



2008-2009

Exchange Student

**Worldwide Medical
Insurance Plan**

**Policy Year maximum of \$500,000.00
of Medical Insurance Protection for
Students in Educational or Cultural
Exchange Activities**

Arranged & Administered by:



Myers-Stevens & Toohy & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692
(800) 827-4695 • (949) 348-0656
FAX (949) 348-2630

Local Service Agent:



Bell-Anderson Insurance
724 W. Smith Street
Kent, WA 98035
1-800-442-1281
1-425-235-1773

Exchange Student Worldwide Medical Insurance Plan

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 & Toohey & 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 enrollment form; or
 - The date the enrollment 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 is terminated.

Description Of Benefits

If a covered Injury or Sickness occurs during the period of coverage, and the Insured Person requires medical and surgical treatment; this Plan will pay the Usual and Customary Charges for Covered Expenses, up to 365 days from the first date of service, according to the description of benefits listed below:

Description of Benefits:

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

EMERGENCY EVACUATION BENEFIT – \$20,000 Maximum Benefit

The Company will pay benefits for covered expenses incurred up to \$20,000 for your necessary Emergency Medical Evacuation. Emergency 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; or
- 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 emergency 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.

REPATRIATION OF REMAINS BENEFIT – \$7,500 Maximum Benefit

If you should die from a Covered Injury or Covered Sickness, ACE American Insurance Company will pay the Usual and Customary 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, coffins 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:

<i>For Loss of:</i>	<i>Benefit Paid</i>
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
Quadriplegia (Total Paralysis of all four limbs)	\$15,000
More Than One Of The Above Losses Due To The Same Covered Accident	\$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.

BEDSIDE BENEFIT

After your confinement of at least three consecutive days in the Hospital, ACE American Insurance Company will pay the round trip economy air fare to bring to your country of assignment one member of your family to visit you, provided the Physician requires the visit as part of your Necessary Treatment. All travel arrangements for your immediate family member must be authorized by the Plan Administrator or the Company in advance of travel. The Company reserves the right to determine the benefit payable, including reductions, if any.

EMERGENCY TRAVEL BENEFIT

ACE American Insurance Company will pay the round trip economy air fare to send you to your home country in the event death or a serious sickness or injury befalls one of your parents or siblings provided:

1. There is at least four months of coverage left in your educational or cultural exchange activity;
2. You state in writing to ACE American Insurance Company or Myers-Stevens & Toohy & Co., Inc. that you will return to your country of assignment at least two months before the end of the educational or cultural exchange activity.

All travel arrangements for your immediate family member must be authorized by the Plan Administrator or the Company in advance of travel.

Definitions

Covered Accident means an Accident that occurs while your coverage is in force, and results in a loss or Injury covered by the Policy for which benefits are payable. **Injury** means accidental bodily harm that results directly and independently for all other causes from a Covered Accident. The Injury must be caused through accidental means. All injuries sustained by one person in one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Sickness** means an Illness, disease or condition that causes a loss for which you incur medical expenses while covered by the Policy. All related conditions and recurrent symptoms of the same of similar condition will be considered one Sickness. **Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. **Home Country** means a Country from which the Insured holds a Passport. If the Insured holds Passports from more than one Country, his or her Home Country will be that Country the Insured has declared to the Company in writing, as his or her Home Country. **Medically Necessary** means that a Covered Accident and Sickness Medical Service is essential for diagnosis, treatment of care of the Injury or Sickness for which it is prescribed or performed; and meets generally accepted standards of medical practice; and is ordered by a Doctor and performed under his or her care, supervision or order." **The Company** means ACE American Insurance Company.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED



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DETACH FORM HERE



Exclusions

We will not pay benefits for any loss caused by, contributed to, resulting from, or expenses incurred for:

1. Dental treatment. This exclusion does not apply to treatment resulting from Covered Injury to a Sound, Natural Tooth.
2. Skydiving, parachuting, hang gliding, glider flying, parasailing, bungee jumping or flight in any kind of aircraft except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
3. Injury or sickness resulting from declared or undeclared war, or any act thereof.
4. Cosmetic surgery, except as the result of Covered Injury occurring while the Policy is in force as to the Covered Person. This exclusion does not apply to:
 - a. cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma;
 - b. infection or other disease of the involved body part.
5. Injury, sickness or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly enacted law; or the commission or attempt to commit an assault or felony or which occurs while the Covered Person is engaged in an illegal occupation.
6. Injury sustained or sickness contracted while in service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person.
7. Elective treatment or elective surgery.
8. Services, supplies or treatment, including any period of a Hospital Stay which were not recommended, approved and certified as Usual and Customary by a Doctor, or expenses non-medical in nature.
9. Services rendered by a Doctor who is related to the Covered Person by blood or marriage, or who is employed or retained by the School.
10. Routine physicals.
11. Any sickness occurring while the Covered Person is under the influence of any narcotic or barbiturate unless administered on the advice of a Doctor and taken in accordance with the prescribed dosage or for a loss sustained or contracted in consequence of ingestion or use of hallucinatory drugs.
12. Participation in or practice in senior high interscholastic tackle football, intercollegiate, semi-professional or professional sports.
13. Intentionally self-inflicted injury.
14. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such expenses in the absence of insurance.

Assistant 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.

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

IMPORTANT NOTICE: This brochure is a brief description of the important features of the insurance plan. Coverage is offered on an Excess basis and a pre-existing condition limitation may apply (see policy for details). It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered. The policy is subject to the laws of the state in which it was issued. You may review a copy of the policy at your school's administrative office. Certain terms exclusions and imitations may be different, if required by state law. Please keep this information as a reference.

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 120 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.
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:

Claims are processed by the Plan Administrator, Myers-Stevens & Toohy & Co., Inc., subject to policy conditions and exclusions.



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Myers-Stevens & Toohy & Co., Inc.

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Fax (949) 348-2630
CA License #0425842

**The Insuring
Company**



ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

2008 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 it's insureds.*