



World Class Coverage Plan

designed for

Gonzaga University

Study Abroad Program

Effective: 09/01/2014

All school sponsored educational programs within a 12 month period. Coverage for any covered person shall not exceed 10 months.

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905

The policy is underwritten by Arch Insurance Company, a Missouri Corporation (NAIC # 11150)

Executive offices are located at One Liberty Plaza, New York, NY 10006

Coverage is subject to actual policy language.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern.

Schedule of Benefits Coverage and Services	Policy # STB009993600 Maximum Limits
Section I	
• Accidental Death Per Insured	\$10,000
• Medical Expense (per Accident or Sickness):	
Deductible	zero
Basic Medical	\$250,000 at 100%
• Emergency Medical Reunion	\$10,000 (\$200/day)
• Baggage and Personal Effects	(\$50 deduct., \$100/item) \$200 max
Section II	
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation/Repatriation	\$200,000
• Return of Mortal Remains	\$200,000

Section I - Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred outside the Insured Person's Home Country. Treatment of an Injury must occur within 30 days of the Accident. Treatment of an Illness must occur within 30 days of the onset of the Illness.

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or onset of the Illness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the Treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All

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.

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:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

If more than one Loss is sustained by an Insured as a result of one accident, only one of the amounts, the largest, shall be payable. 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.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under the Policy. These expenses must be borne by the Insured Person.

Covered Accident and Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital 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 or 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, 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.
- 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, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified. Licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.

Baggage and Personal Effects

The Company will reimburse the Insured Person, up to the amount stated in the *Schedule of Benefits*, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a

Common Carrier 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. There will be a per article limit of \$100. The Company will pay the lesser of the following:

- a) The actual cash value at the time of loss, theft or damage;
- b) The cost to repair or replace the article with material of a like kind and quality; or
- c) \$100 per article.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than **6 days**, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include:

- The cost of a round trip economy air fare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Exclusions

For benefits listed under Accidental Death and Dismemberment, the insurance does not cover:

- Disease of any kind; Sickness of any kind.
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while insane.
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound.
- Service in the military, naval or air service of any country.
- While riding or driving in any kind of competition.
- 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.
- War, whether declared or not declared.
- Injury sustained while the Insured Person is 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.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
- While riding or driving in any kind of competition.

For all other benefits, the Insurance does not cover:

- Pre-Existing Conditions, defined in the policy for the 12 consecutive months following the policy inception date. (this exclusion does not apply to Emergency Medical Evacuation and Return of Mortal Remains).
- Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment.
- Charges for treatment which is not Medically Necessary.
- 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.
- War, whether declared or not declared.
- 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 Disablement established by a prior call or attendance of a Physician unless otherwise covered under the Policy.
- 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.
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of the 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 for any Mental and Nervous Disorders.
- Congenital abnormalities and conditions arising out of or resulting there from.
- Expenses as a result or in connection with the commission of a felony offense, unless otherwise specified.
- 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; parasailing Treatment except emergency treatment for which legal liability exists to the insured for the cost thereof, provided by a government hospital, benefits provided under Medicare or other governmental program, except Medicaid, without cost to any individual, any state, or federal worker's compensation employer's liability or occupational disease law, or any motor vehicle no-fault law; Dental care, except as the result of Injury to natural teeth caused by Accident.
- 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 impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants or bone marrow transplants and their related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.
- Weight reduction programs or the surgical treatment of obesity.
- Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

Definitions

Accident or Accidental shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Assistance Company means the service provider with which the Company has contracted to coordinate and deliver Emergency travel assistance, medical evacuation, and repatriation.

Benefit Period means the allowable time period the Insured Person has from the date of Injury or onset of Illness to receive Treatment for a covered Injury or Illness. If the Insured Person's plan terminates during the Benefit Period, the Insured Person will still be eligible to receive Treatment so long as the Treatment is within the Benefit Period and outside the Insured Person's Home.

Common Carrier shall mean any land, sea, and/or air conveyance operating under a valid license for the transportation of passenger for hire.

Company shall be Arch Insurance Company.

Covered Expenses shall mean expenses which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; 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 shall mean 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.

Dentist shall mean a legally licensed doctor of dental Surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Effective Date shall mean 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 enrollment form and premium for the Individual Coverage term; or
2. The Effective Date requested on the enrollment form; or
3. The Date the Company approves the enrollment form.

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'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 a covered Accident.

Emergency shall mean 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.

Experimental/Investigational means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available: or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not

have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

Family Member shall mean a spouse, parent, sibling or Child of the Insured Person.

Home Country shall mean 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 a place that: 1) Is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2) Provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) Operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- a facility mainly used for the Treatment of drug addicts or alcoholics.

Illness wherever used in the Policy shall mean Sickness or disease of any kind contracted and commencing after the Effective Date of the Policy.

Injury wherever used in the Policy means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of the Policy.

Insured Person(s) shall mean a person who has applied for coverage and is named on the enrollment form and for whom the company has accepted premium. This may be the Insured Person or Dependent(s).

Medically Necessary or **Medical Necessity** shall mean services and supplies received by the Insured Person 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 provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person's Physician 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. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of

care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under the Policy. **Mental and Nervous Disorder** shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

Physician as used in the Policy shall mean 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; however, such definition will exclude chiropractors and physiotherapists.

Reasonable and Customary shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, 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 were received, considering the nature and severity of the bodily Injury or Illness 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.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

Relative means spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Service Provider shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential Treatment facility, psychiatric Treatment facility, alcohol or drug dependency Treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means illness or disease contracted and causing loss commencing while the Policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Surgery shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | **Fax:** 203-399-5596

claimhelp@culturalinsurance.com • www.culturalinsurance.com