

Shepherd University

Study Abroad Insurance Plan

2015-2016

**A Study Abroad Insurance Plan
Designed to help protect students
Against unforeseen medical expenses
While studying outside of their home country.**

**You are entitled to the benefits described
In this brochure if you have enrolled for this
Insurance and paid the required premium.**

**This information is a brief description of the important features of
the insurance plan written under Policy Form Number
STA010026201. It is not a contract of insurance. The terms and
conditions of coverage are set forth in the Policy issued in the state
in which the Policy was delivered. Complete details may be found
in the Policy on file at your school's office. The Policy
is subject to the laws of the state in which it was issued.
Please keep this information as a reference.**

Arch Insurance, Policy STA010026201 February 1, 2015

The policy is effective February 1, 2015 to cover short term limited duration educational trips for Shepherd University between 2/1/15-1/31/16. The actual effective and termination date of the Insured Person's coverage will appear on the ID card and in no instance will coverage: begin prior to the effective date listed above, nor extend past the expiration date listed above or exceed 10 months.

I. ELIGIBLE PERSONS:

The following persons shall be eligible for Insurance hereunder:

*Shepherd University, 301 N. King Street, Shepherdstown, WV 25443
C/O PO Box 5000*

Students, faculty, staff, chaperones, and participants of Shepherd University who are temporarily engaged in educational activities outside of the United States and Home Country in school sponsored education abroad programs. Dependent spouse and children are also eligible.

II. SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

Principal Sum: \$25,000

	Percentage of Principal Sum
Loss of Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot.....	50%
The Sight of One Eye.....	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand.....	25%

Aggregate Limit of Indemnity Per Accident \$1,000,000

Accident Medical*

Sickness Medical*

Per Insured Person Up to \$200,000; \$10,000 Primary,
Balance \$10,001 - \$200,000 Excess

Deductible \$0

***Combined Accident & Sickness Medical Benefit per occurrence**

Coinurance: per Occurrence Per Each Insured Person:

Company pays up to 100% of Accident & Sickness Medical Limit

Therapeutic Termination of Pregnancy Up to \$500
Newborn Nursery Care Up to \$500

Host Country is the country where the Insured Person is traveling to, outside of his or her Home Country.

Pre-Existing Condition Up to \$5,000

Benefit Period
Accident & Sickness 52 Weeks

Dental

Accidental Dental Limit per Person Up to \$1,000 (\$250 maximum per tooth)

Palliative Dental - Dental emergency pain relief treatment to natural teeth up to \$500

The following benefits are added to the Accident & Sickness Medical Benefits

Nervous or Mental Disorders are payable a) up to \$2,500 for outpatient treatment; or b) up to \$10,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under this Policy with respect to any one Insured.

Chiropractic Care: Services shall be limited to 80% of eligible charges up to \$50.00 per visit, with a maximum of 10 visits per injury or illness.

Emergency Medical Reunion

Per Insured Person Up to \$12,500
Round Trip Economy Airfare;
Food and Lodging (Maximum, \$350 per day up to 10 Days)

The attending Physician believes it would be beneficial for the Insured Person to have one individual (selected by the Insured Person) at his or her side.

Coverage is also provided immediately (to up to 15 days) following a felonious assault (ie. a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape) for victims needing the support of a family member or friend.

If Insured Person dies, up to \$2,500 for a family member to accompany mortal remains.

Trip Cancellation Up to \$5,000

Trip Interruption Up to \$5,000

Coverage is also provided for a life-threatening accident or sickness.

Trip Interruption (Chaperone or Faculty Leader only) Up to \$5,000

Coverage includes reimbursement for: 1) the replacement chaperone or faculty leader, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the Trip; and 2) returning chaperone or faculty leader, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

Baggage and Personal Effects \$50 deductible,
Up to \$100 per article, maximum benefit is \$200.

III DEFINITIONS

“Accident” or **“Accidental”** shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

“Assistance Company” means the service provider with which the Company has contracted to coordinate and deliver Emergency travel assistance, medical evacuation, and repatriation.

“Benefit Period” means the allowable time period the Insured Person has from the date of Injury or onset of Illness to receive Treatment for a covered Injury or Illness. If the Insured Person’s plan terminates during the Benefit Period, the Insured Person will still be eligible to receive Treatment so long as the Treatment is within the Benefit Period and outside the Insured Person’s Home Country.

“Common Carrier” shall mean any land, sea, and/or air conveyance operating under a valid license for the transportation of passenger for hire.

“Company” shall be Arch Insurance Company.

“Covered Expenses” shall mean expenses which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in Section II, Schedule of Benefits, under each stated benefit.

“Deductible” shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in Section II, Schedule of Benefits, under each stated benefit.

“Dentist” shall mean a legally licensed doctor of Dental Surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

“Dependent” shall mean the spouse who is legally married to the Insured Person; the Insured Person’s unmarried Child who is over 18 years old but not older than 26 years old and is enrolled as a full-time student at an accredited school or college and is not employed on a full-time basis and is dependent on the Insured Person for his/her support and maintenance. The age limits that apply to Dependent Child(ren) will not apply to any insured Child of the Insured Person who remains dependent on the Insured Person for support and maintenance because he or she becomes incapable of working due to a physical handicap or retardation which occurs: before reaching the age limit; and while insured under this Policy or any prior plan, provided such Child was insured on the date of termination of the prior plan.

“Disablement” as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

“Effective Date” shall mean the date the Insured Person’s coverage under this Policy begins. The Effective Date of this Policy is the later of the following:

1. The Date the Company receives a completed application and premium for the Policy Period, or
2. The Effective Date requested on the application, or
3. The Date the Company approves the application.

“Elective Surgery or Elective Treatment” shall mean surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous

resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident.

“Emergency” shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.

“Experimental/Investigational” means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

“Family Member” shall mean a spouse, parent, sibling Child, or grandparent of the Insured Person.

“Home Country” shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

“Hospital” as used in this Policy means a place that 1.) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- a facility mainly used for the Treatment of drug addicts or alcoholics.

“Illness” wherever used in this Policy shall mean Sickness or disease of any kind contracted and commencing after the Effective Date of this Policy.

“Injury” wherever used in this Policy means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of this policy.

“Insurance” shall mean the coverage that is provided under this Policy.

“Insured Person(s)” shall mean a person eligible for coverage under the Policy as defined in Section I, Declarations #3 “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Insured Person or Dependent(s).

“Loss” in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and

above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight and with regard to thumb and index finger, actual severance through or above the joint that meets the finger at the palm. Loss in reference to other coverages shall mean injury or damage sustained by the Insured in consequence of happening of one or more of the accidents against which the Company has undertaken to indemnify the Insured.

“Maximum Benefit” means the largest total amount of Covered Expenses that the Company will pay for the Insured.

“Medically Necessary” or **“Medical Necessity”** shall mean services and supplies received by the Insured Person while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person’s Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person’s condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

“Medicine” or **“Medications”** shall mean the drugs prescribed or dispensed to the Insured Person, by a licensed Physician, as a result of a Covered Expense. Medicine or Medication shall mean the generic equivalent of a drug, or if the generic equivalent is not available, the brand name drug.

“Mental and Nervous Disorder” shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning.

“Outpatient” shall mean an Insured Person who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician’s office, for an Illness or Injury, but who is confined and is not charged for room and board.

“Policy Period” or **“Period of Coverage”** shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the termination date or the date coverage is renewed by the Company.

“Physician” as used in this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

“Policy” shall mean this document, the application and any endorsements, riders or amendments that will attach during the Period of Coverage.

“Policyholder” means the Policyholder shown on the face page of this Policy.

“Pre-existing Condition” for the purposes of this Policy shall mean 1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment 180 days prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advice, diagnosis, care or Treatment was recommended or received during the 180 days prior to the Effective Date of coverage under this Policy;

“Reasonable and Customary” shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company’s determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

“Registered Nurse” shall mean a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other jurisdictional authority, and who is legally entitled to place the letters “R.N.” after his or her name.

“Relative” shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

“Scheduled Departure Date” means the date on which the Insured Person is originally scheduled to leave on the Trip.

“Scheduled Return Date” means the date on which the Insured Person is originally scheduled to return to the point of origin or to a different final destination.

“Service Provider” shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential Treatment facility, psychiatric Treatment facility, alcohol or drug dependency Treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

“Sickness” means illness or disease contracted and causing loss commencing while the Policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication 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.

“Surgery” shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

“Unexpected” means not anticipated or expected and occurring after the effective date of the Policy.

IV. BENEFIT PROVISIONS

SCOPE OF COVERAGE

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in Section II, Schedule of Benefits. Benefits shall be payable to either the Insured Person or the

Service Provider for Covered Expenses incurred outside the Insured Person's Home Country. The duration of the Insured Person's trip cannot exceed 364 days.

The Insured Person must remain continuously insured under the Policy for the duration of the Treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy;

The Company shall pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

1. such Loss occurs within 365 days after the date of Accident causing such Loss; and
2. the indemnity payable for any such Loss shall be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
3. if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

ACCIDENT MEDICAL EXPENSES

The Company will pay Covered Expenses due to Accident only, as per the limits stated in Section II, Schedule of Benefits, Accident Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury must occur within 30 days of the Accident.

When a covered Injury is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses of the Deductible and Coinsurance as stated in section II, Schedule of Benefits, Accident Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Accident Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Accident Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Accident Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Accident Medical, from the onset of an Injury and which are not excluded in Section V, Exclusions, are considered Covered Expenses.

SICKNESS MEDICAL EXPENSES

The Company will pay Covered Expenses, as per the limits stated in Section II, Schedule of Benefits, Sickness Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Illness must occur within 30 days of the onset of the Illness. Illness must manifest itself during the Period of Coverage.

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Sickness Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Sickness Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Coverage is not included for diagnosis and treatment of acne, weak, strained or flat feet, corns, calluses or toenails.

Sickness Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Sickness Medical, from the onset of the Illness and which are not excluded in Section V, Exclusions, are considered Covered Expenses. Initial Treatment of an Illness must occur within 30 days of the onset of the Illness.

DENTAL

When covered Dental expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Dental. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses. With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.

EMERGENCY MEDICAL REUNION

When an Insured Person is hospitalized for more than 24 consecutive hours, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include:

- The cost of a round trip economy air fare and their hotel and meals up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion

The period of Emergency Medical Reunion is not to exceed 15 days, including travel.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

TRIP CANCELLATION

Trip Cancellation coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Cancellation, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for trips if cancelled prior to departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation of the Insured Person's trip if caused by:

(A) Sickness, Accidental Injury or death of the Insured Person, which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date:

1. The Insured Person's Sickness or Injury. The severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured Person cancels the trip. The Insured Person must be under the direct care and attendance of a Physician.
2. Death of the Insured Person, legal spouse; child; son-in-law; daughter-in-law; sibling; parent; parent-in-law; or grandparents. For all of the above situations, the incident that causes cancellation must occur within 30 days of the scheduled travel dates.

(B) The Insured Person being hijacked, quarantined at the Insured Person's home,

(C) The Insured Person who is on active military duty in the United States Armed Forces: has their personal leave revoked within 10 days prior to the departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or are personally reassigned within 10 days prior to the departure date, whether temporary or permanent.

The Company will reimburse for the following:

The amount of forfeited, and prepaid, and non-refundable unused payments or deposits that you paid for the Covered Trip.

In no event shall the amount reimbursed exceed the lesser of the amount the Insured Person prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Coverages.

TRIP INTERRUPTION

Trip Interruption coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Interruption, Trip Interruption Limit, for Loss(es) the Insured Person incurs for trips if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by Death of a Family Member, parent, spouse, sibling, child, grandparent; 2) Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.).

Coverage is provided for the cost of a round trip air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the

Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

1. The Insured Person must be outside of his/her Home Country at the time of the death of the Relative or the substantial destruction of the principal residence; and
2. The death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage.

BAGGAGE AND PERSONAL EFFECTS

The Company will reimburse the Insured Person, up to the amount stated in Section II, Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

There will be a per article limit of \$100. The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$100 per article.

V. EXCLUSIONS

For benefits listed in Section II, Schedule of Benefits, Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind; Sickness of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power;
7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
8. Service in the military, naval or air service of any country;
9. While riding or driving in any kind of competition.

For benefits listed in Section II, Schedule of Benefits, Accident Medical, Sickness Medical, Dental, Emergency Medical Reunion, Trip Interruption this Insurance does not cover:

1. Pre-Existing conditions, except as defined in the policy;
(This exclusion does not apply to Emergency Evacuation/Repatriation)

2. Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment;
3. Charges for treatment which is not Medically Necessary;
4. Charges for treatment which exceed Reasonable and Customary charges;
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
7. Injury sustained while participating in intercollegiate, club, interscholastic (unless coverage is included on the Schedule of Benefits) and professional athletics;
8. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician unless otherwise covered under this Policy;
9. Treatment of the Temporomandibular joint;
10. Vocational, speech, recreational or music therapy;
11. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
12. Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified;
13. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;
14. Elective Surgery which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical advice, treatment or Surgery;
15. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;
17. Treatment for any Mental and Nervous Disorders except as provided in this policy;
18. Congenital abnormalities and conditions arising out of or resulting there from;
19. Expenses as a result or in connection with the commission of a felony offense, unless otherwise specified;
20. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle and parasailing
21. Treatment paid for or furnished under any other individual or group policy (including no-fault automobile) or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
22. Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy;
23. Treatment for human organ tissue transplants or bone marrow transplants and their related Treatment;
24. Dental care, except as the result of Injury to natural teeth caused by Accident and palliative dental treatment unless coverage is provided on the Schedule of Benefits;
25. Routine Dental Treatment;
26. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
27. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
28. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
29. Weight reduction programs or the surgical Treatment of obesity.

For benefits listed in section II, Schedule of Benefits, Baggage Loss, this Insurance does not cover:

1. Animals;
2. Artificial teeth or limbs, hearing aids;
3. Sunglasses, contact lenses or eyeglasses;
4. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
5. household furnishings.

VI. COMPREHENSIVE MEDICAL EVACUATION

Emergency Medical Evacuation

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred, a) if the Covered Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while traveling during the educational institution's sponsored trip or b) after being treated at a local medical facility, once stabilized, if the Covered Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country. Emergency Evacuation eligible expenses are payable subject to the Maximum Amount per Covered Person listed on the Table for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Service Provider, must order the Emergency Evacuation and must certify that the severity of the Covered Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with the Emergency Evacuation of the Covered Person. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Covered Person; and (c) reviewed and pre-approved by the Assistance Service Provider.

Return of Mortal Remains

The Company will pay the reasonable Covered Expenses incurred to return the Covered Person's body to their primary residence if he/she dies while traveling during the educational institution's sponsored trip. This will not exceed the Return of Mortal Remains maximum listed in the Table.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by our Assistance Service Provider.

DEFINITIONS – COMPREHENSIVE MEDICAL EVALUATION

“Appropriate Authority(ies)” means the government authority(ies) in the Covered Person's Home Country or the government authority(ies) of the Host Country.

“Assistance Service Provider” means Assist America, Inc. (AAI)

“Covered Expenses” mean expenses which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while covered; and which do not exceed the maximum amounts listed in the Table.

“Covered Person” means students, faculty, staff, chaperones, and participants of Shepherd University who are temporarily engaged in educational activities outside of the United States and Home Country in school sponsored education abroad programs. Dependent spouse and children are also eligible if selected.

“Designated Security Consultant” means an employee of a security firm under contract to AAI or an AAI designated service provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

“Emergency Evacuation” means the Covered Person’s medical condition warrants immediate transportation from the place where the Covered Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained.

“Emergency Sickness” means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Covered Person’s condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force while the Covered Person suffers the symptom.

“Excluded Countries” means the following countries from which Security Evacuations are not available including any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

“Home Country” means the country of citizenship of the Covered Person. If the Covered Person has dual citizenship, for the purposes of this benefit, his or her Home Country is the country of the passport he or she used to enter the Host Country.

“Host Country” means any country, other than an Excluded Country, in which a Covered Person is traveling during the educational institution’s sponsored trip.

“Injury” means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes.

“Physician” means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

“Transport/Transportation” means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

EXCLUSIONS:

No benefits are payable for charges, fees or expenses:

1. That are recoverable through the Covered Person’s employer;
2. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by a Covered Person, acting alone or in collusion with others;
3. Arising from or attributable to an alleged:
 - Violation of the laws of the Host country by a Covered Person;

- Violation of the laws of the Covered Person's Home Country unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Covered Person;
- 4. Due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
- 5. Arising from an Occurrence which took place in an Excluded Country;
- 6. For medical services;
- 7. Arising from or attributable, in whole or part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause.

Table: Maximum Amount per Covered Person

Emergency Medical Evacuation/Repatriation	100% of Covered Expenses
Return of Mortal Remains	100% of Covered Expenses

24 HOUR ASSISTANCE



Provided by Assist America

Mobile Phone App for tap-to-call and pre-trip planning information

- Medical Consultation, Evaluation & Referral
- Hospital Admission Guarantee
- Emergency Medical Evacuation
- Medical Monitoring
- Medical Repatriation
- Prescription Assistance
- Emergency Message Transmission
- Compassionate Visit
- Care of Minor Children
- Return of Mortal Remains
- Lost Luggage or Document Assistance
- Legal & Interpreter Referrals
- Pre-Trip Information

Presented by:

RCM&D Global

555 Fairmount Ave.

Baltimore, MD 21286

800-346-4075

www.rcmd-global.com

study.abroad@rcmd.com

Insurance coverage is underwritten by Arch Insurance Company (a Missouri corporation, NAIC # 11150). Terms and conditions are briefly outlined above. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this description and the policy, the policy will govern. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language.