

International Injury and Sickness Insurance Plan: Elite L • Policy Number: 2014-202834-5I

Schedule of Medical Expense Benefits	USD
Maximum Benefit (For Each Injury or Sickness)	\$2,000,000
Outpatient Deductible (For Each Injury or Sickness)	\$0
Coinurance Preferred Provider	100% except as noted below
Coinurance Out-of-Network	100% except as noted below

The Preferred Provider for this plan is UnitedHealthcare Options PPO.

If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider level of benefits.

The Policy provides benefits for the Covered Medical Expense incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of USD 2,000,000 for each Injury or Sickness.

Benefits are subject to the policy Maximum Benefit unless otherwise specifically stated. Benefits will be paid up to the maximum benefit for each service as scheduled below. All benefit maximums are combined Preferred Provider and Out-of-Network unless otherwise specifically stated. Covered Medical Expenses include:

PA = Preferred Allowance / U&C = Usual and Customary Charges

INPATIENT	Preferred Providers	Out-of-Network Providers
Room & Board Expense , daily semi-private room rate when confined as an Inpatient; general nursing care provided by the Hospital.	100% of PA	100% of U&C
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of PA	100% of U&C
Routine Newborn Care	No Benefits	
Intensive Care	100% of PA	100% of U&C
Physiotherapy	100% of PA	100% of U&C
Surgeon's Fees , 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.	100% of PA	100% of U&C
Assistant Surgeon	100% of PA	100% of U&C
Anesthetist , professional services in connection with Inpatient surgery.	100% of PA	100% of U&C
Registered Nurse's Services , private duty nursing care.	100% of PA	100% of U&C
Physician's Visits , non-surgical services when confined as an Inpatient. Benefits do not apply when related to surgery.	100% of PA	100% of U&C
Pre-Admission Testing , payable within 3 working days prior to admission.	100% of PA	100% of U&C

OUTPATIENT	Preferred Providers	Out-of-Network Providers
Surgeon's Fees , 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.	100% of PA	100% of U&C
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	100% of PA	100% of U&C
Assistant Surgeon	100% of PA	100% of U&C
Anesthetist , professional services administered in connection with outpatient surgery.	100% of PA	100% of U&C
Physician's Visits , benefits for Physician's Visits do not apply when related to surgery or Physiotherapy.	100% of PA	100% of U&C
Physiotherapy , see exclusion number 40 for additional limitations. Physiotherapy includes but is not limited to the following: 1) physical therapy; 2) occupational therapy; 3) cardiac rehabilitation therapy; 4) manipulative treatment; and 5) speech therapy, unless excluded in the policy. <i>(\$2,500 maximum Per Policy Year)</i>	100% of PA	100% of U&C
Medical Emergency Expenses , facility charge for use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness. <i>(The Copay/per service Deductible will be waived if admitted.) (The Copay/per service Deductible does not apply to Injury)</i>	100% of PA / \$250 Copay per Sickness	100% of U&C / \$250 Deductible per Sickness
Diagnostic X-ray Services	100% of PA	100% of U&C
Radiation Therapy	100% of PA	100% of U&C
Laboratory Services	100% of PA	100% of U&C
Tests and Procedures , diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, x-rays and lab procedures. The following therapies will be paid under this benefit: inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy.	100% of PA	100% of U&C
Injections , when administered in the Physician's office and charged on the Physician's statement.	100% of PA	100% of U&C
Chemotherapy	100% of PA	100% of U&C
Prescription Drugs	100% of U&C	

OTHER	Preferred Providers	Out-of-Network Providers
Ambulance Services	100% of PA	100% of U&C
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replace a limb or body part but does not include any device that is fully implanted into the body.	100% of PA	100% of U&C

Consultant Physician Fees , when requested and approved by the attending Physician.	100% of PA	100% of U&C
Dental Treatment , benefits paid on Injury and relief of sudden and unexpected pain to Sound, Natural Teeth. <i>(\$200 maximum per tooth)</i>	100% of U&C	100% of U&C
Maternity	No Benefits	
Elective Abortion	No Benefits	
Complications of Pregnancy	No Benefits	
Mental Illness Treatment <i>(Inpatient: NO BENEFITS, Outpatient: 1 visit per policy year, \$500 maximum per visit)</i>	Paid as any other Sickness	
Substance Use Disorder Treatment	No Benefits	
Diabetes Services	No Benefits	
Reconstructive Breast Surgery Following Mastectomy , in connection with a covered mastectomy for: 1) all stages of reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications of mastectomy, including lymphedemas.	Paid as any other Sickness	
Home Health Care , services received from a licensed home health agency that are ordered by a Physician, provided or supervised by a Registered Nurse in the Insured Person's home, and pursuant to a home health plan.	100% of PA	100% of U&C
Skilled Nursing Facility , services received while confined as a full-time Inpatient in a licensed Skilled Nursing Facility in lieu of or within 24 hours following a Hospital Confinement.	100% of PA	100% of U&C

Accidental Death and Dismemberment Benefits

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below in addition to payment under the "Medical Expense Benefits" provision.

For Loss Of:	
Life	USD 25,000
Two or More Members	USD 25,000
One Member	USD 12,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

Exclusions and Limitations

*PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

<p>No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to any of the following:</p> <ol style="list-style-type: none"> 1. Acne; 2. Acupuncture; 3. Allergy, including allergy testing; 4. Addiction, such as: nicotine addiction; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency; 5. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, intensive behavioral therapies, such as applied behavioral analysis; parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation; 6. Biofeedback; 7. Charges and all costs related to or arising from or in connection with all trips to the Host Country undertaken for the purpose of securing medical Treatment or supplies; 8. Chronic pain disorders; 9. Circumcision; 10. Congenital conditions; 11. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy; 12. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care; 13. Dental treatment, except as specifically provided in the Schedule of Benefits; 14. Elective Surgery or Elective Treatment; 15. Elective abortion; 16. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process; 17. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery); 18. Genetic medicine or genetic testing, including without limitation amniocentesis, genetic screening, risk assessment, prevention and/or to determine pre-disposition, genetic counseling, and/or gene therapy; 19. Health spa or similar facilities; strengthening programs; 20. Hearing examinations; hearing aids; cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process; 21. Hirsutism; alopecia; 22. HIV, AIDS Virus, AIDS related Sickness, ARC Syndrome, and AIDS, including any testing for these conditions and any Sickness arising as complications from these conditions; 	<ol style="list-style-type: none"> 23. Hospice care; 24. Hypnosis; 25. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury; 26. Injury caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; 27. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; 28. Injury or Sickness inside the Insured's home country; 29. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs; 30. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law; 31. Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition; 32. Investigational services; 33. Lipectomy; 34. Marital or family counseling; 35. Maternity; pregnancy; and Complications of Pregnancy; 36. Mental Illness; Substance Use Disorders except as specifically provided in the policy; 37. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death; 38. Organ transplants, including organ donation; 39. Orthotics, visual therapy or visual eye training; 40. Outpatient Physiotherapy, except for a condition that required surgery or Hospital Confinement: 1) within the 90 days immediately preceding such Physiotherapy; or 2) within the 90 days immediately following the attending Physician's release for rehabilitation; 41. Participation in a riot or civil disorder; commission of or attempt to commit a felony; 42. Pre-existing Conditions*; 43. Prescription Drugs, services or supplies as follows: <ol style="list-style-type: none"> a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use; c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis; d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; e) Products used to treat or cure baldness; anabolic steroids used for body building; 	<ol style="list-style-type: none"> g) Anorectics - drugs used for the purpose of weight control; h) Fertility agents or sexual enhancement drugs, such as Parodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra; i) Growth hormones; or j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription. 44. Reproductive/infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures; vasectomy; sexual reassignment surgery; reversal of sterilization procedures; 45. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study; 46. Routine Newborn Infant Care, well-baby nursery and related Physician charges; 47. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; 48. Services provided normally without charge by the Health Service of the institution attended by the Insured; 49. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof, nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis; 50. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline; 51. Sleep disorders; 52. Speech therapy; naturopathic services; 53. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury; 54. Supplies, except as specifically provided in the policy; 55. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecocomastr; except as specifically provided in the policy; 56. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; 57. Venereal disease; 58. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and 59. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia.
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General Information about your insurance

You are insured during your stay abroad for the period reported by your exchange organization. The injury and sickness insurance coverage does not apply in your home country, or outside of the United States and its possessions, except when traveling for academic study abroad programs.

Please note: If you want to extend or shorten your insurance coverage, please contact your organization.

Third Party Liability Insurance

Coverage	USD
Personal Injury / Property Damage each	500,000
Deductible per occurrence	150

This plan is underwritten by Generali Versicherung AG

For detailed information please go to your MyInsurance log-in area at www.esecutive.com/myinsurance.

Pre-Admission Notification

UnitedHealthcare should be notified of all Hospital Confinements prior to admission.

1. Pre-Notification of Medical Non-Emergency Hospitalizations: The patient, Physician or Hospital should call 1-877-295-0720 at least five working days prior to the planned admission.
2. Notification of Medical Emergency Admissions: The patient, patient's representative, Physician or Hospital should call 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

UnitedHealthcare is open for Pre-Admission Notification calls from 8:00 a.m. to 6:00 p.m.

C.S.T., Monday through Friday. Calls may be left on the Customer Service Department's voice mail after hours by calling 1-877-295-0720.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the policy; however, pre-notification is not a guarantee that benefits will be paid.

Global Emergency Services

If you are a participant insured with this insurance plan, you are eligible to receive FrontierMEDEX services worldwide, except in your home country.

The Emergency Medical Evacuation services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by FrontierMEDEX; any services not arranged by FrontierMEDEX will not be considered for payment.

Please visit www.uhcsr.com/frontiermedex for the FrontierMEDEX Guide which includes service descriptions and program exclusions and limitations.

To access services please call:

(800) 527-0218 Toll-free within the United States

(410) 453-6330 Collect outside the United States

How to file Injury and Sickness Insurance Claims

If you are in the US and your claim is directly submitted by the physician to UnitedHealthcare StudentResources, there is no need for you to fill out a claim form. If you have any questions regarding your claim please contact UnitedHealthcare StudentResources at:

1-888-251-6246

In the event of Injury or Sickness, you should:

1. Report to your Physician or Hospital.
2. Mail, to the address below, all medical and hospital bills along with the patient's name, address, Student Resources ID Number and the Policy Number under which you are insured (2014-202834-51). A claim form is not required for filing a claim.
3. File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims or Inquiries to:

UnitedHealthcare StudentResources

P.O. Box 809025

Dallas, Texas 75380-9025

1-888-251-6246

customerservice@uhcsr.com

claims@uhcsr.com

To check your claims status online, please log in to My Account at www.uhcsr.com/myaccount. Insured participants who don't already have an online account may simply select the "create an Account" link. Follow the simple, onscreen directions to establish an online account in minutes using your 7 digit insurance ID number or email address.

This plan is underwritten by StudentResources (SPC) Ltd. and is based on policy 2014-202834-51. This flyer provides a brief summary of the plan. For a full description of coverage, including cost, benefits, exclusions, any reductions and limitations, and the terms under which coverage may remain in force, please refer to the plan details at:

www.esecutive.com/myinsurance.



Cultural Academic Student Exchange (CASE)



International Injury and Sickness Insurance Plan: **Elite L**

Policy Number: **2014-202834-51**

Location Number: **18CASE**

Insurance ID-Card

How to get the card?

1. Go to www.uhcsr.com/myaccount
2. Click on the *Create an Account* link and follow the onscreen directions using the 7 digit SR ID Number or the email address provided at the time of enrollment.
3. View and print your ID-card or request one to be mailed to you.
4. For the UnitedHealthcare StudentResources mobile app access, download the app using  or 

Please note: An email notification will be sent to the email address provided during enrollment, once the ID card is available to be downloaded from My Account.

MyInsurance - Insurance Information

To access your complete insurance information, including Coverage Information, Insurance Conditions and your Insurance Brochure, please login to your personal MyInsurance area at: www.esecutive.com/MyInsurance

To create your account, you will need:

- Your Last Name
- Your First Name
- Policy Number
- Location Number
- Your Date of Birth

Please note: you can also use Facebook connect and log-in to MyInsurance with your Facebook account!

Medical treatment in case of illness

1. **If you are feeling sick and need medical advice about what to do, please call the Nurseline: 1- 866-827-3999 / PIN 101**

The registered nurse who answers your call - 24 hours a day, 7 days a week - can help you understand a wide range of symptoms as well as decide whether you need to go to the ER or urgent care facility, make an appointment to see a doctor, or if self-care is appropriate.

2. **If you need to see a doctor, please always call the toll-free Service Hotline to verify benefits and ensure the accuracy of your information before you seek treatment.**

Your insurance plan is underwritten by Student Resources (SPC) Ltd. Please contact the Service Hotline of Student Resources (SPC) Ltd toll-free at: **1-888-251-6246**

Student Resources (SPC) Ltd will also help you to find a medical provider within the UnitedHealthcare Options Preferred Provider Organization network to ensure the direct billing process. "Preferred Providers" are the Physicians, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

Your Preferred Provider Network is UnitedHealthcare Options PPO. The availability of specific providers is subject to change without notice. Insureds should always confirm that a Preferred Provider is participating at the time services are required by calling Student Resources (SPC) Ltd. at 1-888-251-6246 and/or by asking the provider when making an appointment for services. You can also locate a network provider at www.uhcsr.com/secutive.

If you choose to use another provider outside the network you may incur significant out-of-pocket expenses. "Out-of-Network" providers have not agreed to any prearranged fee schedules. Charges in excess of the insurance payment are the Insured's responsibility.

