

Underwritten By:



ace usa

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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 of coverage are set forth in GLM N00060549, issued to: Trustee of ACE USA Accident & Health Insurance Trust 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 or conditions may be different if required by state law. Please keep this information as a reference.

Under the HIPAA 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 the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, Two Liberty Place, 1601 Chestnut Street, Philadelphia, PA 19103 or call 215-640-2611.

Premier Group

This is the plan for Colleges and University Groups while studying abroad!

- Accident & Sickness Insurance Benefits
- Emergency Medical Evacuation Benefit
- Repatriation of Remains Benefit
- Emergency Reunion Benefit
- Accidental Death & Dismemberment Benefits
- 24 Hour International Emergency Assistance (offered by Worldwide Assistance Services, Inc.)



Health Insurance for U.S. Students Studying Abroad

Premier Group

For institutions and organizations that require specific insurance coverage for their study abroad participants we have the flexibility to design and implement special group plans for your needs.

The Premier Group - Health Insurance for U.S. Students Studying Abroad includes these benefits:

- Access to the 24-hour-a day, 365 days per year Worldwide Assistance Network for emergency assistance (in your native language) anywhere in the world. This service gives you fast, reliable referrals to the nearest medical facility or provider, as well as help relaying messages to family members.
- Medical Expense benefits with a deductible of only \$50 per covered illness or injury, no coinsurance, maximum of \$500,000
- Emergency Medical Evacuation benefits
- Emergency Reunion benefits
- Repatriation of Remains benefits
- Accidental Death and Dismemberment benefits

Accident & Sickness Medical Expense Benefit

The Company will pay 100% of covered expenses up to \$500,000, after the covered person has paid the first \$50 deductible per covered Sickness or Injury.

The deductible amount consists of covered expenses which would otherwise be payable under the Policy. This deductible is the covered person's responsibility.

What Expenses Are Covered?

To be considered a covered expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of the United States during the Period of Coverage; b) not be excluded by provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of charges:

1. Expenses made by a hospital for room and board, including general nursing services and any other medically necessary hospital services, but not including personal services of a non-medical nature. However, allowable expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for anesthetics and their administration.
4. Expenses for x-ray services, laboratory tests and services, and durable medical equipment, both inpatient and outpatient.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental treatment resulting from an accident, up to \$100 per tooth, \$500 maximum benefit.
8. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum.
9. Expenses for newborn nursery care, up to a \$500 maximum.
10. Expenses incurred for treatment of nervous or mental disorders: up to \$300 for outpatient treatment, up to 50% of eligible expenses for inpatient treatment with a maximum of 30 days.

Definitions

“Sickness” means an illness, disease or condition of the covered person that causes a loss for which he or she incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of sickness.

“Injury” means accidental bodily harm sustained by a covered person 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.

“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 covered person'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. The Company may, at its discretion, consider the cost of the alternative to be the covered expense.

“Home Country” means a country from which the covered person holds a passport. If the covered person holds passports from more than one country, his or her Home Country will be that country which the covered person has declared to Us in writing as his or her Home Country.

Emergency Medical Evacuation Benefit \$250,000 Maximum Benefit

The Company will pay Emergency Medical Evacuation Benefits up to the maximum of \$250,000 for expenses incurred for the medical evacuation of you and your covered dependents. Benefits are payable if the covered person: 1) is traveling outside of his or her Home Country; 2) suffers an Injury or Sickness 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 covered person'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.

“Emergency Medical Evacuation” means: 1) the covered person'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; or 2) the covered person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

An Emergency Medical Evacuation of a covered person to their Home Country will terminate all benefits except Accidental Death and Dismemberment Benefits under the Plan.

All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.

Emergency Reunion Benefit \$12,500 Maximum Benefit

In the event of an Emergency Medical Evacuation due to a Covered Injury or Sickness, where the doctor feels it would be beneficial for the covered person to have a family member at his or her side during the transport, the Company will pay the expenses incurred for travel and lodging for that relative, up to a maximum of \$12,500. Covered Expenses include an economy airline ticket and other travel related expenses not to exceed \$300 a day for a maximum of ten days.

All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.

Repatriation of Remains Benefit \$50,000 Maximum Benefit

The Company will pay the usual and customary covered expenses, up to a maximum of \$50,000, to return a covered person's body to the United States or his or her Home Country if he or she dies while covered by this Plan. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.

Coordination of Benefits

If a covered person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is:

- the plan which covers the covered person as an employee rather than as a full or part-time student;
- if a) does not apply, the plan which covers the covered person as a full or part-time student rather than as a dependent;
- if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy;
- if a), b) and c) do not apply, the plan which has covered the covered person for the longer time. If the benefits of this plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this Plan on a reduced basis will be charged against the benefit maximums of this Plan.

Accidental Death & Dismemberment Benefit \$15,000 Principal Sum

If Injury to the covered person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"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. **"Uniplegia"** means total Paralysis of one lower limb or one upper limb. **"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.

24-Hour Worldwide Assistance Offered by Worldwide Assistance Services, Inc.

Available around the world!

Every hour of the day!

Every day of the week!

- Access to assistance from the worlds' largest global support network.
- Thirty four 24-hour emergency assistance centers.
- Case coordination from the USA.
- Multilingual International customer Service Agents

In addition to this health insurance program is the availability of the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Worldwide Assistance Services, Inc. Upon enrollment in the Plan you will be provided with the telephone numbers to use.

The multilingual staff will answer your call and provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board certified emergency doctors in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations of Remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items, including lost ticket application processing. These services are included in the benefits provided in this program and are provided by the Assistance Company.

Exclusions

For the Medical Expense, Emergency Medical Evacuation, Emergency Reunion Benefit, and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions defined as a Sickness, disease or other condition of the covered person, that in the 12 month 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. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.)
2. For 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.
3. For loss incurred as a result of war or any act of war, whether declared or not.
4. For injury sustained while participating in professional, club, interscholastic, or intercollegiate sports.
5. For routine physicals.
6. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
7. For elective surgery.
8. For dental care, except as the result of Injury to natural teeth caused by an accident.
9. For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder.
10. For expenses as a result of, or in connection with, intentional self-inflicted injury.
11. For suicide or attempted suicide, while sane or insane.
12. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
13. For scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing.
14. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.

15. For treatment by an immediate family member.
16. Piloting or acting as a crew member or riding in an aircraft, except as a fare-paying passenger on a scheduled airline.

For the Accidental Death and Dismemberment Benefit, this plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide; while sane or insane.
2. War or any act of war, whether declared or not.
3. Service in the military naval or air service of any country.
4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
5. Piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.

Eligibility

You may be covered under this Plan if you are temporarily pursuing educational activities outside the United States as a participant of a study abroad program or experience, and you are a United States citizen, permanent resident of the U.S. or an international student in the U.S., and you are enrolled as a student; or you are a faculty or staff member. International students, international faculty or international staff members are not eligible for coverage in their Home Country.

You may also enroll your lawful spouse and unmarried children under age 19 who are traveling and residing with you, provided they are dependent upon you for maintenance and support. Only insured persons may purchase dependent coverage. Any children born to you and your spouse while you are covered under the Plan will be insured from the moment of birth. Coverage on a newborn child will cease 31 days after date of birth unless the Company receives notification of birth, a completed enrollment form and required premium.

Enrollment Information

Depending upon your needs and situation, a period of insurance may be selected from a minimum of one month to a maximum of 12 months. Should you wish to continue your coverage at the end of this initial period, the Company will then determine your eligibility for an additional term of coverage.

Enrollment in this Plan is through the group with which you are participating in your study abroad experience.

Unless your trip is cancelled and the Company is notified prior to the effective date of your coverage, all premium received by the Company is non-refundable.

Period of Coverage

Coverage will begin at 12:01 am. Local Time on the latest of the following: a) your departure from the United States; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin.

Coverage will end on the latest of the following: a) the date of the covered persons return to their Home Country or the United States; b) the termination date as shown on your ID card; c) the date through which premium has been paid.

Coverage is not available once the covered person has returned to the United States or his or her Home Country.

Claims

Claims are to be filed with the Company claim office. Detailed claim instructions and claim forms are provided upon enrollment in this Plan. Claim instructions and forms may also be found at our web site, www.cmi-insurance.com.