

ism Insurance

Offered through ISM Insurance Inc., a subsidiary of ISM

The policy holder is Independent School Management, Inc.



- **International Students Studying in the U.S.**
- **U.S. Students Studying or Traveling Abroad**

Summary of Coverage

Under HIPAA's Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of ACE USA's HIPAA Privacy Notice write to: ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.

International Student Accident and Health Insurance

Schedule of Benefits

Bronze Plan \$71.71/month

Silver Plan \$96.96/month

Gold Plan \$125.24/month

The policy pays:
(All percentages specified below are based on the customary charges incurred, except as stated otherwise.)

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Accidental Death and Dismemberment Principal Sum	\$ 10,000	\$ 10,000	\$ 10,000
Accident and Sickness Medical Expense Benefit, Maximum per condition, per lifetime			
Interscholastic/Intercollegiate Sport Maximum per person	\$ 10,000	\$ 10,000	\$ 10,000
Deductible per person per policy year	\$ 200	\$0	\$0
Maximum per person home country coverage	\$ 1,000	\$ 1,000	\$ 1,000
Accident and Sickness Benefit percentage	80% of U&C up to \$5,000 then 100% of U&C thereafter to aggregate maximum	100% of U&C to policy aggregate	100% of U&C to policy aggregate
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, Copay is waived if admitted to hospital	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	\$200 including ground	\$200 including ground	\$200 including ground
Accidental dental expense	\$200 per tooth \$500 per covered accident	\$200 per tooth \$500 per covered accident	\$200 per tooth \$500 per covered accident
Surgical expense benefit <i>See page 5 for details</i> (inpatient/outpatient)			
Physician office visit	80% of U&C of actual charge	100% of U&C after \$25 co-pay	100% of U&C
Chiropractor expense benefit	\$50 per visit, \$1,000 yearly max	\$50 per visit, \$1,000 yearly max	\$50 per visit, \$1,000 yearly max
Outpatient hospital/emergency room services	80% of U&C	100% of U&C after \$75 co-pay Copay is waived if admitted to hospital	100% of U&C
Outpatient prescription drug	*Coverage is offered through Medco. Please refer to Page 7 for complete details on this program.		
Mental and emotional disorders/alcohol/substance abuse			
Inpatient covered expense	80% of U&C for 10 days, 80% for U&C 11-30 days if precertified, 50% of U&C for 11-30 days if no precert	100% of U&C for 10 days, 100% of U&C for 11-30 days if precertified, 50% of U&C for 11-30 days if no precert	100% of U&C for 10 days, 100% of U&C for 11-30 days if precertified, 50% of U&C for 11-30 days if no precert
Inpatient expense benefit maximum	30 days or \$2,500	30 days or \$2,500	30 days or \$2,500
Outpatient covered expense	80% of U&C	100% of U&C	100% of U&C
Outpatient expense benefit maximum	\$1,000	\$1,000	\$1,000
Emergency medical evacuation	100% of U&C	100% of U&C	100% of U&C
Repatriation of remains	100% of U&C	100% of U&C	100% of U&C
Therapeutic termination of pregnancy Benefit maximum	80% of U&C \$500	100% of U&C \$500	100% of U&C \$500
Student Health Center	100%	100%	100%
Family Reunion	\$1,000 of U&C to cover transportation	\$1,000 of U&C to cover transportation	\$1,000 of U&C to cover transportation
Vision exam	\$25 per year	\$25 per year	\$25 per year
Vision hardware	\$50 every 2 years	\$50 every 2 years	\$50 every 2 years

International Student Accident and Health Insurance

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.

Covered 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 Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the losses shown below, We will pay the percentage of the Principal Sum shown below for that loss:

For Loss of	Percentage of Principal Sum
Life.....	100%
Two or More Members.....	100%
Quadriplegia.....	100%
Paraplegia.....	50%
Hemiplegia.....	50%
One Member.....	50%
Thumb and Index Finger of 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

We 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 outside of his or her Home Country;
- (2) suffers a Medical Emergency during the course of the Trip; and
- (3) requires Emergency Medical Evacuation.

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 are not payable unless the Company, or its authorized assistance provider, authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

Repatriation of Remains Benefit

If the Insured suffers loss of life due to a medical emergency while covered under this Policy, We will pay for covered expenses reasonably incurred to return the Insured's body to his or her Home Country. In no event will the amount we pay exceed the Maximum Repatriation of Remains Benefit Amount shown for this benefit in the Schedule of Benefits.

Transportation arrangements must be made by the most direct and economical route and conveyance possible and not to exceed the costs of similar transportation in the locality where the expense is incurred.

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 by the most direct and least costly conveyance and route possible.

Benefits are not payable unless the Company, or its authorized assistance provider, authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.

**Surgical Expense Benefit: 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.*

. International Student Accident and Health Insurance

General Exclusions

A. This Policy does not cover any loss caused in whole or in part by, or which results in whole or in part from any of these:

1. Suicide or any attempt thereat; or intentionally self-inflicted injury or any attempt thereat.
2. War or any act of war, whether declared or not.
3. Service in the military, naval, or air service of any country.
4. The Insured's commission of or attempt to commit a felony.
5. The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
6. Treatment by any Immediate Family Member or member of the Insured's household.
7. Preventive medicines, routine physical examinations, or any other examinations where there are no objective indications or impairment in normal health, including routine care of a newborn baby other than Hospital nursery charges of a newborn baby.
8. 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.
9. 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.
10. Treatment to the teeth, gums, jaws or structures directly supporting the teeth, including surgical extraction of teeth, TMJ dysfunction, or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
11. Surgery for the correction of eye refractions unless caused by an Injury incurred while covered under the Policy.
12. The diagnosis or treatment of congenital anomalies, and conditions arising or directly resulting there from. This exclusion does not apply to Newborn Children.
13. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
14. Services related to the diagnosis or treatment of infertility or other problems related to the inability to conceive a child.

15. Expenses incurred in excess of the Usual and Customary Charges.
16. Flight in, boarding or alighting from an aircraft:
 - (a) except as a fare-paying passenger on a regularly scheduled commercial airline; and
 - (b) being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent.
17. Birth control, including surgical procedures and devices, except for oral contraceptives.
18. Services or supplies for any Injury or Sickness received prior to the Insured's effective date of coverage under the Policy, or which are not actually incurred while the Policy is in force.
19. Elective termination of pregnancy.
20. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
21. Organ or Tissue transplant and related services.
22. Commission of, or active participation in, a riot or insurrection.
23. Injury or sickness covered by Worker's Compensation, Employer's Liability Laws or similar occupational benefits.

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.

NOTE: Losses incurred for Pre-existing Conditions are not covered under the Policy until you have six (6) months of continuous coverage under the policy underwritten by ACE American Insurance Company, provided there is not a break in coverage longer than 100 days under the Policy or you were previously covered for such pre-existing condition under creditable coverage and the creditable coverage was continuous to a date less than 63 days prior to your effective date of coverage under the Policy.

Definitions

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 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.

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 licensed practitioner of the healing arts acting within the scope of his or her license who is not:

1. the Insured; or
2. an Immediate Family Member; or
3. retained by the Policyholder.

EMERGENCY MEDICAL EVACUATION – means the Insured's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained. An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

FAMILY REUNION – means if, while the Insured is traveling, he or she suffers an Injury or Sickness and must be confined in a Hospital for at least 7 consecutive days, We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Insured during his or her stay in the

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! International Student Accident and Health Insurance

...Definitions Continued

Hospital. 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 paid unless all expenses are approved in advance by Us.

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 which the Insured has declared to Us in writing as his or her Home Country.

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 solely 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 these ways:

1. spouse;
2. parent (includes stepparent);
3. brother or sister over the age of 21 (includes stepbrother or stepsister);
4. child over the age of 21 (includes legally adopted or stepchild); or
5. legal guardian.

INJURY – means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

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 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; prescribed or ordered by a Doctor or furnished by a Hospital;
2. performed in the least costly setting required by the Insured's condition; and
3. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. 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 Insured, that in the 100 day period before the Insured's coverage became effective under this Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms which would have caused a reasonable 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 travel by air, land or sea from the Insured's Home Country.

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.

Outpatient Prescription Drug Benefit – Medco Prescribed Medicines Expense

The Insured is responsible for 50% of the cost incurred for the prescription drugs, Medco will pay the remaining cost of the prescription drugs up to a maximum of \$2,000. per policy period. Prescriptions must be filled at a Medco 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 Medco's website www.medco.com or you may contact customer services at 1-800-400-0136.

Claims Administrator:

Administrative Concepts, Inc. (ACI), 997 Old Eagle School Rd., Suite 215, Wayne, PA 19087-1706.
From within the USA and Canada: **1-888-293-9229** Outside the USA or Canada call: **1-610-293-9229**
Fax: **1-610-293-9299** www.visit-aci.com

Emergency Assistance: Europ Assistance USA, Inc.

In addition to this health 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 at 1-800-243-6124 (inside the U.S.) or call collect 1-202-659-7803 (from outside the U.S.) or email 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.

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 brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions are set forth in policy number GLM N00174646 issued to Independent School Management in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

Marketed by:

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Offered through ISM Insurance Inc., a subsidiary of ISM

The policy holder is Independent School Management, Inc.

1316 North Union Street
Wilmington, DE 19806-2594

Questions, please contact

PHONE: 302-656-4944

E-mail: intl@isminc.com • isminc.com

Enroll on line: www.isminc.com

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

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

**Administered and Underwritten by:
ACE American Insurance Company**

