

Who is eligible for coverage?

All regular, full-time and part-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:

1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

When does coverage start?

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following:

- 1) The Coverage Start Date shown on the Insurance Identification Card; 2) The date the requirements in Section 1 – Eligible Classes are met; or 3) The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

When does coverage end?

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates:

- 1) The date the Policy terminates; 2) The Organization's or Institution's Termination Date; 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4) The end of the term of coverage specified in the Eligible Participant's enrollment form; 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her or her Home Country; 6) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 7) The premium due date for which the required premium has not been paid, subject to the Grace Period provision; 8) The end of any Period of Coverage.

What to do in the event of an emergency

All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

Excess Coverage

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. The Policy is secondary coverage to all other policies.

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Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

Pre-Existing Condition Limitation

Pre-existing conditions are covered under this plan.

Claims Submission

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor, PA 19087, USA. See the hthstudents.com website for claim forms and instructions on how to file.

What is covered by the plan?

Schedule of Benefits – Table 1

	Limits – Covered Person
MEDICAL EXPENSES	
Period of Coverage Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sicknesses	\$100,000
Period of Coverage Deductible	\$0 per Injury or Sickness
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000 for Participant; up to \$5,000 for Spouse; up to \$1,000 per Child(ren)
REPATRIATION OF REMAINS	Maximum Benefit up to \$25,000
MEDICAL EVACUATION	Maximum Lifetime Benefit up to \$100,000
BEDSIDE VISIT	Up to a maximum benefit of \$1,500

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits, Inpatient Hospital Services, Emergency Hospital Services, Hospital and Physician Outpatient Services	100% of Reasonable Expenses

Schedule of Benefits – Table 3 – Medical Expense Benefits

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums, and Table 2 Plan Type Limits

MEDICAL EXPENSE	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Plan
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to \$5,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician's release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage.
Elective termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Period of Coverage
Routine nursery care of a newborn child of a covered pregnancy	Reasonable Expenses up to \$500 Maximum per Period of Coverage
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$1,000 per Period of Coverage
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge
Preventive and primary care services	Reasonable Expenses for unlimited visits for children up to the age of 12 years and Reasonable Expenses for 3 visits per year for minor children ages 12 years up to 19 years of age.
Hearing Services	100% of Reasonable Expenses up to \$1,000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24.