



2011-2012

Exchange Student

Worldwide Medical Insurance Plan

**Policy Year maximum of \$500,000
of Medical Insurance Protection for
Students in Educational or Cultural
Exchange Activities**

Arranged & Administered by:



myers | stevens | toohey

Myers-Stevens & Toohy & Co., Inc.

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ELIGIBILITY FOR COVERAGE

All international participants with a current visa (if one is required), for your country of assignment who are temporarily residing outside their home country while actively engaged in educational or cultural exchange activities in the country of assignment through a sponsoring School or organization registered with the plan administrator, Myers-Stevens & Toohy & Co., Inc. are eligible to participate in this plan.

YOUR PERIOD OF COVERAGE

- A. **Effective Date of Insurance Coverage:** Provided the required premium is paid, your insurance coverage will become effective at 11:59 p.m. at your temporary place of residence in the country of assignment on the latest of:
- The Master Policy Effective Date;
 - The Requested Effective Date of coverage as indicated on the coverage request form; or
 - The date the coverage request form and premium are received by The Company.
- B. **Termination of Insurance Coverage:** Your insurance coverage will terminate at 11:59 p.m. at your temporary place of residence in the country of assignment on the earliest of:
- The last day of the month for which your premium has been paid;
 - The date you cease to be eligible for this insurance;
 - The date you depart your country of assignment for your home country; or
 - The date the Policy terminates.

Description Of Benefits

If a covered injury or sickness occurs during the period of coverage, and the Insured Person requires medical or surgical treatment, this Plan will pay the Usual, Customary and Reasonable Charges for Covered Expenses, up to 365 days from the first date of service, according to the Covered Expenses listed below: Unless otherwise specified, the maximums below apply on a per covered accident or sickness basis.

Covered Expenses:

Accident or Sickness Maximum	\$500,000
Deductible	None
Inpatient Hospital Services	100%
Outpatient Hospital Services	100%
Accident Dental Expense (Injury to sound natural teeth)	100% up to \$100/tooth, \$500 maximum
Mental and Nervous Disorders	100%
Outpatient Back and Spine Disorders	100% up to \$250 maximum
Outpatient Prescription Drugs	100%

MEDICAL EVACUATION BENEFIT – \$20,000 Maximum Benefit

The Company will pay benefits for covered expenses incurred up to \$20,000 for your necessary Medical Evacuation. Evacuation means:

- A. Your medical condition warrants immediate transportation from the place where you are injured or sick to the nearest hospital where appropriate medical Treatment can be obtained; and
- B. After being treated at a local hospital, your medical condition warrants transportation to your home country to obtain further medical treatment or to recover. Covered expenses include transportation, medical services and supplies necessarily incurred in connection with your evacuation.

All transportation arrangements made for your evacuation must be:

1. By the most direct and economical conveyance;
2. Approved in advance by ACE American Insurance Company. Expenses for medical supplies and services and special transportation must be recommended by the attending physician, or required by the standard regulations of the conveyance transporting you. Special transportation includes, but is not limited to, air or land ambulance and private vehicle.

REMAINS REPATRIATION BENEFIT – \$7,500 Maximum Benefit

If you should die from a Covered Injury or Covered Sickness, ACE American Insurance Company will pay the Usual, Customary and Reasonable Charges incurred, up to \$7,500, to return your body to your home country. Covered expenses include, but are not limited to, expenses for embalming, cremation, a coffin and transportation.

ACCIDENTAL DEATH, DISMEMBERMENT & PARALYSIS BENEFIT

If a covered injury incurred in the country of assignment results in any of the following losses within 365 days after the date of the accident, we will pay the following:

For Loss of:	Benefit Paid
Life	\$15,000
Both Hands or Both Feet or Sight of Both Eyes	\$15,000
One Hand and One Foot	\$15,000
Either Hand or Foot or Sight of One Eye	\$ 7,500
Paraplegia (Total Paralysis of both lower limbs)	\$11,250
Uniplegia (Total Paralysis of one upper or lower limb)	\$ 7,500
Hemiplegia (Total Paralysis to left or right side of the body)	\$15,000
Quadriplegia (Total Paralysis of all four limbs)	\$15,000

We will pay only one benefit, the largest, for all losses due to the same Covered Accident.

Loss with regard to hand or foot means the actual and complete severance through or above the wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

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

RETURN AIR FARE EXPENSE BENEFIT

The Company will pay 100% of Usual, Customary and Reasonable Charges incurred if the Insured Person is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals.

In the event of death, or life-threatening accident or illness of a parent, sibling, or legal guardian, requiring the Insured Person to return home after arriving at their placement, The Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator and The Company must be advised and approve the flight which must be arranged through The Administrator. Retroactive claims will not be accepted.

Definitions

Accident means a sudden, unexpected and unintended incident.

"Covered Accident" means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and that are: (1) consistent with the symptom or diagnosis and Treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charges** — "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "Area" means a county or larger geographically significant area as determined by The Company.

Instructions

Incomplete Information Will Cause a Delay in Coverage.

1. Complete and detach coverage request form.
2. **IMPORTANT:** Print student's name on your check or money order and write check number and student's name on check and amount of check on the coverage request form.
3. Check or money order (U.S. Funds only) should be made payable to Myers-Stevens & Toohy & Co., Inc. or complete the Mastercard® / Visa® payment form. **DO NOT SEND CASH.**
4. Attach postage to an envelope for mailing or fax us your coverage request form with your Mastercard® / Visa® number to (949) 348-2630.
5. If using Mastercard® / Visa®, your charge will appear on your statement as "M-S Student Insurance."
6. Keep this folder for future reference.



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Limitations and Exclusions

1. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane
2. War or any act of war, declared or undeclared or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service)]
3. Treatment of Sickness, ailment, or infections (except pyogenic infections or bacterial infections which result from the accidental ingestion of contaminated substances) – Applicable to Accidental Death and Dismemberment Benefit only.
4. Pregnancy, normal maternity, c-section, and miscarriage, or any complications resulting from any of these.
5. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
6. Practice or play in interscholastic sports; semi-professional sports; or professional sports.
7. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of injury or sickness.
8. Cosmetic surgery, except cosmetic surgery which the insured person needs as the result of an accident which happens while the person is insured under the Policy.
9. Dental care or treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Insured Person is insured under the Policy, and rendered within 12 months of the Accident.
10. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
11. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
12. Treatment or services provided by any member of the insured person's immediate family; or for which no charge is normally made.
13. Treatment of congenital anomalies and conditions arising or resulting directly there from.
14. Pre-existing conditions (A pre-existing condition is defined as a condition for which an insured person received medical treatment, care or advice within 3 months before being insured under the Policy.) This does not apply if the insured person: a) has received no treatment, care or advice for the condition for 3 straight months after being insured under the Policy; b) has been insured under the Policy for 3 months; or c) was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. Creditable Coverage does not include continuation or conversion coverage, accident only, credit, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, coverage for workers compensation or similar law, automobile medical payment insurance, or insurance that is statutorily required in any liability insurance policy or equivalent self-insurance contract.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including but not limited to, the payment of claims.

IMPORTANT NOTICE: This brochure is a brief description of the benefits available under the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in Washington under form number AH-11648-WA. The policies are subject to the laws of the state in which they are issued. Complete details may be found in the policies. Please keep this information as a reference.

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 Section 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.

Assistance Services

(Not underwritten by ACE American Insurance Company)

Included in this health insurance program is access to the 24-hour Worldwide Assistance network for emergency assistance anywhere in the world. The telephone numbers are included with your Insurance Verification card and materials.

The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

These services are included in the benefits provided in this program and are provided by ON Call International.

ON Call International telephone numbers - From within the USA and Canada 1-800-850-4556, if traveling outside the USA or Canada ON Call International collect calls number is (603) 898-9159.

In Case of Accident or Sickness

1. Report related injuries within 72 hours to the School office. You may go to the provider or the facility of your choice. The first physician's visit must be within 365 days after the accident or sickness.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first treatment or as soon as reasonably possible.
3. At the same time, please file a claim with your other family health and/or accident carrier.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



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The Insuring Company



®

ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2011 Best Rated A+ (Superior)
(A.M. Best rating ranges from A++ to D)

*This rating is an indication of the company's
financial strength and ability to meet
obligations to its insureds.*