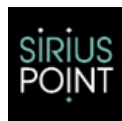




## 2024 - 2025 Injury & Sickness Insurance Plan Policy #: EXL-SA10015-24

### 3W International Students attending Private Secondary Schools

Underwritten by:



Administered by:



*Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the policy on file with the policyholder. In the event of any conflict between this Description of Coverage and the policy, the policy will govern.*

*All international students attending a private secondary school registered for credit courses are eligible and must be enrolled in the plan. Students who are U.S. citizens are not eligible for coverage.*

*The policy is effective at 12:01 AM on July 1, 2024. A Covered Person's coverage effective date may be different than the policy effective date. Thereafter, the insurance is effective 24 hours a day, worldwide. Coverage will terminate on the earliest of the following dates: (1) the date the policy terminates; or (2) the premium due date for which the required premium has not been paid; or (3) the date on which the Covered Person ceases to meet the eligibility requirements. Coverage under the policy will end 12:01 AM on July 1, 2025 OR 48 hours from the date Covered Person graduates, transfers, withdraws from school or is otherwise removed from the program, whichever is earlier.*

#### DESCRIPTION OF COVERAGE

If a Covered Person incurs expenses while insured under the policy due to an Injury or Sickness, the plan will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed in the Medical Expense Benefit section. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, will be considered as resulting from one Injury or Sickness. Benefits are subject to applicable Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the General Policy Exclusions, and to all other limitations and provisions of the policy.

The expenses must be incurred after the effective date of the Covered Person's insurance while coverage remains continuously in force under the policy.

#### DESCRIPTION OF BENEFITS

Benefit Percentages the policy pays:

100% of covered expenses incurred up to the \$300,000 per Accident or Sickness maximum benefit.

Outpatient physiotherapy services are limited to a maximum benefit of \$2,500 per policy year.

Outpatient generic and brand-name prescription drugs are limited to a combined maximum benefit of \$5,000 per policy year.

#### COVERED MEDICAL EXPENSES

- Hospital room and board expense.
- Hospital miscellaneous expenses (operating room, lab tests, X-ray examinations, anesthesia, drugs, therapeutic services and supplies).
- Inpatient and outpatient physiotherapy / occupational therapy / speech therapy.
- Inpatient and outpatient surgery (including oral surgery). Assistant surgeons are allowed at 30% of the surgery allowance.
- Inpatient and outpatient anesthesiologist services.

- Inpatient registered nurse's services and inpatient and outpatient physician's visits.
- Pre-admission testing.
- Inpatient and outpatient psychotherapy.
- Inpatient and outpatient consultant physician fees.
- Skilled Nursing Facility 60 days per admission.
- Outpatient surgery miscellaneous expenses (for example, operating room, anesthesia, drugs, therapeutic services and supplies).
- Outpatient medical emergency expenses.
- Outpatient diagnostic x-ray services and laboratory procedures.
- Outpatient radiation therapy.
- Outpatient physician tests and procedures.
- Outpatient injections and chemotherapy.
- Outpatient prescription drugs.
- Ambulance services.
- Outpatient braces, appliances, durable medical equipment, and Orthotic Devices.
- Dental treatment, subject to limitations discussed in the section of this brochure entitled, "Limitations On Covered Medical Expenses."
- Clinical trials.
- Colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society.
- Diabetes treatment.
- Emergency Services.
- Habilitative services provided to a covered Dependent child less than age 21 (not including Habilitative Services actually delivered through early intervention or school services).
- One annual voluntary HIV screening test while receiving emergency medical services, whether or not the HIV screening test is necessary for the treatment of the medical emergency.
- Mammogram and Cytologic screening (Pap smear).
- Oral anti-cancer prescription drugs.
- Preventive and primary care provided to a covered child less than age 21.
- Prostate cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society.
- Reconstructive breast surgery.
- Home health care (must follow a hospital confinement of at least 3 days).
- Substance abuse services for the treatment of clinically significant substance abuse disorders identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits and benefit maximums are as follows:
  - a) the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum, shall be covered for up to 12 days annually.
  - b) Inpatient or Outpatient Services or any combination of those certified as necessary by a physician, psychologist, advanced practice registered nurse, or social worker and provided by a hospital, a non-hospital residential facility, an outpatient treatment facility, or a physician, a psychologist, an advanced practice registered nurse or a social worker shall be covered as follows:
    - 1) up to 28 days per year for inpatient or residential care, in a hospital or non-hospital residential facility; and
    - 2) up to 30 outpatient visits per year.

- c) treatment regimens which include psychiatric, psychological, and other prescribed interventions shall be a covered benefit.
- Mental illness services for the treatment of clinically significant mental illness identified in the most recent edition of the International Classification of Diseases or of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits and benefit maximums are as follows:
  - a) treatment for inpatient or residential or residential care in a hospital or non-hospital residential facility, for up to 45 days per year;
  - b) outpatient benefits shall be 75% of covered expenses for the first 40 visits per year, and 60% of covered expenses for any outpatient visits thereafter for that year.
- Preventive Care without copayments, coinsurance or deductible as described under Federal law and regulation regarding preventive services. This includes:
  - a) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
  - b) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
  - c) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
  - d) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

#### **LIMITATIONS ON COVERED MEDICAL EXPENSES**

- Payment for Hospital room and board, which includes all general nursing charges, will be limited to the Hospital's normal charge for semi-private accommodation. Intensive Care Unit charges will be limited to two times the semi-private room and board rate per day.
- Dental Treatment: (a) when performed by a Physician and (b) made necessary by Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered.
- Outpatient generic and brand-name prescription drugs are limited to a combined maximum benefit of \$5,000 per policy year.
- Outpatient physiotherapy services are limited to a maximum benefit of \$2,500 per policy year.
- When two or more surgical procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.

#### **OUTPATIENT PRESCRIPTION DRUGS BY EXPRESS SCRIPTS**

The policy utilizes the Express Scripts Pharmacy network and provides a Prescription ID Card. Prescriptions filled at an Express Scripts Participating Pharmacy are payable at the benefit percentage, subject to the per policy year maximum for outpatient prescription drugs. Most pharmacies participate in the Express Scripts, Inc. network, but you should check with the pharmacy before you make your purchase. To find participating pharmacies in your area, call Express Scripts, Inc. at 1-866-282-1491 or visit their website at [www.express-scripts.com](http://www.express-scripts.com). You will not have to file a claim on purchases made at participating pharmacies. The pharmacist will tell you exactly what to pay.

#### **PREFERRED PROVIDER NETWORK**

##### **(Within the United States only)**

The Policy utilizes the First Health hospital and physician network for delivering health care. Call 1-800-226-5116 or visit [www.firsthealthinternational.com](http://www.firsthealthinternational.com) to find a First Health provider.

#### **REMAINS REPATRIATION BENEFIT**

The plan will pay up to \$25,000, if the Insured dies while outside his or her home country. The benefit will pay the actual charges for preparing

and transporting such the Insured's remains to his or her home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her home.

Remains Repatriation must be arranged through On Call International. Retroactive claims will not be accepted.

#### **MEDICAL EVACUATION BENEFIT**

Upon the prior approval of the attending Physician and the Company, the Plan will pay up to \$50,000 of necessary expenses incurred for evacuation of the Insured to:

1. a specialized medical facility; or
2. his or her home country.

Medical Evacuation must be arranged through On Call International. Retroactive claims will not be accepted.

#### **RIGHT OF SUBROGATION**

##### **(NOT applicable to students staying with California or Arizona residents)**

If a Covered Person is injured or becomes ill through the act or commission of another person, and if benefits are paid under the policy due to that Injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, the Covered Person's insurer, or the Covered Person's uninsured motorist insurance, SiriusPoint America Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, SiriusPoint America Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the policy against such recovery.

#### **EXCLUSIONS FOR MEDICAL EXPENSES**

***Benefits are not payable under the Medical Coverage in the following circumstances:***

1. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
2. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered injury. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
3. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the policy, and rendered within 12 months of the Accident.
4. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
5. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
6. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.
7. Participation in, practice for, or orthopedic equipment and appliances used for; semi-professional sports; or professional sports.
8. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
9. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
10. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under the policy.
11. Elective Treatments and voluntary testing except as otherwise provided by the Policy.
12. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage).

13. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
14. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
15. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid.
16. Nasal or Sinus Surgery, (unless required due to an Injury resulting from an Accident while the Covered Person is insured under the policy).
17. Birth Control, including surgical procedures and devices except as otherwise provided under the policy.
18. Treatment of congenital anomalies and conditions arising or resulting directly there from.
19. The diagnosis and treatment of Infertility.
20. Expenses incurred within the Covered Person's home country or country of regular domicile.
21. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile.
22. Elective abortions.
23. Supplies, except as otherwise provided in the policy.
24. Circumcision.
25. Routine foot care, including the treatment of corns, calluses and bunions.
26. Gynecomastia.
27. Hirsutism.
28. Impotence, whether organic or otherwise.
29. Sleeping disorders, including testing thereof.

## DEFINITIONS

Unless specifically defined elsewhere, wherever used in the policy:

**Accident** means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by the policy.

**Covered Person** means any Eligible Person for whom application is made and who is approved to participate in the benefit plans issued under the policy, provided the required premium for such person's insurance is paid when due.

**Hospital** means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

**Injury** means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under the policy is in force.

**Inpatient** means confinement for which the Covered Person is charged at least one full day's room and board.

**Intensive Care Unit** means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

**Medical Emergency** means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could be reasonably expected by a prudent layperson, who possesses an average knowledge of health and medicine to result in: (a) placing the patient's health in serious jeopardy; or (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

**Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by SiriusPoint America Insurance Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

**Nurse** means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where he works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Orthotic Devices** means rigid or semi-rigid devices supporting a weak or deformed leg, foot, arm, hand, back or neck or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck. Benefits for Orthotic Devices include orthopedic appliances or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. An Orthotic Device differs from a prosthetic in that, rather than replacing a body part, it supports and/or rehabilitates existing body parts. Orthotic Devices are usually customized for a Covered Person's use and are not appropriate for anyone else. Examples of Orthotic Devices include but are not limited to Ankle Foot Orthosis (AFO), Knee Ankle Foot Orthosis (KAFO), Lumbosacral Orthosis (LSO).

**Outpatient Surgical Facility** means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under that law.

**Physician** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

**Prosthetic Devices** (excluding dental) means artificial limb devices or appliances designed to replace in whole or in part an arm or a leg. Benefits for Prosthetic Devices include coverage of devices that replace all or part of a permanently inoperative or malfunctioning internal or external organ, and are furnished on a Physician's order. Examples of Prosthetic Devices include but are not limited to artificial limbs, cardiac pacemakers, prosthetic lenses, breast prosthesis (including mastectomy bras), hair prosthesis and maxillofacial devices.

**Registered Nurse** means a person who has received the designation of "Registered Nurse (R.N.);" and is registered and licensed to practice by the State Board of Nurse Examiners or other state authority in the state where they work, and who is practicing within the scope and limitation of that license. The term Registered Nurse will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

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

**Skilled Nursing Facility** means a facility which is licensed pursuant to state and local laws; is operated primarily for the purpose of providing skilled nursing care and Treatment for individuals convalescing from Injury or Sickness including room and board and provides 24 hour a day skilled nursing services under the full time supervision of a Physician or Registered Nurse and if full time supervision by a Physician is not provided, it has the services of a Physician available under a fixed agreement; it keeps adequate medical records and has organized facilities for medical Treatment. Skilled Nursing Facility does not include an institution or part of one that is used mainly as a place for rest or the aged.

**Treatment** means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

**Usual, Customary, and Reasonable Charges** - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

#### **CONFORMITY WITH STATE LAWS**

Any provision that is in conflict with the requirements of state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

***For questions please contact:***

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