

# 2022–2023 International Student Injury and Sickness Insurance Plan for ***THE TAFT SCHOOL***

## **Eligibility**

All International students, traveling outside their home country, who are registered for credit courses in a private secondary school of the participating organization, in the United States, and are actively attending classes, or a school sponsored camp or program for the first 31 days after the date for which coverage is purchased are eligible to participate in the plan. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

## **Effective and Termination Dates**

This insurance Plan becomes effective at 12:01 am on August 15, 2022

This insurance Plan terminates at 11:59 pm on August 14, 2023

## **Where can I get more information about the benefits available?**

The plan brochure provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please contact the school for copies of the plan brochure.

## **Who can answer questions I have about the plan?**

If you have questions, or complaints please contact the Plan Administrator:

Gigi Warren  
Clifford Allen Associates, Ltd.  
PO Box 23615  
Hilton Head Island, SC 29925  
(888) 342-2224

## **For claims submission:**

GBG Administrative Services  
PO Box 211008  
Eagan, MN 55121  
(800) 730-2417

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). The In-Network Provider for this plan is UnitedHealthcare Options PPO.

## **GBG Assist**

The non-insurance Travel Assist Plan is a service designed to provide individuals, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide, 24-hour emergency assistance services during the term of coverage. The assistance plan services are arranged by GBG Assist.

The arrangement of key services includes:

Emergency Evacuation  
Medically Necessary Repatriation  
Repatriation of Remains

**For Emergency Assistance call: 1 (800) 730-2417**  
**GBG Assist is available 24 hours a day.**



Highlights of the Coverage		
<b><i>This list is not all inclusive. Please read the brochure for complete listing of benefits and any individual benefit maximums, exclusions or limitations.</i></b>		
	In-Network Provider	Out-of-Network Provider
Medical Expense Maximum	Unlimited	
Plan Deductible	\$0	\$0
<b>Coinsurance</b> <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	100% of Preferred Allowance	80% of Usual, Reasonable & Customary Charges (URC)
Hospital Room & Board and Miscellaneous Expense Benefit	100% of Preferred Allowance	80% of URC charges
<b>Physiotherapy (Outpatient)</b> <i>60 visits maximum (Per Policy Year – Medical review after 30 visits)</i>	100% of Preferred Allowance	80% of URC
<b>Surgeon's Fees</b> <i>If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</i>	100% of Preferred Allowance	80% of URC
<b>Assistant Surgeon</b>	100% of Preferred Allowance up to 30% of surgeon allowance	80% of URC up to 30% of surgeon allowance
<b>The following benefits are also included:</b> <i>This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations.</i>	<div> <div> ► Physician's Visits  ► Diabetes Treatment  ► Urgent Care  ► Emergency Room  ► In-Patient and Out-Patient Mental &amp; Nervous Conditions  ► Emergency Dental – Injury to Natural Teeth only </div> <div> ► Interscholastic Sports Benefit  ► Laboratory and X-Ray  ► Durable Medical Equipment </div> </div>	
Medical Evacuation/Return of Remains	100% of actual charges	
<b>Outpatient Prescription Drug Expense Benefit</b> <i>Subject to \$2,500 maximum benefit</i>	\$0 copay per prescription limited to a 30-day supply, (when utilizing a CVS/Caremark pharmacy)	100% of Charges

### Exclusions and Limitations:

The plan does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits

1. Eyeglasses, contact lenses, hearing aids and examination for the prescription;
2. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
3. Rest cures or Custodial Care;
4. War or any act of war, declared or undeclared;
5. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
6. Voluntary, active participation in a riot or insurrection;
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers;
8. Treatment paid for or furnished under any other individual or group policy, or under any mandatory government program or facility set up for the treatment without cost to any individual;
9. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
11. Charges provided at no cost to the Plan Participant;

12. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
13. Elective or Cosmetic surgery and Elective Treatment (except as specifically provided); except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness).
14. Charges which are in excess of Usual, Reasonable and Customary charges;
15. Charges that are not Medically Necessary;
16. Expenses incurred for treatment while in Your Home Country;
17. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes.

## DEFINITIONS

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

**Accident** means an unforeseeable event which: (1) Causes Injury to one or more Plan Participants.

**Home Country** means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

**Sickness** means illness or disease which requires treatment by a Physician while covered by this Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

## DISCLOSURES

Insureds shall have the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever an insured is confronted with an emergency medical condition which in the judgment of a prudent layperson would require pre-hospital emergency services. We may in no way discourage them from using emergency services nor may we deny medical or transportation expenses for emergency medical conditions.

**Plan is underwritten by:** Crum and Forster SPC on and behalf of ITI SP. with its principal place of business at Suite 4210, 2<sup>nd</sup> Floor Canella Court, 48 Market St., Camana Bay, Grand Cayman KY1-1208, Cayman Islands.

*Benefits are provided for eligible Insured persons. The plan includes insurance and non-insurance benefits. This summary of coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. 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. The policy, which was issued by the insurance company to the Fairmont Specialty Trust, is renewable only at the option of the insurer. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.*

**This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.**

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