INSURANCE INFORMATION

INSURANCE PROVIDED BY GEORGIA TECH

Study Abroad programs organized and managed by the Georgia Institute of Technology (GT) provide supplemental insurance to all participants. This supplemental insurance includes medical, medical evacuation, repatriation of remains, and security (political unrest/natural disaster) coverage. This handout does not govern insurance coverage; rather, insurance policies govern coverage so read all policy information carefully. All students who participate in GT study abroad programs are required to have this study abroad insurance plan coverage. Additional details of the policy are included on page 3 of this handout.

Medical Coverage**
The medical coverage is intended as a supplement to study abroad participants’ primary health insurance policies. The policy is valid for the duration of the program in which you will participate. The policy provides some coverage for injuries sustained or conditions diagnosed while abroad, but that coverage is limited in terms of time and amount so participants are strongly encouraged to keep their regular health insurance active while abroad. Information on the terms and limits of the coverage provided by the policy is explained in the brochure entitled World Class Coverage Plan: Georgia Institute of Technology Programs Abroad which is provided to all study abroad participants at the prep meetings/orientations conducted by the Office of International Education.

Medical Evacuation Coverage**
In the event of an accident or other medical emergency which cannot be treated abroad, evacuation coverage provides funds to pay for your return to the U.S. Information on the terms and limits of the coverage provided by the policy is explained in the brochure, “World Class Coverage Plan: Georgia Institute of Technology Programs Abroad” which is provided to all study abroad participants at the prep meetings/orientations conducted by the Office of International Education.

Repatriation of Remains**
In the unfortunate event of a death while abroad, repatriation coverage provides funds bring remains back to the U.S. Information on the terms and limits of the coverage provided by the policy is explained in the brochure, “World Class Coverage Plan: Georgia Institute of Technology Programs Abroad” which is provided to all study abroad participants at the prep meetings/orientations conducted by the Office of International Education.

Security Evacuation Coverage**
In the event of a security emergency, such as political unrest or a natural disaster, this coverage provides services to assist in evacuation to the nearest safe haven or return to the U.S. Information on the terms and limits of the coverage provided by the policy is explained in the brochure, “World Class Coverage Plan: Georgia Institute of Technology Programs Abroad” which is provided to all study abroad participants at the prep meetings/orientations conducted by the Office of International Education.
**The policy that will be used by GT study abroad programs is administered by Cultural Insurance Services International and is underwritten by ACE American Insurance Company.**

Please note: GT study abroad programs do not provide other types of supplemental insurance coverage, such as theft insurance, trip cancellation insurance, etc.

**Other Types of Insurance**

Because of the published policy on program cancellation, you may want to purchase insurance beyond what GT provides. In an effort to help participants understand the types of insurance available for purchase and make decisions about whether or not to purchase these types of insurance, here are brief explanations of the most common types of optional/additional insurance policies. These insurance services are not included in GT programs.

**Theft Insurance** usually provides coverage to reimburse you for expenses associated with replacing a stolen passport, camera, or other items stolen while abroad.

**Baggage Insurance** usually provides a reimbursement for loss, theft, or damage to baggage or personal effects. Some baggage insurance policies also provide reimbursement of expenses incurred if your baggage is delayed and you have to buy clothes and/or other personal items. Please note that the GT policy only provides $250 in baggage coverage. If you would like more coverage, please purchase additional coverage separately.

**Trip Cancellation/Interruption Insurance** usually provides a reimbursement for unused, non-refundable expenses that were prepaid to a cancelled program. When speaking to the insurance provider, please be sure that you are clear about the circumstances under which this insurance will cover you before you purchase coverage.

**Trip Delay Insurance** generally provides funding to help cover costs you incur if your trip is delayed substantially (usually by 12 hours or more).

**Accidental Death and Dismemberment Insurance** usually provides funds to the insured in the case of injury while traveling and funds to a beneficiary in the case of accidental death while traveling.

Detailed information on the terms, limitations and costs of these types of insurance is available from the companies that sell such policies. Information on some companies that offer policies with these types of coverage is listed below. Georgia Institute of Technology in no way endorses any of the companies listed below, but provides this for informational purposes only.

<table>
<thead>
<tr>
<th>MedJet Assistance</th>
<th>STA Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-5-ASSIST</td>
<td>1-800-781-4040</td>
</tr>
<tr>
<td><a href="http://www.medjetassistance.com">www.medjetassistance.com</a></td>
<td><a href="http://www.statravel.com">www.statravel.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>International SOS Assistance</th>
<th>Travel Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-523-8662</td>
<td>1-800-826-4919</td>
</tr>
<tr>
<td><a href="http://www.internationalsos.com">www.internationalsos.com</a></td>
<td><a href="http://www.travel-guard.com">www.travel-guard.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CISI – Cultural Insurance Services Int’l</th>
<th>HTH Worldwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-303-8120</td>
<td>1-888-243-2358</td>
</tr>
<tr>
<td><a href="http://www.culturalinsurance.com">www.culturalinsurance.com</a></td>
<td><a href="http://www.hthstudents.com">www.hthstudents.com</a></td>
</tr>
</tbody>
</table>
Cultural Insurance Services
International (CISI)
River Plaza, 9 West Broad Street
Phone: Toll-Free: 800-303-8120 Fax: 203-399-5334

GT Exchange programs, GTL, Summer Group Programs, and the Pacific Program currently have the following coverage included in the program. This supplemental insurance includes medical, repatriation, medical evacuation, and security evacuation coverage. This handout does not govern insurance coverage; rather, insurance policies govern insurance coverage so read all policy information carefully and contact CISI with any coverage questions.

This handout only provides a brief summary of coverage. If you have any questions about the insurance policy or the coverage provided, please contact CISI directly.

<table>
<thead>
<tr>
<th>$0 deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250,000 at 100% Medical Coverage per Accident or Sickness</td>
</tr>
<tr>
<td>$500,000 medical evacuation + family member expenses to assist with evacuation (pre-existing clause does not apply to these cases)</td>
</tr>
<tr>
<td>$500,000 repatriation of remains (pre-existing clause does not apply to these cases)</td>
</tr>
<tr>
<td>30 days coverage after return for conditions first diagnosed or treated abroad</td>
</tr>
<tr>
<td>$10,000 pre-existing condition benefit</td>
</tr>
<tr>
<td>$150/day + airfare (up to $3,000) for emergency medical reunion (if hospitalized for more than 6 days)</td>
</tr>
<tr>
<td>Mental and Nervous Disorders: Treated as any other medical condition</td>
</tr>
<tr>
<td>Policy Exclusions: Please review the attached policy brochure for detailed list of all exclusions</td>
</tr>
<tr>
<td>Emergency dental benefit up to $500</td>
</tr>
<tr>
<td>$250 lost luggage benefit</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
</tr>
<tr>
<td>100,000 Security Evacuation Rider</td>
</tr>
<tr>
<td>24-hr Worldwide Assistance Benefit (Call assistance center toll-free and provide policy number - referral to medical facilities, urgent message relay, referral to legal assistance, lost ticket assistance, emergency travel arrangements, etc.)</td>
</tr>
<tr>
<td>For detailed policy information, please see: The World Class Coverage Plan designed for Georgia Institute of Technology Programs Abroad handout</td>
</tr>
</tbody>
</table>
World Class Coverage Plan

designed for

Georgia Institute of Technology

Programs Abroad

2012-2013

A Member of the University System of Georgia Board of Regents

administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the University System of Georgia Board of Regents. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits

Policy # GLM N04965966

Coverage and Services                      Maximum Limits

Section I

• Accidental Death Per Insured               $10,000
• Medical expenses (per Accident or Sickness):
  Deductible                                  zero
  Basic medical                               $250,000 at 100%
• Extension of Benefits                      30 days
• Emergency Medical Reunion                  $3,000
• Lost Luggage                               $250

Section II

• Medical Evacuation                         $500,000
• Repatriation/Return of Mortal Remains      $500,000

Section III

• Security Evacuation Rider (Comprehensive)  $100,000

Charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Extension of Benefits:
Your coverage will be extended if you are hospital confined for a covered injury or illness and under the care of a physician on the termination date of your period of coverage. Coverage will terminate on the earlier of the following:
1) 30 days from the end of your period of coverage; or
2) The maximum benefit has been paid; or
3) Your release from the hospital or physician care.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If injury to the insured results in death within 365 days of the date of the accident that caused the injury, the Company will pay 100% of the maximum amount.

Accidental Dismemberment Benefit. If injury to the insured results within 365 days of the date of the accident that caused the injury, in any one of the losses specified below, the Company will pay the percentage of the maximum amount shown below for that loss:

<table>
<thead>
<tr>
<th>For Loss of</th>
<th>Percentage of Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>The Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

07/12
"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpo-phalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Illness must occur within 30 days of the Accident or onset of the Illness.

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company’s maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

*Only such expenses which are specifically enumerated in the following list of charges, and are incurred within the Benefit Period, and which are not excluded, shall be considered Covered Expenses:*

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation
- Charges made for Intensive Care of Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Physician
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians’ Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only
- Nervous or Mental Disorders: are payable as any other condition
- Spinal Manipulation which is prescribed, performed, or ordered by a licensed chiropractor for the relief of pain is payable up to $1,000, maximum of $100 per visit and with a maximum of 10 visits
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth to a maximum benefit of $500.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with your University. Benefits will cease 12:01 a.m. on the 31st day following termination of Insurance.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 days, the Company will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person’s current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of $150.00 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

Trip Quarantine Benefits

If the Insured’s Trip is delayed 24 or more hours due the Insured being Quarantined, the Company will pay a per day Quarantine Benefit of $100 for each calendar day the Insured remains in Quarantine. Additionally the Company will reimburse the Insured for the below expense items if incurred as a direct result of the Insured being Quarantined:

- unused, non-refundable travel arrangements or accommodations;
- any reasonable additional expenses for accommodations;
- a one-way economy ticket from the point where the Insured left the Trip to a destination where the Insured can rejoin the Trip; or
- a one-way economy airfare ticket to return the Insured to the Insured’s Home Country.

The above Trip Quarantine Benefits are subject to a combined overall maximum benefit amount of $2,500.

Loss Luggage

The company will reimburse the Insured Person, up to the amount stated in the Schedule of Benefits, Baggage Loss, for loss, theft or damage to baggage and personal effects, provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times. Each claim is subject to a deductible of $50. There will be a per article limit of $100, except cameras, which have a limit of $250.

Exclusions

For all benefits listed in the Schedule of Benefits this Insurance does not cover:

*Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

  a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  b. If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer
apply and any eligible expenses incurred thereafter will be considered for reimbursement; or

c. Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

Note: Pre-existing Conditions will be covered on a primary basis to a maximum of $10,000 and beyond that on a secondary basis up to the plan Medical Expense limit.

• Charges for treatment which exceed Reasonable and Customary charges

• Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes

• Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician

• Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with a) war, invasion, warlike operations (whether war be declared or not), or civil war; or b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power

• Injury sustained while participating in professional athletics

• Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician

• Treatment of the Temporomandibular joint

• Vocational, speech, recreational or music therapy

• Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person

• The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied

• Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition

• Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery

• Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids

• Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily injury incurred while insured hereunder

• Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services

• Congenital abnormalities and conditions arising out of or resulting therefrom

• The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided

• Expenses as a result or in connection with the commission of a felony offense

• Injury sustained while taking part in mountain climbing where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, racing by motor vehicle or motorcycle; parasailing

• Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual

• Injuries for which benefits are payable under any no-fault automobile Insurance Policy

• Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy

• Routine Dental Treatment

• Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotence, sterilization or reversal thereof, or abortion limited to $500

• Treatment for human organ tissue transplants and their related treatment

• Expenses incurred within the Insured Person's home country or country of residence, unless otherwise covered under this Policy

• Weak, strained or flat feet, corns, calluses, or toenails

• Diagnosis and treatment of acne

• Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:

• Disease of any kind

• Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound

• Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.

• Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident or Accidental means an event, independent of Sickness or self inflicted means, which is the direct cause of bodily injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits under each stated benefit.
Disablement as used with respect to medical expenses means a Sickness or an Accidental bodily Injury necessitating medical treatment by a Doctor defined in the Policy.

Doctor as used in the Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. The Effective Date of the Policy is the later of the following:
1. The Date the Company receives a completed Application and premium for the Policy Period or
2. The Effective Date requested on the Application or
3. The Date the Company approves the Application.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct injuries received in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member means a spouse, domestic partner, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Hospital as used in the Policy means except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in the Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in Disablement covered by the Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions;

2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-existing Condition for the purposes of the Policy means 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under the Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under the Policy.

Reasonable and Customary means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person incurs, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.


Sickness wherever used in the Policy means illness or disease of any kind contracted and commencing after the Effective Date of the Policy and Disablement covered by the Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following dates:
1. The date the Master Policy terminates;
2. The date he or she is no longer eligible; or
3. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

Cultural Insurance Services International (CISI)
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
Phone: 203-395-5130 • Fax: 203-395-5596
claimsdept@culturalinsurance.com • www.culturalinsurance.com

IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains its student health insurance is not subject to PPACA.

ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.