

INTERNATIONAL EDUCATIONAL EXCHANGE SERVICES



University of Colorado at Boulder Study Abroad

Policy # IES-00040

Administered by: ASRM, LLC
Underwritten by: BCS Insurance Company

This policy is not subject to the Patient Protection and Affordable Care Act (PPACA) requirements.

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

Coverage begins at 12:01 AM on the effective date (please refer to the ID card). Thereafter, the insurance is effective 24 hours a day. Coverage will terminate on the earliest of the following dates: (1) the date the Master 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; or (4) the date the Covered Person requests cancellation of coverage. Coverage will end 12:01 AM on the last date of insurance.

An eligible participant may enroll his eligible dependents on the date the eligible participant enrolls for coverage, within 31 days from the date that the eligible dependent arrives in the country of assignment, or within 31 days of the date they were legally married. Newborn children must be enrolled within 31 days after their date of birth or placement for adoption.

COVERAGE OF NEWBORN INFANTS

A newborn child of an eligible participant will automatically be a Covered Person for 31 days from the moment of birth, if the birth occurs while the coverage is in force, and subject to the particular coverages and amounts of insurance as specified in the Policy for eligible dependents. In order to continue the coverage of a newborn child beyond the 31st day following the date of birth, (1) written notice of the birth of the child must be provided within 31 days from the date of birth, and (2) the required premium (if any) must be received by US. If (1) and (2) above are not satisfied, coverage of a newborn child will terminate 31 days after the date of birth.

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 Covered Medical Expenses section. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Injury or Sickness. The amount payable for any one Injury or Sickness will not exceed the maximum benefit amount of \$500,000. Benefits are subject any applicable coinsurance percentages, specified benefits described in the Covered Medical Expenses section, the limitations listed in the Limitations on Covered Medical Expenses section, the exclusions in the General Policy Exclusions, and to all other limitations and provisions of the policy.

The expenses must be incurred after the date treatment was first rendered, following the effective date of the Covered Person's insurance, while coverage remains continuously in force under the Policy.

DESCRIPTION OF BENEFITS

Table with 2 columns: Benefit Name, Amount. Rows include Basic Medical (100% up to \$500,000) and Deductible Amount (\$0).

COVERED MEDICAL EXPENSES

- List of covered medical expenses including fees for diagnosis, hospital charges, laboratory, outpatient prescription drugs, rental charge for durable medical equipment, annual mammogram, cervical cytologic screening, preventive and primary care, home health care, and reconstructive breast surgery.

Expenses incurred by a Covered Person for reconstructive breast surgery as described below are considered covered expenses and will be payable under the policy to the same extent as any other covered surgery, provided such reconstructive surgery is required as a result of a covered sickness. Covered expenses for reconstructive breast surgery will also include the cost of prostheses. If the policy provides outpatient x-ray or radiation therapy, then the cost of outpatient chemotherapy following reconstructive breast surgery that is performed in connection with the treatment of breast cancer also will be included as a covered expense.

- Colonoscopy. Colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society.

LIMITATIONS ON COVERED MEDICAL EXPENSES

- Limitations on covered medical expenses including payment for hospital room and board, intensive care unit charges, and expenses for treatment of mental illness.

shall be 75% of covered expenses for the first 40 visits and 60% thereafter. (Benefits for Colorado residents will be payable in accordance with any applicable Colorado mandates.)

- Expenses incurred for treatment of substance abuse are limited to 28 days for Inpatient or residential care in a Hospital or non-Hospital residential facility, and up to 30 outpatient visits. 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 shall be covered for up to 12 days. (Benefits for Colorado residents will be payable in accordance with any applicable Colorado mandates.)
- Therapeutic or elective termination of pregnancy up to \$500.
- Professional ground or air ambulance service to the nearest Hospital up to \$1,000.
- Expenses for routine newborn baby care, well baby nursery and related Physician charges for a covered pregnancy are payable up to a maximum of \$500.
- Expenses incurred for physiotherapy, including acupuncture are payable up to: 1) a maximum of \$10,000 on an Inpatient basis, and 2) \$50 per visit, maximum 10 visits on an outpatient basis.
- Dental treatment: 1) when performed by a Physician and 2) made necessary by Injury to sound, natural teeth shall be limited to \$250 per tooth per Injury. Routine dental care and treatment to the gums are not covered.
- Emergency dental treatment or extractions needed to alleviate pain are limited to a combined maximum of \$500 during a Covered Person's program from the date of enrollment until the completion date.
- Expenses for treatment of Injuries sustained as a result of participation in or practice for, or orthopedic equipment and appliances used for club sports are payable up to a maximum of \$10,000.
- Expenses incurred within the Covered Person's home country or country of regular domicile up to a maximum of \$25,000.

SUPPLEMENTAL BENEFITS

Accidental Death & Dismemberment - \$25,000 per Participant, \$5,000 Spouse, \$1,000 per Child

If, within 365 days of an Accident covered under the policy in accordance with the Coverage Description to which this benefit applies, bodily Injury results in any of the following losses, the plan will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the plan will pay only the largest benefit amount.

Table of Benefits

Covered Loss

Loss of Life	Principal Sum
Loss of Two or more members	Principal Sum
Loss of Entire Sight of Both Eyes.....	Principal Sum
Loss of One Member and Sight of One Eye	Principal Sum
Loss of Speech and Hearing in Both Ears	Principal Sum
Loss of One member or sight of One Eye	1/2 Principal Sum
Loss of Speech	1/2 Principal Sum
Loss of Hearing in Both Ears	1/2 Principal Sum
Loss of Thumb and Index Finger of the Same Hand	1/4 Principal Sum

Loss of member means complete severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Member means hand or foot.

Severance means the complete separation and dismemberment of the part from the body.

Family Air Fare Expense

The plan will pay up to \$2,500 if the Covered Person is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit provides for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotel, and meals to a maximum of \$75 per day.

In the event of death, or life-threatening Accident or Sickness of a parent, spouse, child, sibling, or legal guardian, requiring the Covered Person to return home after arriving at their placement, the plan will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. ASRM, LLC must be advised and approve the flight, which must be arranged through ASRM, LLC. Retroactive claims will not be accepted. This benefit is limited to \$2,500.

Escort of Mortal Remains

In the event of the death of a Covered Person, the plan will pay round trip economy airfare for one family member to escort the Covered Person's mortal remains to his or her home country.

RIGHT OF SUBROGATION

(NOT applicable to California or Arizona residents)

If the 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, BCS Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, BCS Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the policy against such recovery.

PREFERRED PROVIDER NETWORK (Within the USA only)

The policy utilizes the MultiPlan hospital and physician network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but to find a provider go to www.multiplan.com or call 1-800-877-0005.

GENERAL POLICY EXCLUSIONS

The policy does not cover loss, charges, or expenses caused by or resulting from:

- Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
- Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
- Elective Treatments and voluntary testing.
- The diagnosis and Treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
- 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.
- 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.
- 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.
- Routine foot care, including the Treatment of corns, calluses and bunions.
- Treatment of congenital anomalies and conditions arising or resulting directly there from.
- The diagnosis and Treatment of acne.
- Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while the

Covered Person is insured under the policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.

- The diagnosis and Treatment of infertility.
- Nasal or sinus surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under the policy).
- 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).
- Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
- Organ transplant.
- Birth control, including surgical procedures and devices.
- Treatment that is not incurred by a Covered Person while insured hereunder.
- Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
- Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
- 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.
- Expenses for Treatment of Injuries sustained as a result of participation in or practice for, or orthopedic equipment and appliances used for intercollegiate sports; semi-professional sports; or professional sports.

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.

BCS Insurance Company or The Company will be referred to as "We", "Our" or "Us".

Covered Person means any eligible person and, where applicable, eligible dependents who makes application for, or 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 and dependents' 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 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.

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 the plan, are: (1) consistent with the symptoms 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.

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 the Covered Person works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

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 they are 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.

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.

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.

For questions please contact:

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