



2026-27 International Student Health Plan

K12 Value Plan

This brochure has been designed to illustrate the highlights of this insurance coverage; it does not include all coverage details. Please see the Certificate for complete details. If there is any conflict between this brochure and the Certificate, the Certificate will prevail.

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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.

Eligibility

An Eligible Person is an individual who meets all of the requirements of one 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:


- a. Is engaged in educational or cultural activities of a School operating in the United States; and
- b. Has not obtained permanent residency status in the United States; and
- c. Is not a U.S. Citizen

Insurance Member ID Card

Once you are enrolled into your health plan, you will receive an email from enrollment@acitpa.com with the subject line **[YOUR NAME HERE] Enrollment Confirmation**. The email will contain a copy of your Insurance Member ID Card.

Please keep a copy of your ID card with you at all times, as it will be required when seeking treatment at a physician's office, urgent care facility, hospital, or pharmacy. It tells providers that you have coverage and gives them the information they need to submit your claims to insurance on your behalf.

Additionally, your Insurance Member ID Card provides your Member Services phone number and information necessary for questions related to your benefits, eligibility, or claims.

	Health Plan:													
	Group Number:													
Member Name:	[REDACTED]													
Member #:	[REDACTED]													
<i>Insurance Underwritten by Pan-American International Insurance Corporation</i>														
Primary PPO:	UnitedHealthcare Options PPO													
UHC Global Network Provider Services:	(833) 205-1965													
UHC Global Eligibility Verification for Providers:	www.usnetworksuhc.com													
Provider Claims:	UHC Global													
Mailing Address:	P.O. Box 30526, Salt Lake City, UT 84130-0526													
	Payer ID:													
<p>For questions about benefits, eligibility, or claims, call Administrative Concepts, Inc. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below.</p> <p>Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations, and exclusions of the policy. File claims electronically to Payer ID or mail claims to the address indicated.</p> <p>MEMBERS: Carry this card at all times.</p> <table border="1"> <tr> <td>Member Services</td> <td>Administrative Concepts, Inc.</td> <td>(888) 585-9033</td> </tr> <tr> <td>Provider Services:</td> <td>Administrative Concepts, Inc.</td> <td>(888) 585-9033</td> </tr> <tr> <td>PPO Network:</td> <td colspan="2">www.whyuhc.com/us1</td> </tr> <tr> <td>Non - UHCG Claims Mailing Address:</td> <td>Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426 Fax: (610) 293-9299</td> <td>Payer ID: .</td> </tr> </table>			Member Services	Administrative Concepts, Inc.	(888) 585-9033	Provider Services:	Administrative Concepts, Inc.	(888) 585-9033	PPO Network:	www.whyuhc.com/us1		Non - UHCG Claims Mailing Address:	Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426 Fax: (610) 293-9299	Payer ID: .
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Seeking Medical Care

Physicians and Facilities

Your plan offers access to a network of healthcare providers, such as physicians and hospitals. The designated medical network for your plan is **UnitedHealthcare Options PPO**.

If you require medical attention or need to visit a hospital, it is recommended to use an in-network provider. Although you have the option to choose any healthcare provider, selecting one within the **UnitedHealthcare Options PPO** network may reduce your out-of-pocket expenses, and claims will be submitted directly for processing on your behalf.



To locate a UnitedHealthcare Options PPO provider, visit www.whyuhc.com/us1

Finding the Right Care at the Right Time

Non-Emergency Care

For non-emergency medical needs, please visit a walk-in clinic, urgent care center, or consult a local physician.

- Mild to Moderate Cold / Flu Symptoms
- Sore Throat
- Ear Pain
- Sprains and Minor Injuries
- Rash without fever
- Minor Burns
- Pink Eye
- Painful Urination

Emergency Care

The Emergency Room (ER) is intended for medical emergencies that are life- or limb-threatening. If you need emergency care for any reason, please go to the nearest Emergency Room (ER) or call emergency services (911) for immediate treatment.

- Chest Pain / Pressure
- Loss of Consciousness
- Sudden Difficulty Breathing
- Head Injury with Confusion
- Broken Bones, especially if deformed
- Fevers with Non-blanching Rash
- Serious Burns
- Major Cut with Heavy Bleeding

Note: This information is presented to help international students better understand the U.S. healthcare provider system. In all situations, you should rely on your own best judgement in choosing when and where to receive medical services.

Prescriptions/Medications

Your Plan's Pharmacy Benefits Manager (PBM) is **Express Scripts**.

Prescriptions are covered at 100% after Copay for generic, preferred, and non-preferred brand drugs at an Express Scripts participating pharmacy. Copay applies per prescription or refill, subject to dispensing limits for each 30-day supply. Prescription drug benefits are subject to a \$5,000 maximum for all Out-Patient prescription drugs per Policy Year. Prescriptions dispensed while In-Patient at a Hospital are covered at 100%.

To locate an Express Scripts pharmacy, call (800) 400-0136 or visit www.express-scripts.com.

Filing a Claim

If your provider files the claim on your behalf:

1. You will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
2. The claims administrator will contact you if they need additional information; otherwise, they will pay the claim as indicated on the EOB.

IMPORTANT: Do not ignore calls or letters from the claims administrator, as this may delay the processing of your claim.

3. The provider will bill you for any amounts over what is covered by your insurance.
4. 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 insurance member ID card on file and ask them to submit the claim to **UHC Global** on your behalf.

If 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 insurance 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. Include your group number (as shown on your ID card) on the claim form.
3. Attach copies of the itemized bills for X-rays, lab charges, etc.
4. Send your claim form and copies of all itemized bills for each claim within 90 days of the accident or commencement of sickness to Administrative Concepts, Inc. at the address below.

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

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

To review your claims online, visit the Claims Member Portal at <https://secure.visit-aci.com/ClaimStatus>

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 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.

If benefits listed below differ in any way from the policy, the policy will govern.

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	80% of the Negotiated Rate (NR)	60% of Usual & Customary (U&C)
Out-of-Pocket Maximum	\$5,000 per Policy Year	
Deductible	\$300 per Policy Year	
COVERED EXPENSES	IN NETWORK	OUT OF NETWORK
In-Patient Hospital Services		
Room and Board, Intensive Care Unit or Coronary Care Unit Expenses	80% of NR at the semi-private room rate	60% of U&C at the semi-private room rate
Hospital Miscellaneous Expenses	80% of NR	60% of U&C
Emergency Room & Emergency Room Treatment	80% of NR, \$100 Copay per visit Copay waived if admitted	60% of U&C, \$100 Copay per visit Copay waived if admitted
Out-Patient Hospital Miscellaneous Expenses	80% of NR	60% of U&C
Physician Services		
Surgery	80% of NR	60% of U&C
Assistant Surgeon	80% of NR	60% of U&C
Second Opinion or Consultation	80% of NR	60% of U&C
Anesthesia and its Administration	80% of NR	60% of U&C
In-Hospital Visits	80% of NR	60% of U&C
Out-Patient Office Visits	80% of NR, \$25 Copay per visit	60% of U&C, \$25 Copay per visit
Pre-Admission Testing	80% of NR	60% of U&C
Out-Patient X-Rays	80% of NR	60% of U&C
Out-Patient CT Scans & MRIs	80% of NR	60% of U&C
Out-Patient Laboratory Tests	80% of NR	60% of U&C
Nursing Services	80% of NR	60% of U&C
Ambulance Services <i>Ground Ambulance Maximum Benefit is \$2,500 per Accident or Sickness.</i>	80% of NR	60% of U&C
Dental Services (For injury to natural teeth only) <i>Maximum Benefit of \$500 per Policy Year.</i>	80% of NR	60% of U&C
Prescription Drugs <i>Based on a 30-day supply per prescription. Maximum Benefit is \$4,000 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 & Devices</i>	100% of NR after \$10 Copay for generic drugs, \$25 Copay for brand drugs	100% of Actual Charges after \$10 Copay for generic drugs, \$25 Copay for brand drugs

Interscholastic Athletic Sports Conditions <i>All Copays apply. \$15,000 per Injury maximum</i>	80% of NR	60% of U&C
Intramural & Club Sports Conditions	80% of NR	60% of U&C
Behavioral Health Services Expense Benefit – Mental and Nervous Disorders		
In-Patient Expenses	80% of NR up to \$10,000	60% of U&C up to \$10,000
Out-Patient Expenses	80% of NR up to \$5,000 \$25 Copay per visit	60% of U&C up to \$5,000 \$25 Copay per visit
Behavioral Health Services Expense Benefit – Substance Abuse		
In-Patient Expenses	80% of NR up to \$10,000	80% of U&C up to \$10,000
Out-Patient Expenses	80% of NR up to \$5,000 \$25 Copay per visit	60% of U&C up to \$5,000 \$25 Copay per visit
Wellness Expense Benefit <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 Maximum Benefit is \$2,500 per Policy Year. Not subject to Copays or the plan Deductible.	
Complications of Pregnancy Expense Benefit	80% of NR	60% of U&C
Out-Patient back and spine treatment including modalities	80% of NR; 20 visits per Policy Year on an Out-Patient Basis \$25 Copay per visit	60% of U&C; 20 visits per Policy Year on an Out-Patient Basis \$25 Copay per visit
Treatment of specified therapies, including acupuncture and Physiotherapy	80% of NR; 40 visits per Policy Year on an Out-Patient Basis \$25 Copay per visit	60% of U&C; 40 visits per Policy Year on an Out-Patient Basis \$25 Copay per visit
Child Preventive and Primary Care Services	80% of NR	60% of U&C
Walk-in Clinic or Urgent Care Facility	80% of NR	60% of U&C
Pre-Existing Conditions during the first 6 months of continuous coverage <i>Maximum Benefit is \$2,500 per Policy Year.</i>	80% of NR	60% of U&C
Pre-Existing Conditions after 6 months of continuous coverage	80% of NR	60% of U&C
Medical Services and Supplies	80% of NR	60% of U&C
Rehabilitative Braces and Appliances	80% of NR	60% of U&C
Extension of Benefits (during Hospital Confinement upon policy cancellation)	80% of NR	60% of U&C
OTHER EXPENSE BENEFITS		
Home Country Expense Benefit	100% of Actual Charges up to \$1,000	

Accidental Death and Dismemberment (AD&D) Benefits

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 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 One Foot and Sight of One Eye	100% 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

Covered Losses

We will pay the benefit for any one of the Covered Losses listed above, 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.

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.

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.

Additional Benefits

Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services

As a participant in the student health plan, you have access to the following services and benefits:

- Medical Evacuation and Repatriation, Unlimited
- Repatriation of Mortal Remains, Unlimited
 - Expenses for embalming or cremating of the remains
 - The minimally necessary casket or air tray required by the transporting airline
 - Domestic and international paperwork fees, including up to 3 copies of a death certificate
 - Transportation of the remains to your place of residence or place of burial
- Repatriation of Mortal Remains, Additional Benefits
 - 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
 - Up to a maximum of \$2,500 for air travel expenses for a family member/companion to join the insured's body during the repatriation
- Emergency Family Travel Arrangement for two persons (family members or friends) to visit student, up to \$10,000 with 3-day hospitalization, limit to \$300 per day for lodging and a limit to \$50 per day for daily meals
- Emergency Family Reunion Arrangements, up to \$10,000, in the event of illness or death of family member
- Return of Personal Belongings, up to \$1,000 in the event of evacuation or death

To obtain pre-travel information or advice, or in the event of a medical, travel or security crisis, please contact AES (Academic Emergency Services) 24 hours a day / 7 days a week at:

TOLL FREE 1 (855) 873-3555 | OUTSIDE THE US 1 (610) 263-4660

EMAIL aes@ahpcare.com or andrea.denning@ahpcare.com

Terms, limitations and conditions apply to all services and benefits. Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC. Pan-American International Insurance Corporation is not affiliated with Academic Emergency Services.

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 this 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 this 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 this 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 this 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 (TMJ) 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.
 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 this Policy.
 35. Covered Expenses for which the Covered Person would not be responsible for in the absence of this Policy.
 36. Conditions that are not caused by a covered Accident or Sickness.
 37. Any Medical Expense not specifically covered by this 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 this 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 this Policy; preventive medicines or vaccines; except where required for treatment of a covered Injury or as specifically provided in this Policy.
50. Pre-existing Conditions in excess of \$2,500 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 this Policy.
54. Congenital conditions, except as specifically provided for newborn or adopted infants.

General Definitions

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 this Policy;
2. is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. is not otherwise excluded under the terms of this Policy.

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.

Child(ren) means an Eligible Person who has not reached the Age of 18 years of Age or older.

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.

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

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 Person or Insured means an Eligible Person, as defined in the Schedule of Benefits, for whom an enrollment form has been accepted by Us and 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 this 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.

Eligible Dependent An Eligible Dependent may be the Covered Person's lawful spouse/partner up to Age 40 and/or His unmarried Children under Age 18 who are chiefly dependent upon the Covered Person for support and maintenance. The term "Child/Children" includes a natural Child, a legally adopted Child, a foster Child, a stepchild, a Child who is dependent on the Covered Person during any waiting period prior to finalization of the Child's adoption, and a Child who is dependent on the Covered Person or other care provider(s) for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before the Age of 5 (proof will be required). The Eligible Dependent is one who:

1. with a similar visa or passport, accompanies the Covered Person while that person is engaged in international educational activities; and
2. is temporarily located outside the Covered Person's Home Country as a non-resident alien; and
3. has not obtained permanent residency status.

As used above:

1. The term "spouse" means the Covered Person's lawful spouse as defined in the state or jurisdiction where the marriage occurred. This term includes a common law spouse if allowed by the jurisdiction where this Policy is issued.
2. The term "partner" means a Covered Person's spouse or domestic partner.

3. The term “domestic partner” means a person of the same or opposite sex who:
 - a. is not married or legally separated;
 - b. has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage;
 - c. is not currently registered as domestic partner with a different domestic partner and has not been in such a relationship for at least six months;
 - d. occupies the same residence as the Covered Person;
 - e. has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature; and
 - f. has entered into a domestic partnership arrangement with the Covered Person.
4. The term “domestic partnership arrangement” means the Covered Person and another person of the same sex has any three of the following in common:
 - a. joint lease, mortgage or deed;
 - b. joint ownership of a vehicle;
 - c. joint ownership of a checking account or credit account;
 - d. designation of the domestic partner as a beneficiary for the Covered Person’s life insurance or retirement benefits;
 - e. designation of the domestic partner as a beneficiary of the employee’s will;
 - f. designation of the domestic partner as holding power of attorney for health care; or
 - g. shared household expenses

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.

Emergency Room means a specified area within a Hospital that is designated for Emergency healthcare. This area must:

1. be staffed and equipped to handle trauma;
2. be under the direct supervision of a Physician;
3. provide treatment by a Physician and/or medical professionals; and
4. provided care 24 hours per day, 7 days per week

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.

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.

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 this 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.

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.

Lifetime Maximum Benefit means the total amount of Covered Expenses that the Company will pay for the Covered Person while covered under the Participating Member's plan.

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 this Policy Term. After the Covered Person has reached the Out-of-Pocket Maximum, In-Network Provider and Out-of-Network Provider combined payments, this Policy pays 100% of Covered Expenses up to the maximums shown in the Schedule of

Benefits for the remainder of this 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.

Policyholder means SMIC Trust.

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.

Preventive Treatment means treatment rendered to prevent disease or its recurrence.

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.

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.

Privacy Practices

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.

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.
- We've developed robust procedures to handle suspected incidents, including third-party incidents. If a breach occurs, we promptly investigate, take corrective actions, and notify you and relevant regulatory authorities as required by law.

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 or by telephone at 1-877-939- 4550.

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

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64 Shedden Road, PO 2252
Grand Cayman KY1-1107
Cayman Islands
T +1-345-946-6283
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