

Lehigh University

Undergraduate Study Abroad Insurance

Summary of Benefits 2012-2013

Eligibility:

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. enrolled as a full-time student at Lehigh University and are temporarily pursuing educational activities outside the United States or your home country. Students eligible for this Plan are automatically and mandatorily enrolled by the Study Abroad Office or the Office of International Programs.

Policy Number: NWT201209

Policy Dates: 7/01/12-7/01/13

Territory Restrictions: All OFAC Countries

Plan Design:

The plan provides benefits for the Usual and Customary Expenses incurred by an Insured person for Loss due to a covered Accident and Sickness up to a \$100,000 policy year maximum. Coverage will be provided for each benefit or service as listed in the summary below.

All Coverages and Benefits are in U.S. Dollar Amounts:	
Accident and Sickness Medical Maximum	\$100,000
Deductible	\$0
Extension of Benefit if a student is hospital confined while abroad	\$1,000, within 30 days after return home
Pre-Existing Conditions Limitations	None
Physician Office Visits	\$100,000
Inpatient Hospital Benefits	\$100,000
Hospital and Physician Outpatient Services	\$100,000
Maternity Care for a Covered Person	\$100,000
Outpatient prescription drugs	\$100,000
*Inpatient treatment of, nervous, mental and emotional disorders	100% up to 30 days
*Outpatient treatment of, nervous, mental and emotional disorders	\$1,500
Physiotherapy	100% up to \$5,000, if physician recommended
Dental (Emergency)	\$100 per tooth, up to \$500
Dental (Palliative)	\$500
Accidental Death & Dismemberment	\$10,000 per Insured
Baggage Loss	\$250
Trip Interruption – Return Ticket	\$1,000

Return Ticket as the Result of a Quarantine	\$5,000
Travel Assistance Services Provided by:	International SOS
Medical Evacuation and Medically Necessary Repatriation	\$200,000
Repatriation of Mortal Remains	\$100,000
Visit by Family Member or Friend	\$5,000, to include meals & accommodations at \$150 per day, up to a maximum of 10 days
Return of Dependent Children	\$5,000
Political Evacuation	\$100,000
Natural Disaster Evacuation	\$100,000

Frequently Asked Program Questions:

Who do I contact if I need help when I'm overseas?

If you have an emergency please call the 24-hour International SOS Alarm Center collect: **1-215-942-8478**

Who do I contact if I have pre-trip medical or security questions?

Travelers should visit their school's online portal with International SOS to familiarize themselves with the services that International SOS offers travelers while they are abroad.

Please go to www.internationalsos.com and at the prompt for the Members' website log in enter your school's International SOS membership number.

If you have a pre-trip medical or security related question or emergency while overseas, please call collect to the 24-hour International SOS alarm center in Philadelphia: **1-215-942-8478**

The alarm center is staffed by doctors, logistics coordinators and security experts. International SOS alarm centers can provide medical advice, assistance in your location, or arrange for an evacuation.

What are some of International SOS services?

Medical Evacuation and Repatriation coordination; Political and Natural Disaster Evacuation coordination; Payment of overseas Medical Bills; Coordination of all benefits with the Plan Administrator; Full coordination with the International SOS credentialed medical provider network worldwide.

Transportation to join a hospitalized member, accommodation while visiting a hospitalized member, return of minor children, and return of traveling companion are also services coordinated through International SOS

Who do I contact if I have questions about enrollment, benefits, or how the plan works?

University Health Plans
One Batterymarch Park
Quincy, MA 02169
1-800-437-6448
Email: KristenD@univhealthplans.com

Who do I contact if I have questions about a specific claim or a claims payment?

Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104
1-800-633-7867

Enrollment/Eligibility

Who is eligible?

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. enrolled as a full-time student at Lehigh University and are temporarily pursuing educational activities approved by Lehigh outside the United States or your home country.

How do I enroll?

Students eligible for this Plan are automatically and mandatorily enrolled by the Study Abroad Office or the Office of International Programs, and Lehigh University will pay the premium. Depending on the type of program in which you are enrolled, a student will either be directly billed to his/her bursar account, or a registration fee will be paid by the student upon program registration with the Study Abroad Office or Office of International Programs.

Do I get an ID card?

You will receive an International SOS membership card, which will include the 24 hour International SOS Alarm Center phone number. You will not receive a separate insurance ID card. Consolidated Health Plans, the Claims Administrator, will have a list of the students participating in Lehigh University study abroad programs.

Medical Insurance Plan Benefits

What is covered under the Study Abroad Medical Insurance Plan?

The plan covers medical expenses, including hospital room and board, inpatient and outpatient surgical procedures, emergency outpatient care, labs and x-rays, inpatient and outpatient mental

health, physician office visits and prescription drugs. See policy schedule for a full list of benefits.

Payment will be made as allocated for covered medical expenses incurred due to a covered Injury or Sickness, not to exceed a Maximum Benefit of \$100,000 policy year maximum.

How is prescription drugs covered?

Prescription drugs are covered at 100% of the actual charge

What if I have a pre-existing condition, am I covered?

Yes, there is no exclusion. A pre-existing condition is one for which you sought medical advice, were diagnosed, received care or treatment, or were recommended care or treatment prior to the effective date of this plan.

Does this plan have a deductible?

No. Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured per Injury or Sickness before payment is made by the claims company.

Claims Processing

If I receive a bill for services I received, what should I do?

When outside of the US, you will likely be asked to pay for the medical care first and then will need to seek reimbursement. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the Claims Administrator that you are seeking reimbursement for charges previously paid. Please ensure that your name, school, student ID, and mailing address (to receive your reimbursement check) are on the bill.

Consolidated Health Plans
2077 Roosevelt Ave
Springfield, MA 01104
800-633-7867

If International SOS pays for my medical bills how is International SOS reimbursed?

If International SOS fronts money for medical treatment, the claim will be automatically sent to Consolidated Health Plans and International SOS will get reimbursed directly from Consolidated Health Plans. The student does not need to submit any paperwork.

Is any other information needed to pay a claim?

If the treatment you received was a result of an accident, you might receive a letter from Consolidated Health Plans asking you for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly.

Exclusions and Limitations:

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Maternity, Dental and Interscholastic Sports as the result of:

1. *Charges for Treatment which is not Medically Necessary;*
2. *Charges provided at no cost to you;*
3. *Charges for Treatment which exceeds Reasonable and Customary charges;*
4. *Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;*
5. *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;*
6. *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, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war*
 - b) *mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power*
 - c) *acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence*
 - d) *martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")*

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions;
7. *Injury sustained while participating in professional athletics;*
8. *Injury sustained while participating in Amateur Athletics. This exclusion does not apply to non-competitive, recreational or intramural activities;*
9. *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 Disablement established by a prior call or attendance of a Physician;*
10. *Treatment of the Temporomandibular joint;*
11. *Vocational, speech, recreational or music therapy;*
12. *Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;*
13. *Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;*
14. *Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;*
15. *Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;*

16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses, or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
17. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
18. Congenital abnormalities and conditions arising out of or resulting there from;
19. Expenses which are non-medical in nature;
20. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
21. Expenses as a result of, or in connection with, the commission of a felony offense;
22. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified; spelunking; and parasailing;
23. 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 any cost to you;
24. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
25. Routine Dental Treatment;
26. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
27. Treatment for human organ tissue transplants and their related Treatment;
28. Expenses incurred while in your Home Country, unless covered under the Home Country Benefit;
29. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
30. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
31. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
32. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
33. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
34. Weight reduction programs or the surgical Treatment of obesity.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide, or attempt thereof, while sane, or self destruction, or any attempt thereof, while insane;
2. Disease of any kind; Bacterial infections, except pyogenic infection, which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while you are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate; and, (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. 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, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power
 - c) acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence

d) *martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")*

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions;

7. *Service in the military, naval or air service of any country;*
8. *Flying in any aircraft being used for, or in connection with, acrobatic or stunt flying, racing or endurance tests;*
9. *Flying in any rocket-propelled aircraft;*
10. *Flying in any aircraft being used for, or in connection with, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;*
11. *Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;*
12. *Sickness of any kind;*
13. *Being under the influence of alcohol, or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;*
14. *Injury occasioned or occurring while you are committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation;*
15. *While riding or driving in any kind of competition;*
16. *This Plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.*

Exclusions and Limitations for Emergency Medical Evacuation/Repatriation Coverage:

1. *International SOS shall not provide services enumerated if the coverage is sought as a result of: participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; piloting or learning to pilot or acting as a member of the crew of any aircraft; commission or the attempt to commit a criminal act; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental Injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered; travel within 100 miles of your permanent residence, unless in a foreign country.*
2. *The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, International SOS may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. International SOS also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to*

permit International SOS to fully provide services.

3. *If you request a transport related to a condition that has not been deemed medically necessary by a Physician designated by International SOS in consultation with a local attending Physician, or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, International SOS will arrange for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if International SOS was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.*

Exclusions and Limitations for Political Evacuation Coverage:

International SOS shall not cover any services in connection with an event arising from or attributable to:

1. *Violation by a Member of the laws or regulations of the country in which the Covered Event takes place;*
2. *The failure of a Member to properly procure or maintain immigration, work, residence or similar visas, permits, or other documentation;*
3. *The debt, insolvency, commercial failure, or the repossession of any property by a title holder or any other financial default by a Member;*
4. *The failure of a Member to honor any contractual obligation or bond to obey any condition of a license;*
5. *The Emergency Political Repatriation of a Member who is in his or her Resident Country;*
6. *Any medical expenses incurred by a Member;*
7. *The kidnap and/or ransom of a Member;*
8. *Any expenses not related or incident to an Emergency Political Repatriation.*

Exclusions and Limitations for Natural Disaster Evacuation Coverage:

We shall not be responsible for any costs or expenses arising from:

- 1) *Travel arrangements that were neither coordinated nor approved by International SOS in advance.*
- 2) *Natural disaster evacuations when the natural disaster situation or the event directly giving rise to it precedes your arrival.*
- 3) *Services not otherwise shown as covered in the program description to which this amendment is attached.*