

# UNIVERSITY HEALTH PLANS, INC.

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QUINCY, MASSACHUSETTS 02169-7454

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[Date]

**RE: [Student's Name]  
Wright State University  
2015-2016 Travel Insurance Plan  
Policy: NWT2015081**

Dear [Student's Name],

This letter will confirm that Wright State University has insured you under the Wright State University Travel Insurance Plan effective [effective date] to [term date]. The plan provides benefits for the Usual and Customary Expenses incurred by an Insured person for Loss due to a covered Accident or Sickness up to a \$500,000 maximum per policy year. Coverage is provided on a worldwide basis, twenty-four hours a day, and includes coverage for medical evacuation up to \$500,000, repatriation of mortal remains up to \$100,000, natural disaster evacuation up to \$100,000, and political evacuation up to \$100,000.

All claims are subject to medical and policy review in accordance with the exclusions and limitations contained in the policy.

Please submit all claims or inquiries to the Claims Administrator:

Consolidated Health Plans  
2077 Roosevelt Avenue  
Springfield MA 01101-1998  
(800) 633-7867

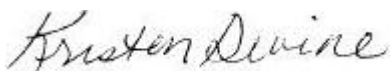
International SOS provides all the evacuation and repatriation services for travelers going abroad on behalf of the University during the 2015-2016 calendar year. The International SOS membership number for all Wright State University travelers is [REDACTED].

For additional information contact International SOS local office and Alarm Center in Philadelphia who will provide additional information regarding International SOS services

International SOS  
3600 Horizon Blvd, Suite 300  
Trevose, PA 19053  
215-942-8000

If you have any further questions, you may contact our office at (800) 437-6448, Monday through Friday, 8:30 am through 5:00 pm, EST.

Sincerely,



Kristen Devine  
Senior Account Executive

## Wright State University

### Travel Medical Plan – Evidence of Benefits

**Eligibility:** International Students, visiting Faculty, Scholars, or other persons with a current passport or student visa, who are temporarily residing outside their Home Country or regular residence. The Insured must be engaged in full-time educational or research activities of the Participating Organization outside the United States.

**Coverage:** Mandatory coverage for eligible participants of Wright State University Study Abroad.

**Coverage #1:** International Medical

**Coverage #2:** ISOS Case Fees

**Territory Restrictions:**

- United States\*, except as provided under the Home Country Coverage
- Cuba, unless a valid travel license is obtained from the United States

\* The U.S. is defined as the 50 United States and the District of Columbia.

**Period of Coverage:** Master Agreement Year: May 1, 2015 to April 30, 2016. No Insured person may have a policy period longer than twelve (12) months.

Effective Date of Coverage begins on the latest 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 moment the Insured Person departs their Home Country airspace

Expiration Date of Coverage terminates on the earlier of the following:

1. The moment the Insured Person returns to their Home Country except as provided under the Home Country Benefit; or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The date shown on the certificate issued by the Company; or
4. The end of the period for which premium has been paid; or
5. The Date the Insured Person fails to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

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#### COVERAGE #1: INTERNATIONAL MEDICAL

Please keep this document as a general summary of the Insurance. This Evidence of Benefits is a brief summary of filed form number NHPINTRVL which contains complete details of the coverage. A copy of the Travel Protection Policy is available for inspection at the Plan Administrator's office. The Evidence of Benefits shall control in the event of any conflict between this Evidence of Benefits and the Travel Protection Policy.

#### SCHEDULE OF BENEFITS:

All Coverages and Benefits are in U.S. Dollar Amounts	
Medical Maximums	Per Injury or Illness:
Accident Medical; Sickness Medical	\$500,000 per Primary Insured
Deductible per Injury or Illness	\$0
Coinsurance	This plan pays 100% of eligible expenses to the Medical Maximum
Benefit Period	Period of Coverage
Maternity	Up to Sickness Medical Maximum
Alcohol and Drug Abuse per Lifetime	Inpatient: Payable at 100% to \$10,000, to a maximum of 40 days Outpatient: Payable at 100% to \$5,000 up to maximum of 30 visits
Injuries from a Motor Vehicle Accident	Up to Accident Medical Maximum
Dental (Emergency)	Up to \$2,000 per Period of Coverage
Dental (Palliative)	Up to a maximum of \$500 per Period of Coverage
Loss of Baggage	Up to \$250 per Period of Coverage
Trip Interruption – Return Ticket	Up to \$2,000
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$50,000
Home Country Extension of Benefits	Up to \$10,000, expenses must be incurred within 90 days of returning to your Home Country
Accidental Death & Dismemberment ("AD&D")	Principal Sum: \$10,000 per Primary Insured; \$5,000 Spouse/Dependent Child
Aggregate Limit of Indemnity per Accident	Five times the principal sum to a maximum aggregate of \$50,000

## **DESCRIPTION OF BENEFITS**

### **Medical Expenses:**

This Plan shall pay Reasonable and Customary charges for Covered Expenses up to the Medical Maximum, incurred by you, due to an accidental Injury or Illness which occurred during the Period of Coverage outside your Home Country. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges are incurred within the Benefit Period, and which are not excluded, shall be considered Covered Expenses:

- 1) Charges made by a Hospital for semi-private room and board, floor nursing and other 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, medical ventilator, and medical Treatment.
- 8) Charges for physiotherapy as the result of Covered Accident, to a maximum of \$2,500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 9) Charges for physiotherapy as the result of Covered Sickness, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 10) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 11) 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 to a limit of \$350, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

### **Extension of Benefits:**

Your coverage will be extended if you are Hospital confined for a Covered Injury or Illness and under the care of a Physician on the termination date of your Period of Coverage. Coverage will terminate on the earlier of the following:

- 1) 30 days from the end of your Period of Coverage; or
- 2) The maximum benefit has been paid; or
- 3) Your release from the hospital or Physician care.

### **Pre-notification:**

For each scheduled hospital admission or emergency hospital confinement, you or someone on your behalf must contact the assistance company for pre-notification as soon as possible, but no later than 48 hours prior to the admission to the hospital, or of the hospital confinement. For Emergency Hospital Confinement, you or someone on your behalf must notify the assistance company as soon as possible, but no later than 48 hours after the date of admission. Pre-notification does not guarantee or confirm benefits or the payment of said benefits.

### **Maternity:**

When covered maternity expenses are incurred by You or Your eligible dependents, the Company will pay Reasonable Charges for medical expenses. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

You or Your representative must notify the Company of a Pregnancy within the first trimester.

As stated in the Schedule of Benefits, benefits will be payable for covered expenses You incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for You and Your newborn child in a hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if Your attending physician determines further Inpatient postpartum care is not necessary for You or Your newborn child provided the following are met:

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
  - a. The antepartum, intrapartum, postpartum course of the mother and infant;
  - b. The gestational stage, birth weight, and clinical condition of the infant;

- c. The demonstrated ability of the mother to care for the infant after discharge; and
  - d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to You at Your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for You and Your newborn child from the hospital. Coverage for this visit includes, but is not limited to:
  - a. Parent education;
  - b. Assistance and training in breast or bottle feeding; and
  - c. Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for You or Your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At Your discretion, this visit may occur at the physician's office.)

#### **Alcohol and Drug Abuse:**

Benefits will be paid for Treatment or medication for Alcohol and Drug Abuse; provided said Treatment or medication is not excluded and covered under this policy, it shall be considered a Covered Expense. Benefits shall be payable up to the maximum, as stated in the Schedule of Benefits.

#### **Dental – Emergency:**

Benefits are paid for Reasonable and Customary expenses up to the maximum as stated in the Schedule of Benefits, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

#### **Dental – Palliative (Emergency Relief of Pain):**

This plan shall pay up to the maximum as stated in the Schedule of Benefits, for emergency treatment for the relief of pain to natural teeth.

#### **Loss of Baggage:**

This Plan will reimburse You for loss, theft or damage to Your baggage or personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. This Plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. This Plan will pay the lesser of: 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, up to the maximum as stated in the Schedule of Benefits. Certain exclusions do apply.

#### **Trip Interruption – Return Ticket:**

If your trip is interrupted due to one of the following reasons:

1. Death of a Family Member

Benefits will be paid up to the maximum as stated in the Schedule of Benefits for the cost of economy travel less the value of applied credit from an unused return travel ticket to return you home to your area of principal residence

#### **Home Country Coverage:**

**Incidental Trips to the Home Country** – During the Period of Coverage, the Insured may return to their Home Country for incidental visits of up to thirty (30) days. If during an incidental trip home, the Insured suffers an Injury or Sickness, this Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses for that Injury or Sickness. Treatment for this Injury or Sickness must occur within the Insured's Home Country while on the incidental visit.

**Home Country Extension of Benefits** – The Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses incurred in Your Home Country related to an Injury or Sickness which occurred, was diagnosed and treated outside Your Home Country during Your Period of Coverage. Only those covered expenses incurred within ninety (90) days of Your return to Your Home Country shall be considered eligible.

#### **Accidental Death & Dismemberment:**

Benefits shall be paid to you if you sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If you incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

Quadruplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	50%
Uniplegia (total paralysis of one limb)	20%

## PLAN DEFINITIONS

**Benefit Period** shall mean the allowable time period you have from the date of Injury or onset of Illness to receive Treatment for a Covered Injury or Illness.

**Coinsurance** shall mean the percentage amount of Covered Expenses which is your responsibility to pay.

**Deductible** shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

**Home Country** shall mean the country where you have your true, fixed and permanent home and principal establishment.

**Illness** shall mean Sickness or disease of any kind contracted and commencing after the Effective Date of this Plan.

**Injury** shall mean 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 Plan.

**Inpatient** shall mean if you are confined in an institution and are charged for room and board.

**Outpatient** shall mean if you receive 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.

**Reasonable and Customary** shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to, but not to exceed, charges actually billed. The determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where 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 included but not limited to, a resource based relative value scale.

**Treatment** shall mean a specific in-office or Hospital physical examination of, or care rendered to you; consultation; diagnostic procedures and services; Surgery; medical services and supplies, including Medication prescribed or provided by a Service Provider.

**You, Your or Insured** shall mean Insured Person.

## EXCLUSIONS AND LIMITATIONS

**No Benefit shall be payable for Accident Medical, Sickness Medical, Maternity, Alcohol and Drug Abuse, Dental (Emergency), Dental (Palliative) and Home Country Coverage as the result of:**

- Injury or Illness which is not presented to the Company for payment within three (3) months of receiving Treatment;
- Charges for Treatment which is not Medically Necessary;
- Charges provided at no cost to you;
- Charges for Treatment which exceeds Reasonable and Customary charges;
- Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;
- Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- 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
  - acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence
  - martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions;
- Injury sustained while participating in professional athletics;
- 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;
- Treatment of the Temporomandibular joint;
- Vocational, speech, recreational or music therapy;
- Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;

13. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
14. Elective Surgery which can be postponed until you return to your Home Country, 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 eyeglasses, or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
17. Expenses which are non-medical in nature;
18. Expenses as a result of, or in connection with, the commission of a felony offense;
19. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle riding; scuba diving involving underwater breathing apparatus, unless certified; and spelunking. *Note that this exclusion does not apply if the activity is a University Sponsored program.*
20. Treatment paid for or furnished under any other individual or group policy 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 any cost to you;
21. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
22. Routine Dental Treatment;
23. 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;
24. Treatment for human organ tissue transplants and their related Treatment;
25. Expenses incurred while in your Home Country (unless as provided under the Home Country Coverage);
26. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
27. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
28. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
29. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
30. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
31. Weight reduction programs or the surgical Treatment of obesity.

**No Benefit shall be payable for Accidental Death and Dismemberment as the result of:**

1. Suicide, or attempt thereof, while sane, or self destruction, or any attempt thereof, while insane;
2. Bacterial infections, except pyogenic infection, which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are 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 you are 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:
  - 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
  - c. acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence
  - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for, or in connection with, acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for, or in connection with, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;

12. Sickness of any kind;
13. Injury occasioned or occurring while you are committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation;
14. While riding or driving in any kind of competition; **Note that this exclusion does not apply if the activity is a University Sponsored program.**
15. This Plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

**No Benefit will be payable for Baggage Loss and Delay for:**

1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;
2. Animals;
3. Artificial teeth or limbs, hearing aids;
4. Sunglasses, contact lenses or eyeglasses;
5. 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;
6. Household furniture or furnishings.

**COVERAGE #2: ISOS Case Fees**

**ISOS Case Fee Coverage: Medical**

**Medical expense guarantee, cost review & payment, medical monitoring**

- a. **Outpatient care** (An outpatient is defined as a patient who has received services in the hospital or from other professional providers and does not require an overnight stay in the hospital).
  - i. **Third party expenses** Third party expenses (supported by an invoice, receipt or voucher) incurred on the Subscriber / Member's behalf are recharged at cost.
  - ii. **Medical coordination fee (applicable per case and only if Intl.SOS incurs third party expenses)**

Outpatient Expenses (Including day surgery)	Medical Coordination Fee USD
<USD 100	USD 110
USD 101 – USD 250	USD 210
USD 251 – USD 500	USD 320
>USD 501	USD 410

- b. **Inpatient care** An inpatient is defined as a patient who is confined to a hospital and remains hospitalized for over 23 hours.
  - i. **Third party expenses**  
Third party expenses (supported by an invoice, receipt or voucher) incurred on the Subscriber/ Member's behalf is recharged at cost.
  - ii. **Medical monitoring fee (applicable per case)**  
The medical monitoring service allows for Intl.SOS to review medical costs as the Intl.SOS doctor will review treatment recommendations, doctor fees and hospital invoices. The service includes Intl.SOS rendering any of the following services:
    - arrangement of hospital admission;
    - monitoring of patient condition during hospitalization;
    - generation of medical reports; execution of patient's reporting procedures.

Total Medical Expenses	Medical Monitoring Fee
<USD 250	USD 270
USD 251 – USD 500	USD 320
USD 501 – USD 750	USD 540
USD 751 – USD 1,500	USD 680
USD 1,501 – USD 5,000	USD 1,030
USD 5,001 – USD 10,000	USD 1,360
USD 10,001 – USD 20,000	USD 2,040
USD 20,001 – USD 50,000	USD 2,730
>USD 50,000	USD 4,760

## **PLAN PROVISIONS**

### **Refund of Plan Cost:**

Unearned premiums will be refunded for the number of full days only. Premium refunds will be considered only for school withdrawal or entry into the armed forces. The refund request must be in writing, and your ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to the approval of the Plan Administrator.

### **Important Information:**

In the event of Injury or Sickness, you should:

If an emergency:

- Go directly to the hospital
- Call the 24-hour assistance service center at the number listed on your ID card to alert the center of your situation

If not an emergency:

- Call the 24-hour assistance services provider for assistance in locating English speaking or appropriate providers, facilities, medical or medical transport advice and they will be happy to assist you.

### **Notice of Claim:**

Written notice of claim(s) must be given to the Claims Administrator, Consolidated Health Plans, LLC (CHP), within thirty (30) days after the occurrence or commencement of any Disablement, or as soon thereafter as is reasonably possible. Notice given by someone on your behalf to CHP, with information sufficient to identify you shall be deemed sufficient notice to CHP.

### **Payment of Claims:**

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to your estate. If any indemnity of the Plan shall be payable to a minor, or one otherwise not competent to give a valid release, the Plan shall pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage to you who is deemed to be equitably entitled thereto. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan to the extent of such payment. Subject to any written direction by you, all or a portion of any indemnities provided by this Plan on account of hospital, nursing, medical or Surgical service may, at the Plan's option and unless you request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but is not required the service be rendered by a particular hospital or person.

### **Monetary Limits:**

The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claim expense was incurred.

### **Subrogation:**

To the extent the Plan pays for a loss suffered by you, the Plan will take over the rights and remedies you had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over your rights, you must sign an appropriate subrogation form supplied to you.

### **Renewal:**

Coverage under this Plan is not renewable.

### **Underwriter:**

Products underwritten by: Nationwide Mutual Insurance Company

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## **CLAIMS:**

### **Consolidated Health Plans**

On Behalf of Nationwide Insurance Company and Affiliated Companies

2077 Roosevelt Avenue

Springfield, MA 01104

Phone: (800) 633-7867 / (413) 733-4540

[www.chpstudent.com](http://www.chpstudent.com)



**24-HOUR EMERGENCY ASSISTANCE:**  
**WHAT TO DO IN THE EVENT OF AN EMERGENCY**

Upon enrollment into a study abroad program travelers should visit their school's online portal with International SOS to familiarize themselves with the services that International SOS offers students while they are abroad.

Please go to [www.internationalsos.com](http://www.internationalsos.com) and at the prompt for the Members' website log in enter your school's International SOS membership number.

If you have a pre-trip medical or security related question or emergency while overseas, please call collect to the 24-hour International SOS alarm center in Philadelphia: 1-215-942-8478

The alarm center is staffed by doctors, logistics coordinators and security experts. International SOS alarm centers can provide medical advice, assistance in your location, or arrange for an evacuation.

International SOS services include the following:

- Medical Evacuation and Repatriation coordinated through International SOS.
- Political and Natural Disaster Evacuation coordinated through International SOS.
- Payment of overseas Medical Bills coordinated through International SOS and Consolidated Health Plans.
- One call to International SOS coordinates all benefits with the Plan Administrator.
- Full coordination with the International SOS credentialed medical provider network worldwide.
- Transportation to join a hospitalized member, accommodation while visiting hospitalized member, return of minor children, and return of traveling companion are services coordinated through with International SOS.

# Wright State University

## Travel Insurance

### 2015-2016 Summary of Benefits

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**Eligibility:** Students, Faculty, Scholars, or other persons of the Sponsoring School with a current passport or student visa, who are temporarily residing outside the United States on a Study Abroad Program.

**Policy Number:** NWT2015081

**Policy Dates:** 05/01/15-4/30/16

#### **Plan Design:**

The plan provides benefits for the reasonable and customary charges incurred by a participant for a covered Accident and Sickness up to a \$500,000 policy year maximum. Coverage will be provided for each benefit or service as listed in the summary below.

All Coverages and Benefits are in U.S. Dollar Amounts:	
Accident and Sickness Medical Maximum	\$500,000
Deductible	\$0
Pre-Existing Conditions	Covered
Physician Office Visits	\$500,000
Inpatient Hospital Benefits	\$500,000
Maternity Care for a Covered Person	\$500,000
Outpatient prescription drugs	\$500,000
Mental Health	\$500,000
Dental (Emergency)	\$2,000
Dental (Palliative)	\$500
Accidental Death & Dismemberment	\$10,000 per Primary Insured
Baggage Loss	\$250
Travel Assistance Services Provided by:	International SOS
Medical Evacuation and Medically Necessary Repatriation	\$500,000
Necessary Repatriation due to Felonious Assault	\$500,000
Repatriation of Mortal Remains	\$100,000
Visit by Family Member or Friend	\$20,000, to include meals & accommodations at \$500 per day, up to \$5,000 if due to felonious assault
Return of Dependent Children	\$5,000
Political Evacuation	\$100,000
Natural Disaster Evacuation	\$100,000

#### **Frequently Asked Program Questions:**

**Who do I contact if I need help when I'm overseas?**

If you have an emergency please call the 24-hour International SOS Alarm Center collect:

**1-215-942-8478.**

**Who do I contact if I have pre-trip medical or security questions?**

Travelers should visit their school's online portal with International SOS to familiarize themselves with the services that International SOS offers travelers while they are abroad.

Please go to [www.internationalsos.com](http://www.internationalsos.com) and at the prompt for the Members' website log in enter your school's International SOS membership number. **Wright State University's Membership Number is \_\_\_\_\_.**

If you have a pre-trip medical or security related question or emergency while overseas, please call collect to the 24-hour International SOS alarm center in Philadelphia: **1-215-942-8478**

The alarm center is staffed by doctors, logistics coordinators and security experts. International SOS alarm centers can provide medical advice, assistance in your location, or arrange for an evacuation.

### **What are some of International SOS services?**

Medical Evacuation and Repatriation coordination; Political and Natural Disaster Evacuation coordination; Payment of overseas Medical Bills; Coordination of all benefits with the Plan Administrator; Full coordination with the International SOS credentialed medical provider network worldwide.

Transportation to join a hospitalized member, accommodation while visiting a hospitalized member, return of minor children, and return of traveling companion are also services coordinated through International SOS

### **Who do I contact if I have questions about benefits or how the plan works?**

University Health Plans  
One Batterymarch Park  
Quincy, MA 02169  
1-800-437-6448  
Email: [KristenD@univhealthplans.com](mailto:KristenD@univhealthplans.com)

### **Enrollment/Eligibility**

#### **Who is eligible?**

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. and are temporarily pursuing educational activities approved by Wright State University outside the United States or your home country.

#### **How do I enroll?**

**Students participating in a group university-sponsored study abroad program are automatically enrolled by the University Center for International Education.**

#### **Do I get an ID card?**

You will receive an International SOS membership card, which will include the 24 hour International SOS Alarm Center phone number. You will not receive a separate insurance ID card. Consolidated Health Plans, the Claims Administrator, will have a list of the students participating in Wright State University study abroad programs or verify eligibility with the University.

### **Medical Insurance Plan Benefits**

#### **What is covered under the Study Abroad Medical Insurance Plan?**

The plan covers medical expenses, including hospital room and board, inpatient and outpatient surgical procedures, emergency outpatient care, labs and x-rays, inpatient and outpatient mental health, physician office visits and prescription drugs. See policy schedule for a full list of benefits.

Payment will be made as allocated for covered medical expenses incurred due to a covered Injury or Sickness, not to exceed a Maximum Benefit of \$500,000 policy year maximum.

**How is prescription drugs covered?**

Prescription drugs are covered at 100% of the actual charge

**What if I have a pre-existing condition, am I covered?**

Yes, there is no exclusion.

**Does this plan provide primary coverage?**

Yes.

**Does this plan have a deductible?**

No.

**Claims Processing**

**If I receive a bill for services I received, what should I do?**

When outside of the US, you may be asked to pay for the medical care first and then need to seek reimbursement. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the Claims Administrator that you are seeking reimbursement for charges previously paid. Please ensure that your name, date of birth, school, student ID, and mailing address (to receive your reimbursement check) are on the bill.

Consolidated Health Plans  
2077 Roosevelt Ave  
Springfield, MA 01104  
800-633-7867

**If International SOS pays for my medical bills how is International SOS reimbursed?**

If International SOS pays for medical treatment, the claim will be automatically sent to Consolidated Health Plans and International SOS will get reimbursed directly from Consolidated Health Plans. The student does not need to submit any paperwork.

**Is any other information needed to pay a claim?**

If the treatment you received was a result of an accident, you might receive a letter from Consolidated Health Plans asking you for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly.

**Exclusions and Limitations:**

**Accident Medical, Sickness Medical, Maternity, Mental Illness, Alcohol and Drug Abuse, Dental (Emergency), Dental (Palliative) and Home Country Coverage Exclusions:**

1. Injury or Illness which is not presented to the Company for payment within three (3) months of receiving Treatment;
2. Charges for Treatment which is not Medically Necessary;
3. Charges provided at no cost to you;

4. Charges for Treatment which exceeds Reasonable and Customary charges;
5. Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;
6. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
7. 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
  - c. acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence
  - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions;
8. Injury sustained while participating in professional athletics;
9. 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;
10. Treatment of the Temporomandibular joint;
11. Vocational, speech, recreational or music therapy;
12. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
13. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
14. Elective Surgery which can be postponed until you return to your Home Country, 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 eyeglasses, or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
17. Expenses which are non-medical in nature;
18. Expenses as a result of, or in connection with, the commission of a felony offense;
19. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle riding; scuba diving involving underwater breathing apparatus, unless certified; and spelunking. ***Note that this exclusion does not apply if the activity is a University Sponsored program.***
20. Treatment paid for or furnished under any other individual or group policy 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 any cost to you;
21. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
22. Routine Dental Treatment;
23. 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;
24. Treatment for human organ tissue transplants and their related Treatment;
25. Expenses incurred while in your Home Country (unless as provided under the Home Country Coverage);
26. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
27. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
28. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
29. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
30. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
31. Weight reduction programs or the surgical Treatment of obesity.

#### **Accidental Death and Dismemberment Exclusions:**

1. Suicide, or attempt thereof, while sane, or self destruction, or any attempt thereof, while insane;
2. Bacterial infections, except pyogenic infection, which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are 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 you are 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:
  - 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
  - c. acting on behalf of, or in connection with, any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence
  - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences")

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for, or in connection with, acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for, or in connection with, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Injury occasioned or occurring while you are committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation;
14. While riding or driving in any kind of competition; *Note that this exclusion does not apply if the activity is a University Sponsored program.*
15. This Plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

**Baggage Loss and Delay Exclusions:**

1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;
2. Animals;
3. Artificial teeth or limbs, hearing aids;
4. Sunglasses, contact lenses or eyeglasses;
5. 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;
6. Household furniture or furnishings.

**Medical Evacuation, Medically Necessary Repatriation, Repatriation of Mortal Remains, Visit by Family Member, and Return of Dependent Child Exclusions:**

1. International SOS shall not provide services enumerated if the coverage is sought as a result of: participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power; participation in any military maneuver or training exercise; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; piloting or learning to pilot or acting as a member of the crew of any aircraft; commission or the attempt to commit a criminal act; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of accidental Injury to sound, natural teeth; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy); curtailment or delayed return for other than covered reasons; services not shown as covered.
2. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, International SOS may not be able to respond in the usual manner. International SOS also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit International SOS to fully provide services.
3. If you request a transport related to a condition that has not been deemed medically necessary by a Physician designated by International SOS in consultation with a local attending Physician, or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, International SOS will arrange for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if

International SOS was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

**IMPORTANT: The individual or their representative must contact International SOS to arrange for any services provided herein. Failure to contact International SOS and failure to utilize International SOS to make arrangements for services shall render the expenses ineligible.**

**Political Evacuation Exclusions:**

International SOS shall not cover any services in connection with an event arising from or attributable to:

1. Violation by a Member of the laws or regulations of the country in which the Covered Event takes place;
2. The failure of a Member to properly procure or maintain immigration, work, residence or similar visas, permits, or other documentation;
3. The debt, insolvency, commercial failure, or the repossession of any property by a title holder or any other financial default by a Member;
4. The failure of a Member to honor any contractual obligation or bond to obey any condition of a license;
5. The Emergency Political Repatriation of a Member who is in his or her Resident Country;
6. Any medical expenses incurred by a Member;
7. The kidnap and/or ransom of a Member;
8. Any expenses not related or incident to an Emergency Political Repatriation.

**IMPORTANT: All arrangements must be arranged and coordinated by International SOS. Services rendered without the coordination, and approval of International SOS, are not covered.**

**Natural Disaster Exclusions:**

We shall not be responsible for any costs or expenses arising from:

- 1) **Travel arrangements that were neither coordinated nor approved by International SOS in advance.**
- 2) Natural disaster evacuations when the natural disaster situation or the event directly giving rise to it precedes your arrival.
- 3) Services not otherwise shown as covered in the program description.