered Person spends as an In-Patient in a Hospital due to the same or related cause.

**Copayment or Copay** means a specified charge that the Covered Person is required to pay when a medical service is rendered.

**Cosmetic Surgery** means surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

**Covered Expenses** means the Usual and Customary Charges or the Negotiated Rate for In-Network Providers for services or supplies listed in the Schedule of Benefits, and described in the Accident or Sickness Medical Benefits section, that the Covered Person incurs during the Benefit Period for Medically Necessary treatment of a covered Injury or Sickness. A Physician must recommend and approve these services or supplies.

**Covered Loss** means a loss:

1. Which is the result of a covered Injury or Sickness to a Covered Person;
2. For which benefits are payable under the Policy; and
3. Which is not otherwise excluded under the terms of the Policy.

**Covered Person or Insured** means an Eligible Person, as defined in the Schedule of Benefits, for whom required premium has been paid when due, and for whom coverage under the Policy remains in force.

**Deductible** means the dollar amount of Covered Expenses which must be incurred, as applicable, and paid by the Covered Person before benefits are payable under the Policy. The Deductible may apply to each Covered Person, for each Policy Term or per Accident or Sickness, as shown in the Schedule of Benefits.

**Drug Abuse** means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

## General Definitions (continued)

**Emergency** means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in:

1. Permanently placing the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in jeopardy, or
2. Causing other serious medical consequences; or
3. Causing serious impairment to bodily functions; or
4. Causing serious and permanent dysfunction of any bodily organ or part.

Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical Emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

**Experimental or Investigational** means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other governmental agency approval not received at the time services are rendered. We will make the final determination as to what is Experimental or Investigative.

**He, His and Him** means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

**Health Care Plan** means any arrangement, whether individually or group purchased which provides benefits or services for: medical; accident; dental care; disability benefits; emergency travel assistance; or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. Insurance policies;
2. Subscriber contracts;
3. Uninsured or self-funded agreements or arrangements;
4. Coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans;
5. Medical benefits provided by any governmental plan or coverage or other benefit law, except:
  - a. A state-sponsored Medicaid or similar plan; or
  - b. A plan or law providing benefits only in excess of any private or non-governmental plan;
6. Hospital or medical service organization;
7. Labor-management plans;
8. Employee benefit organization plans;
9. Association plans; or
10. Any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.
11. Medical benefits provided under automobile "fault" and "no-fault"-type contracts;
12. Other valid and collectible dental, medical or health care benefits or services.

**Home Country** means the country where a Covered Person has His true, fixed and permanent home and principal establishment and holds a current and valid passport. However, the Home Country of an Eligible Dependent who is a child is the same as that of the Covered Person.

**Hospital** means an institution that meets all of the following:

1. It is licensed as a Hospital pursuant to applicable law;
2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. It charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. Rehabilitation, convalescent, custodial, educational, long-term acute care or nursing care;
2. The aged, drug addicts or alcoholics;
3. A Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay.

**Hospital Stay** means a Confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a covered Accident or Sickness.

**Immediate Family Member** means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, including stepparent, including stepbrother or stepsister, grandparent or grandchild(ren), aunts, uncles, children, including legally adopted child or stepchild.

**Injury or Injuries** means any bodily harm that results, directly and independently of all other causes, from a covered Accident. To be covered, the Injury must first be treated while the Covered Person is insured under the Policy. A Sickness is not an Injury. A bacterial infection that occurs through an Accidental wound or from a medical or surgical treatment of a Sickness is an Injury. All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered one Injury.

## General Definitions (continued)

**In-Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate. The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

**In-Patient** means a Covered Person who is Confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to Confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "in-patient" shall mean a Covered Person who is required to be Confined for a period of at least a full day as determined by the Hospital.

**Maximum Benefit** means the total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

**Medically Necessary** services or supplies are those that We determine to be all of the following:

1. Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.
2. Provided for the diagnosis or direct care and treatment of the medical condition.
3. Within standards of good medical practice within the organized community.
4. Not primarily for the patient's, the Physician's, or another provider's convenience.
5. The most appropriate supply or level of service that can safely be provided. For Hospital Stays, this means acute care as an In-Patient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an Out-Patient or in a less intensified medical setting.
6. Not Experimental or Investigational unless approved in writing by Us.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

**Negotiated Rate** means the compensation for medical services provided by an In-Network Provider which the In-Network Provider has agreed to accept as full compensation for medical services covered under the Policy.

**Out-of-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to a Negotiated Rate. A Covered Person may incur Out-of-Pocket expenses with these providers. Charges in excess of the Company's payment are the Covered Person's responsibility.

**Out-Patient** means a Covered Person who receives Medically Necessary treatment on an Out-Patient basis in a Hospital or another institution, including; ambulatory surgical center; convalescent/Skilled Nursing Facility; or Physician's office, for an Injury or Sickness, but who is not Confined and is not charged for room and board.

**Out-of-Pocket Maximum** means the maximum dollar amount the Covered Person is responsible to pay during the Policy Term. After the Covered Person has reached the Out-of-Pocket Maximum, In-Network Provider and Out-of-Network Provider combined payments, the Policy pays 100% of Covered Expenses up to the maximums shown in the Schedule of Benefits for the remainder of the Policy. The Out-of-Pocket Maximum is met by accumulated Deductible, Coinsurance and Copayments. Penalties and amounts above the Usual and Customary Charge do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Physician** means a person who is a qualified practitioner of medicine. As such, He must be acting within the scope of his license under the laws in the state in which he practices and providing only those medical services which are within the scope of his license or certificate. It does not include a Covered Person, an Immediate Family Member of either the Covered Person or the Covered Person's spouse.

**Physical Therapy or Physiotherapy In-Patient** 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; (5) acupuncture, or (6) manipulation or massage, (7) occupational therapy when prescribed by a Physician, (8) speech therapy when prescribed by Physician.

**Physical Therapy or Physiotherapy Out-Patient** 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; (5) acupuncture, or (6) manipulation or massage (7) occupational therapy when prescribed by a Physician, (8) speech therapy when prescribed by Physician..

**Policy Term or Policy Year** means the period of a year or less, and any subsequent period of a year or less, that an Eligible Person is covered under the Policy, in accordance with a Certificate of Coverage, provided the premium is paid according to the agreed terms.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 6 month period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person:

1. Received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
2. Took or received a prescription for drugs or medicine.

**Pregnancy** means the physical condition of being pregnant, including Complications of Pregnancy.

**Registered Nurse** means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." or "R. P.N." after His name.

## General Definitions (continued)

**Sickness or Sicknesses** means an illness, disorder, pathology, abnormality, ailment, disease or any other medical physical or health condition of a Covered Person, which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Substance Abuse** means the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining Covered Expenses, charges made for the treatment of any physiological conditions related to rehabilitation services for Alcohol & Drug Abuse or addiction will not be considered charges made for treatment of Substance Abuse.

**Surgical Procedure** means:

1. A cutting procedure;
2. Suturing a wound;
3. Treatment of a fracture;
4. Reduction of a dislocation;
5. Electrocauterization;
6. Diagnostic and therapeutic endoscopic procedures; and
7. An operation by means of laser beam.

**Usual and Customary Charge (U&C)** means the normal charge, in the absence of insurance, made by the provider of any Medically Necessary treatment, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience; or
2. For a supply that is identical or substantially equivalent.

**We, Our, Us** means The Pan-American International Insurance Corporation, (A Stock Company) underwriting these benefits.

**You, Your** means the Covered Person who meets the eligibility requirements of the Policy and whose benefits under the Policy are in force.

## General Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat, including drug overdose, self-destruction, attempted self-destruction, while sane or insane.
2. Commission or attempt to commit a felony or an assault or other illegal activity.
3. Commission of or active participation in a riot, civil commotion or insurrection.
4. Injury sustained while taking part in parakiting, parkour, bull-riding, heli-skiing, cave diving, caving or spelunking, ice climbing, base jumping, street lugging, extreme skiing, sail gliding, rodeo activities, mountaineering, hang gliding, parachuting, paragliding, parasailing, bungee jumping, racing by any animal, scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), solo diving, and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury.
5. Declared or undeclared war or acts of war.
6. Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) A fare-paying passenger on a regularly scheduled commercial or charter airline.
7. Participation in any motorized race or contest of speed.
8. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
9. The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered Accident or Sickness occurred.
10. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
11. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the U.S. School where the student is enrolled.
12. A covered Accident or Sickness that occurs while on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time.
13. Play or practice in any amateur, club, intercollegiate, interscholastic, intramural, recreational, professional or semi-professional sports contest or competition, including travel to and from the activity and practice unless specified within the Schedule of Benefits.
14. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered Accident or Sickness occurred. If such jurisdiction does not have a law to define Intoxication, then under the Policy it will mean a blood alcohol content of .08 or greater.
15. Services or treatment rendered by any person who is: (a) living in the Covered Person's household; (b) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or (c) the Covered Person.
16. Any service, treatment or supply that is not considered Medically Necessary as defined in the Policy.
17. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury or Sickness.
18. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to: (a) cosmetic surgery resulting from a covered Accident or Sickness, if initial treatment of the Covered Person began within 12 months of the date of the covered Accident or Sickness; (b) reconstruction incidental to or following surgery resulting from a covered Accident or Sickness; (c) any unplanned and unintended adverse consequences that may result during the treatment of a covered Accident or Sickness.
19. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be Experimental or Investigational; and (b) are not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
20. Eyeglasses, contact lenses, hearing aids, eye fractions; prescriptions or fitting of eyeglasses or contact lenses; vision correction surgery; treatment for visual defects and problems; braces; appliances; artificial dental devices or examinations or prescriptions therefore; unless directly resulting from an Injury or Sickness while covered under the Policy unless specifically covered under the Policy.
21. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
22. Rest cures or custodial care.
23. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
24. Expenses payable by any automobile insurance policy without regard to fault.
25. Unless specifically provided for elsewhere in the Policy, the cost of treatment or services that are provided at no cost to the Covered Person normally without charge by the Covered Person's Recognized Student Health Center, covered or provided by the student health fee, including team doctors and trainers or any other service performed at no cost.
26. Repair or replacement of existing artificial limbs, eyes, larynx or other prosthesis orthopedic braces; orthotic devices, unless damaged or destroyed in a covered Accident.
27. Pre-Existing Conditions; however, a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under this Policy.
28. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, craniomandibular disorders (CMD), temporomandibular joint dysfunction (TMI) or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
29. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.

## General Exclusions (continued)

30. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
31. Diagnosis and treatment of learning disabilities of developmental delays.
32. Diagnosis and treatment of sleep disorders.
33. Services or treatment for home health care and custodial care.
34. Routine physical exams and medical services or wellness visits except as specifically provided for in the Policy.
35. Covered Expenses for which the Covered Person would not be responsible for in the absence of the Policy.
36. Conditions that are not caused by a covered Accident or Sickness.
37. Any Medical Expense not specifically covered by the Policy.
38. Elective/therapeutic termination of pregnancy
39. Pregnancy, childbirth, maternity, pre-natal expenses.
40. Experimental or Investigational treatment or procedures and treatment not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
41. An abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
42. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
43. Drug, treatment or procedure that promotes childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal sterilization thereof.
44. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Covered Person is covered under the Policy, and rendered within 1 month of the Accident.
45. Foot care including flat foot conditions; supportive devices for the foot; subluxations of the foot; corns; bunions calluses; toenails; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet.
46. Weight reduction programs or surgical treatment of obesity. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided for in the Policy.
47. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency.
48. Removal of warts, non-malignant moles and lesions.
49. 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.
50. Pre-Existing Conditions in excess of \$2,000 except for a Covered Person who has been continuously insured for at least 3 consecutive months under the U.S. School's plan where the student is enrolled, or other Health Care Plan provided the Covered Person becomes eligible and enrolls under this Policy within 100 days of termination of the prior plan.
51. Prescription drugs - no benefits will be payable for:
  - a. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - b. Products used for unapproved cosmetic indications;
  - c. Drugs used to treat or cure baldness, and anabolic steroids used for body building;
  - d. Anorectics - drugs used for the purpose of weight control;
  - e. Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
  - f. Growth hormones; or
  - g. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
52. 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.
53. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Policy.
54. Congenital conditions, except as specifically provided for newborn or adopted infants.



## How to File a Claim

1. Whenever possible, use an In-Network provider. They are typically able to start the claim for you automatically and you will pay less money out-of-pocket for treatment. You can find In-Network providers at this website: <https://www.whyuhc.com/us1> (click "Search the network for your healthcare provider: Options PPO" then follow the prompts to find a provider near you.)
2. After treatment, you will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. *Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.*
4. The provider will bill you for any amounts over what is covered by your insurance.
5. Pay bills promptly by submitting payment to the provider.
6. If you receive a bill from your provider that doesn't indicate they've billed the insurance, contact the provider to confirm they have your ID card on file, and ask them to submit the claim to UnitedHealthcare on your behalf.

**If you use an Out-of-Network provider** or the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

1. Download a claim form from <https://www.acitpa.com/memberresources> and fill it out completely.
2. Attach bills for X-rays, lab charges, etc.
3. Before mailing, please make sure to include your name, address, and phone number, include a photocopy or scan of your insurance ID Card, and make copies of all statements and receipts for your records.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, PA 19426  
Fax: (610) 293-9299

5. Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts, Inc. at **(888) 293.9229** or [claims@acitpa.com](mailto:claims@acitpa.com).
6. To review your claims online, visit the Claims Member Portal at <https://secure.visit-aci.com/ClaimStatus/>

## Prescription Drugs

To fill a prescription, simply visit an Express Scripts participating pharmacy. To locate an Express Scripts pharmacy, call (800) 282-2881. When you fill your prescription, present your insurance ID card to the pharmacist.

## Privacy Practices

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### Important Information You Should Know

Respecting your privacy is a priority for Pan-American International Insurance Corporation (PAIIC). We take pride in keeping your personal information regarding insurance products and services you have with us private and confidential to assure we meet your financial needs.

To meet these objectives, we will collect, use and disclose your personal information only for purposes that include: underwriting, administration, claims adjudication, protecting against fraud, errors or misrepresentations, meeting legal, regulatory or contractual requirements. The only people who have access to your personal information are our employees, business partners such as insurance agents and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize.

This Notice has been provided to you in connection with a Certificate of Coverage which describes the benefits available to you under a student medical expense policy issued to the SMIC Trust. We will consider your utilization of coverage under the policy as evidence of your consent to Our processing of your sensitive information for the limited purpose of administering the coverage.

This notice serves as a summary of our privacy practices, and serves to briefly notify you of the information we collect about you, how we use it, how we protect it, and your rights.

For more information on our privacy practices, please visit [www.palig.com/privacy-policy](http://www.palig.com/privacy-policy).

### Information Collection, Protection, and Sharing

- We collect personal information in connection with the services offered. This may include information we receive on applications and other forms, contact information, medical and financial information, and information we receive from third-parties, including consumer reporting services.
- We process your personal information when necessary to provide the services set out in a contract, when it is in our or a third-party's legitimate interests, or when it is required or allowed by applicable law. When we process your sensitive personal data, it will be in line with applicable law, as necessary to provide you with our services, or with your permission.
- We share your information as necessary within our Group, with relevant policyholders, and with our business partners who help us provide services to you. We will only share your information as allowed under applicable law.
- We may disclose certain information to your insurance agent for the purpose of servicing your policy. However, you can limit or withdraw consent to these types of disclosures at any time.
- Pan-American Life is a global company, and where necessary we may allow your information to be shared with our affiliates or third-party service providers based in the United States and other countries. We will take steps to make sure that appropriate protection is in place to protect your information when it is transferred internationally.
- We keep your personal information in line with appropriate retention periods. The length of these periods is determined by relevant regulations, the information collected, and our obligations to you as a customer.
- Protecting your information is of the utmost importance to us. We use technical and physical safeguards to protect the security of your personal information from unauthorized disclosure. We also take every step to ensure that only authorized employees and third-parties with legitimate business purposes have access to your personal information.

### Your Rights

- You have the right to access your information and request corrections to your data.
- You also have the right to object to our use of your information, to request the transfer of information you have provided, to withdraw permission for our use of your information, and to ask us not to use automated decision-making which will affect you.
- Rights are not absolute and may be subject to review.

If you have any questions or concerns about this notice or Pan-American Life's privacy practices, you can contact us via email at [privacy@palig.com](mailto:privacy@palig.com) or by telephone at 1-877-939- 4550.

In addition, the Office of the Ombudsman provides oversight on data protection matters:

Office of the Ombudsman  
Anderson Square  
64 Shedden Road, PO 2252  
Grand Cayman KY1-1107  
Cayman Islands  
T +1-345-946-6283  
F +1-345-946-6222  
[info@ombudsman.ky](mailto:info@ombudsman.ky)