



ISM International K-12 Student
Accident and Sickness Coverage
Summary of Coverage and Enrollment Form 2017

LYNDON INSTITUTE

The rates in the enrollment form are valid through December 31, 2017

This policy provides short term, limited duration insurance. It is not a major medical or comprehensive medical policy.

ism® Insurance
Offered through ISM Insurance Inc., a subsidiary of ISM

Eligibility

To be eligible for this insurance, you must meet all of the following requirements:

1. Be engaged full-time in international educational activities;

- 2. Be a U.S. resident on assignment outside the United States or a non-U.S. resident on assignment in the United States;
- 3. Reside temporarily outside your Home Country and not be an applicant for permanent residency status; and
- 4. Hold a current valid passport or non-immigrant visa and not have received permanent residency.

Period of Coverage

For benefits to be payable the Policy must be in force, the required premium must be paid, and you must be engaging in the Covered Activity described below. You will be insured on the later of: 1) the Policy Effective Date; 2) the date We receive the completed enrollment form; 3) the date the required premium is paid; or 4) your scheduled Trip departure date. This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. Your coverage will end on the earliest of the date: 1) the date you return to your Home Country; 2) the scheduled Trip return date; 3) the date you make a Personal Deviation (unless otherwise provided by the Policy); 4) the date you are no longer eligible; or 5) the period ends for which premium is paid.

Covered Activities

Educational Travel

We will pay the benefits described in this brochure only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

- 1. outside of his or her Home Country;
- 2. up to the Maximum Period of Coverage shown in the Schedule of Benefits under the Medical Expense Benefit; and
- 3. engaging in educational activities sponsored by the Policyholder.

Sports Coverage

The Covered Accident must take place while: 1) participating as a member of the team in a scheduled game, official tournament game, or practice session; or 2) serving as an equipment manager, scorekeeper, trainer or volunteer worker for the team.

Benefits are paid as described if the Covered Accident occurs while you are in a vehicle: 1) operated by a properly licensed driver over the age of 25 who is under the direct supervision of the Policyholder; 2) and travel time does not exceed 24 hours each way. Travel time includes the time: 1) to or from the covered activity; 2) before the required attendance time; and 3) after dismissal and after completing any extra duties assigned by the Policyholder.

Accidental Death and Dismemberment Benefit

- 1. Principal Sum: The Principal Sum which applies to each Insured is shown in the Schedule of Benefits.
- 2. Benefit Description:

If Injury to the Covered Person results, within 365 days of the accident that caused the Injury, in any one of the losses shown in the Schedule of Covered Losses, We will pay the percentage of the Principal Sum shown for that loss:

Schedule of Covered Losses

Life	100%
Two or More Members.....	100%
Quadriplegia.....	100%
Paraplegia	50%
Hemiplegia	50%
One Member.....	50%
Thumb and Index Finger Same Hand.....	25%

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

If more than one loss is sustained by an Insured as the result of the same accident, the total amount payable for all losses resulting from the same accident will not exceed the Principal Sum.

Emergency Medical Evacuation Benefit

The Company will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for expenses incurred for the medical evacuation of an Insured. Benefits are payable if the insured:

- (1) is traveling on a covered trip;
- (2) suffers a Medical Emergency during the course of the Trip; and
- (3) requires Emergency Medical evacuation.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence.

Benefits will not be payable unless:

- (1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Injury or Sickness requires an Emergency Medical Evacuation;
- (2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
- (3) the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
- (4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Repatriation of Remains Benefit

We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip.

Covered expenses include, but are not limited to, expenses for:

- A. embalming or cremation; and
- B. the least costly coffins or receptacles adequate for transporting the remains; and
- C. transporting the remains.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum and other terms or limits shown in the Schedule of Benefits.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that you incur;
3. for charges incurred for services rendered to you while on a covered Trip; and
4. provided the first charge is incurred within 90 days after the date of a Covered Accident or Sickness.

Covered Medical Expenses:

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
- Doctor's Surgical Expenses (as shown in the Schedule of Benefits). If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy and Acupuncture Expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, and emergency alleviation of dental pain.
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind

- Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis.
- Vision Care: Eyeglasses/Contact lenses up to one new prescription every year; and the examination therefore, limited to one examination fee per year.
- Wellness Benefits:
 - Routine physical exam
 - Pediatric dental care (exam, cleaning, fluoride treatment)
 - Pediatric vision care (exam, frames)
 - Immunization vaccines: Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
 - Alcohol, drug use and behavioral assessments
 - Blood pressure screening
 - Depression screening

Emergency Medical Benefits

We will pay Emergency Medical Benefits up to the maximum shown in the Schedule of Benefits for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling on a covered Trip. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility.

Covered Expenses will not be payable unless the charges incurred:

1. are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Home Country Extension Benefit

We will pay benefits for Covered Medical Expenses if you obtain treatment of a covered Injury or Sickness while you are in your Home Country provided treatment is rendered within the Incurral Period shown in the Schedule of Benefits. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Coverage under this benefit begins on the date you arrive in your Home Country. It ends the later of: 1) 35 days after you return to your Home Country, or 2) the date you leave your Home Country.

Home Country Extension Benefit payments are subject to the Deductible and Coinsurance Rate shown in the Schedule of Benefits for Medical Expense Benefits and a Benefit Maximum of \$1,000.

Family Reunion Benefit

We will pay up to the Benefit Maximum as shown in the Schedule of Benefits for expenses incurred to have your Family Member join you if: 1) you are confined in a Hospital for at least 3 consecutive days or 2) if you are medically evacuated to another Hospital in another location. Covered expenses include an economy airline ticket and other travel related expenses. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. "Family Member" means your parent, sister, brother, spouse or child."

24-Hour NurseLine • Phone: 866.611.8297 • Web:
www.HealthAdvocate.com/aci

NurseLine is the perfect resource for when you can't reach our doctor and need immediate answers to your health questions. Call anytime 24/7.

Remember...

Call 911 or go to the ER in an emergency.

24/7 Access to Registered Nurses

- Answer questions about symptoms, medications
- Explain health conditions
- Provide self-care instructions
- Refer to urgent care if needed
- Completely confidential

Help with Non-Urgent Concerns

- If your symptoms mean you have the flu
- How to ease common problems such as a sore shoulder
- Side effects of medications

...and more!

2017 INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE

SCHEDULE OF BENEFITS	Bronze Plan	Silver Plan	Gold Plan
<p>Incurral Period: 90 days after the date of a Covered Accident or Sickness</p> <p>Maximum Benefit Period: The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness</p> <p>Maximum Period of Coverage: 364 days</p>	All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.	All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.	All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.
Accidental Death and Dismemberment Principal Sum	\$10,000	\$10,000	\$10,000
Total Maximum per Covered Accident or Sickness	\$250,000	\$250,000	\$500,000
Total Maximum per Covered Accident for Interscholastic/Intercollegiate Sports	\$10,000	\$10,000	\$10,000
WELLNESS BENEFITS			
Routine physical exam	100% of U&C	100% of U&C	100% of U&C
Pediatric dental care (exam, cleaning, fluoride treatment)	100% of U&C	100% of U&C	100% of U&C
Pediatric vision care (exam, frames)	100% of U&C	100% of U&C	100% of U&C
Immunization vaccines * Diphtheria, Tetanus, Pertussis * Haemophilus influenza type b * Hepatitis A, Hepatitis B * Human Papillomavirus * Inactivated Poliovirus * Influenza (Flu Shot) * Measles * Meningococcal, Pneumococcal * Rotavirus, Varicella	100% of U&C	100% of U&C	100% of U&C
Alcohol, drug use and behavioral assessments	100% of U&C	100% of U&C	100% of U&C
Blood pressure screening	100% of U&C	100% of U&C	100% of U&C
Depression screening	100% of U&C	100% of U&C	100% of U&C
Emergency Medical Benefit (guarantee of payment)	up to \$10,000	up to \$10,000	up to \$10,000
Deductible per Policy Term	\$200	\$0	\$0
Home Country Extension Benefit Maximum Benefit Period: 35 days	\$1,000	\$1,000	\$1,000
Accident and Sickness Co-insurance Rate	80% of U&C up to \$5,000 then 100% of U&C	100% of U&C	100% of U&C
Acupuncture and physiotherapy charges	\$2,500	\$2,500	\$2,500
HOSPITAL EXPENSE			
Hospital room and board expense covered	80% of U&C	100% of U&C	100% of U&C
Intensive care unit expense	80% of U&C	100% of U&C	100% of U&C
Hospital miscellaneous expense	80% of U&C	100% of U&C	100% of U&C
Inpatient hospital/emergency room services	80% of U&C	100% of U&C after \$75 co-pay	100% of U&C
Diagnostic x-ray and lab expense	80% of U&C	100% of U&C	100% of U&C
Ambulance expense benefit	\$1,000 including ground	\$1,000 including ground	\$1,000 including ground

2017 INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE

SCHEDULE OF BENEFITS <small>Incurral Period: 90 days after the date of a Covered Accident or Sickness Maximum Benefit Period: The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness Maximum Period of Coverage: 364 days</small>	Bronze Plan <small>All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.</small>	Silver Plan <small>All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.</small>	Gold Plan <small>All percentages specified below are based on the Usual & Customary Charges (U&C) incurred, except as stated otherwise.</small>
Accidental dental expense	\$200 per tooth \$500 per Injury	\$200 per tooth \$500 per Injury	\$200 per tooth \$500 per Injury
Surgery Services (inpatient/outpatient)	80% of U&C	100% of U&C	100% of U&C
Physician office visit	80% of U&C	100% of U&C after \$25 co-pay	100% of U&C
Chiropractor expense benefit	\$50 per visit, \$1,000 policy term	\$50 per visit, \$1,000 policy term	\$50 per visit, \$1,000 policy term
Outpatient hospital/emergency room services	80% of U&C	100% of U&C after \$75 co-pay	100% of U&C
Outpatient prescription drug	100% of U&C charges up to a maximum of \$2,000	100% of U&C charges up to a maximum of \$2,000	100% of U&C charges up to a maximum of \$2,000
Emergency medical evacuation	100% of covered expenses	100% of covered expenses	100% of covered expenses
Repatriation of remains	100% of covered expenses	100% of covered expenses	100% of covered expenses
Family reunion	\$1,000	\$1,000	\$1,000
Therapeutic termination of pregnancy Benefit maximum	80% of U&C \$500	100% of U&C \$500	100% of U&C \$500
Vision exam	100% of U&C	100% of U&C	100% of U&C
Vision hardware	100% of U&C	100% of U&C	100% of U&C
MENTAL AND NERVOUS DISORDERS			
Inpatient expense benefit maximum	\$2,500	\$2,500	\$2,500
Outpatient expense benefit maximum	\$1,000	\$1,000	\$1,000

All inquires should be directed to ISM Insurance, Inc. at intl@isminc.com, or 302-656-4944

Exclusions and Limitations

Pre-existing Condition Limitation

The Pre-existing Condition Exclusion will not apply if the Covered Person:

1. has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 6 consecutive months while covered by the Policy; or
2. has been covered by the Policy for more than 6 consecutive months; or
3. was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 100 days prior to the effective date of coverage under the Policy.

The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

“Creditable Coverage” means:

1. a self-funded employer group health plan under ERISA;
2. a group or individual health insurance coverage;
3. Part A or Part B. of Medicare;
4. Medicaid;
5. CHAMPUS;
6. the Indian Health Service or of a tribal organization;
7. a state health benefits risk pool;
8. a health plan offered under the federal employees health benefits program (FEHBP);
- (9 a public health plan; or (10) a health benefit plan.

We will not pay benefits for any loss or Injury that is caused by or results from:

- Intentionally self-inflicted Injury.
- Suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country.
- Commission of, or attempt to commit, a felony, an assault or other illegal activity.
- The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
- Flight in, boarding or alighting from an aircraft, except as: a. a fare-paying passenger on a regularly scheduled commercial or charter airline; and b. a passenger in a military. aircraft flown by the Air Mobility Command or its foreign equivalent.
- Commission of or active participation in a riot or Insurrection.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- Treatment by any Immediate Family Member or member of the Insured's household.

- Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
- Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy (except as provided by the Policy).
- Participation in any activity or hazard not specifically covered by the Policy.
- Routine physicals, except to the extent covered as a Wellness Benefit.
- Cosmetic or plastic surgery, except as a result of Injury.
- Birth defects and congenital anomalies; or complications which arise from such conditions.
- Routine dental care and treatment, except to the extent covered as a Wellness Benefit.
- Maternity and routine nursery care.
- Services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
- Expenses incurred for birth control including surgical procedures and devices, except for oral contraceptives.
- Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- Elective abortion, other than Complications of Pregnancy.
- Charges used to meet any Deductible, or in excess of the Coinsurance rate, or in excess of those considered Usual and Customary Charges.
- Organ and tissue transplants and related services.
- Injury or Sickness covered by Workers Compensation, Employers Liability Laws or similar occupational benefits.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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

Definitions

COUNTRY OF PERMANENT ASSIGNMENT—means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 364 continuous days.

COUNTRY OF PERMANENT RESIDENCE—means a country or location in which you maintain a primary permanent residence.

COVERED ACCIDENT—means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

COVERED PERSON—means any eligible person for whom the required premium is paid.

DEDUCTIBLE—means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Injury or Sickness basis before Medical Expense Benefits and other Additional Benefits paid on an expense incurred basis are payable under the Policy.

DOCTOR—means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

HOME COUNTRY—means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. Home Country also includes your Country of Permanent Assignment or Country of Permanent Residence.

HOSPITAL—means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
 - (i) on its premises; or
 - (ii) in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6. is not a place for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

IMMEDIATE FAMILY MEMBER—means a person who is related to the Insured in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

INJURY—means accidental bodily harm sustained by a Covered Person that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

INSURED—means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

MEDICAL EMERGENCY—means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

MEDICALLY NECESSARY—means a treatment, service, or supply that is:

1. required to treat an Injury or Sickness;
2. prescribed or ordered by a Doctor or furnished by a Hospital;
3. performed in the least costly setting required by the Covered Person's condition; and
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes;

5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

PRE-EXISTING CONDITION—means an illness, disease, or other condition of the Covered Person that in the 100 day period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

SICKNESS—means any illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this policy. All related conditions and recurrent symptoms of the same or similar condition will be considered as one Sickness.

TRIP—means Participating Organization sponsored travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy.

USUAL AND CUSTOMARY CHARGE(S)—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.

WE, OUR, US—means the insurance company underwriting this insurance or its authorized agent.

2017 INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE

Please Read Before Completing Enrollment Form

o Policy Form Number: AH 15090 – P/C 273220 – GEN o

Please make check or Money Order payable to:

ACE American Insurance Company
Please send payment in U.S. Dollars

Telephone: 1-800-715-7261

This telephone number is intended for package delivery purposes only. All inquiries should be directed to ISM.

Please mail all enrollment forms, checks, Money Orders, and

Credit Card payments to:

U.S. Mail
ACE American Insurance Company
c/o Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

Online: www.isminc.com/insurance

K-12 School Information

Name of School _____

School Mailing Address _____

State _____ Zip Code _____ E-Mail _____

Student Information

Last Name _____ First Name _____

Date of Birth _____ Grade _____ Age _____ Male Female

Home Address _____ City _____

Providence _____ Postal Code _____ Home Country _____

Phone _____ Fax _____ E-Mail _____

Type of Visa Held F-1 J-1 Other (Specify) _____

Beneficiary/Relationship

Coverage will begin on the latest of the following:

- a) the Policy Effective Date, or b) the date We receive the completed enrollment form, or c) the date the required premium is paid, or d) your scheduled Trip departure date.

Have you insured with us before? Yes No Accidental Death Benefit _____

I want my Insurance to begin on ____/____/____ and continue for _____ months*.

*You may enroll for up to 12 consecutive months.

Plan Rates:

Bronze \$103.00/month Silver \$138.00/month Gold \$168.00/month

*Add 2% non-refundable administrative fee to all packages. Please see example for more information.

Method of Payment:

Check Money Order MasterCard Visa Card

We do not accept Discover Card or American Express

_____ x _____ Months = \$ _____ USD _____ x 2%* = _____ USD

Rate Months Total Premium Total Premium

I authorize ACE to bill my account for the total amount of \$ _____ + _____ = _____ USD

Total Premium Admin Fee Amount Due

Card# _____ - _____ - _____ - _____ Expiration Date: _____/_____/____ Security Code _____

Print Name: _____

Signature: _____ Date _____

I understand that benefits may not be payable for conditions existing prior to the effective date of coverage (see definition of 'Pre-existing Condition'). My signature below certifies that I have read and understand the International Student Accident and Sickness Insurance Plan brochure and agree to accept it as applicable to me, the terms and conditions stated therein. Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

Signature: _____ Date _____

2017 INTERNATIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE

Claims Administrator:

Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1706. From within the USA and Canada: 1-800-715-7261 + Outside the USA or Canada call: 1-610-293-9229 + Fax: 1-610-293-9299 + Web: www.visit-aci.com

Emergency Assistance: Europ Assistance USA.

In addition to this insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Europ Assistance USA, Inc. toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency doctors in the United States; urgent message relay between family, friends, personal doctor, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, and Repatriations of Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

For medical evacuation, repatriation or other assistance services call: Europ Assistance USA, Inc. at 1-800-243-6124 (inside the U.S.) or call collect 1-202-659-7803 (from outside the U.S.) or e-mail ops@europassistance-usa.com. When you call, please be prepared with the following information: 1) name of caller, phone #, fax #, and relationship to insured; 2) insured's name, age, sex and the policy number for Your insurance plan, and Your Plan Number (01AH585); 3) a description of the insured's condition; 4) name, location and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, worker's compensation, or auto insurance if the insured was involved in an accident.

Important Notice:

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

Express Scripts Prescription Drug

You are not required to fill your prescriptions at a Express Scripts Participating Pharmacy. However, if you do, your out-of-pocket expenses may be less. Prescriptions can be filled at a Express Scripts Participating Pharmacy. Covered persons must show their insurance identification card to the Pharmacy as proof of coverage. Your group number and identification number is on your ID Card. No claim forms are necessary for prescriptions. A listing of the contracted pharmacies and services is available at Express Scripts website www.express-scripts.com or you may contact customer services at 1-800-400-0136.

Preferred Provider Information

Preferred Providers allow the Covered Person to maximize the benefits offered under the Plan. A Preferred Provider Organization consists of hospitals, doctors, ancillary and other health care providers organized into a Network for the purpose of delivering quality health care at affordable rates. You are not required to utilize the services of the Network Provider. However, if you do, your out-of-pocket expenses may be less.

The Preferred Provider Organization is MultiPlan. For a list of providers, please go to www.multiplan.com, or call (800) 672-2140.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder on Form #AH-15090. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law. Please keep this information as a reference.

Marketed by:

ism Insurance

Offered through ISM Insurance Inc., a subsidiary of ISM

1316 North Union Street
Wilmington, DE 19806-2594

Questions, please contact
Phone: 302-656-4944
E-mail: intl@isminc.com
Web: isminc.com

ENROLL ONLINE: www.isminc.com

Please mail all enrollment forms, checks, Money Orders, and Credit Card payments to:

ACE American Insurance Company
c/o Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

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