

Information on Accident and Sickness Insurance



World Learning

The Experiment in
International Living

SIT Study Abroad

Administered by

The Richards Group

48 Harris Place, PO BOX 820, Brattleboro, VT 05302

As a participant in a World Learning Program which includes Accident and Sickness Coverage, this brochure outlines the basic provisions of coverage in force and available to you.

This insurance plan is designed specifically to provide you with specialized coverage during your official World Learning Program. The Medical Expense Benefit (Part A) will be coordinated with your own insurance plan, if applicable.

INDIVIDUAL COVERAGE DATES

An Insured's coverage will take effect on the later of the following dates provided the required premium has been paid: the policy effective date or one day prior to the effective date of an Insured's participation in an official World Learning Program.

An Insured's coverage ends on the earliest of the following dates: the date the Policy terminates or one day after the termination of an Insured's participation in an official World Learning Program.

A. BASIC ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS

If, on account of Injury or Sickness, the Insured shall incur Medical Expenses commencing within 60 days from the date of Injury or Sickness, the Company will pay the Usual Customary and Reasonable (UCR) charges for covered expenses actually incurred as the result of such injury or sickness to a maximum of \$100,000.00, **subject to a \$50.00 deductible per incident**, for each injury or Period of Sickness provided the actual expense is incurred within 52 weeks from the date of Injury or first treatment of sickness.

Reimbursement for daily hospital room and board expenses incurred may not exceed the usual semi-private room charge made by the servicing hospital. For an in-patient hospital stay, there will be a one time \$10.00 co-pay for all covered services provided during the in-hospital stay. Reimbursement for daily hospital room and board expenses while confined in an Intensive Care Facility may not exceed two times the usual semi-private room charge made by the servicing hospital.

PLEASE NOTE: The Company will pay the UCR charges for covered expenses up to \$2,000.00. At this point, coverage will be coordinated with and excess of all other valid and collectible insurance.

B. ADDITIONAL BENEFITS

Expenses incurred for psychiatric care on an in-patient basis will be reimbursed up to a maximum of \$20,000.00 per sickness. Expenses incurred for psychiatric care on an out-patient basis will be reimbursed up to a maximum of \$2,000.00 per sickness (the maximum amount payable for the first visit only shall not exceed \$200.00 and shall not exceed \$100.00 per visit for subsequent visits). Combined maximum aggregate per sickness for in-patient and out-patient is \$20,000.00.

Coverage for necessary expenses related to quarantine where required locally or overseas as a direct result of a sickness. Necessary UCR charges for immunizations required for overseas travel after you are actively enrolled in a program, **but does not include immunizations before the program start date.**

Expenses incurred for Substance Dependency/Abuse on an inpatient/outpatient basis (See policy for details)

The following services are subject to a \$500.00 per injury or sickness maximum: Acupuncture, Chiropractic Services and Massage Therapy.

PLEASE NOTE: \$1,000 per insured, per year maximum limit for prescription drugs.

C. MATERNITY EXPENSE BENEFIT

The Company, subject to all other provisions of the Policy applicable to Sickness, will pay the charges for Covered Expenses incurred as a result of pregnancy, including resulting childbirth, non-elective abortion or miscarriage. Benefits are payable for charges by:

- 1) a physician for the performance of an obstetrical procedure and examination;
- 2) a Hospital for medical care and treatment, including room and board and floor nursing care;
- 3) an anesthetist or by a Hospital for the cost and administration of anesthetics;
- 4) a professional ambulance service.

Pregnancy must commence after an Insured becomes a participant in the World Learning Program and while the coverage is in force.

D. NEWBORN COVERAGE BENEFIT

Any child conceived on or after the effective date and born of an Insured, will be covered under the Policy for the first 31 days after birth. Coverage for such child will be for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care when the child is sick or injured. To continue coverage beyond 31 days, written application and payment of any required premium must be made to World Learning and forwarded to the Company.

E. EMERGENCY EVACUATION/REPATRIATION OF REMAINS

EMERGENCY EVACUATION

Benefits will be paid for covered expenses incurred up to a maximum of \$50,000.00, if an Injury or Sickness commencing during the course of a scheduled trip results in the necessary emergency evacuation of the Insured. An emergency evacuation must be ordered by a legally licensed physician (if available) who certifies that the severity of the Insured's injury or illness warrants the emergency evacuation of the Insured. Emergency evacuation means: a) the Insured's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Insured's medical condition warrants medical evacuation to his/her country of domicile to obtain further medical treatment necessary for recovery; or c) both a) and b) above.

Covered expenses are expenses, up to the maximum of \$50,000, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured. All transportation arrangements made for evacuating the Insured must be by the most direct and economical route. Expenses for special transportation must be a) recommended by the attending physician or b) required by the standard regulations of the conveyance transporting the Insured. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water, or air conveyance required to transport the Insured during an emergency evacuation. Special transportation includes, but is not limited to, air ambulances and private vehicles.

Benefits will be paid up to a maximum of \$50,000.00 for expenses incurred to return an Insured to his/her permanent residence, when medical authorities deem him/her unfit to return his/her authorized Policyholder program. Coverage shall include all additional costs as prescribed by a legally qualified physician including a) the round trip cost of an attendant or b) attendant care to facilitate proper transportation of the insured. Coverage will apply only when deemed necessary by a legally qualified physician. The method of transportation chosen shall be based on the consideration and recommendation of the legally qualified physician and shall be by the most direct and economical route.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the scheduled trip.

REPATRIATION OF REMAINS

The reasonable covered expenses incurred to return the Insured's body home to his/her country of domicile, if he/she dies, will be paid not to exceed \$7,500.00.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

F. ACCIDENTAL DEATH AND DISMEMBERMENT

If an insured dies or sustains loss of limb or sight, disappears or suffers exposure as a direct result of accidental bodily Injury, and independently of all other causes, within 90 days from date of such Injury, the Company will, subject to the following provision, pay to the Insured if living, otherwise to the beneficiary designated by the Insured, the following benefits:

TABLE OF LOSSES

	BENEFIT AMOUNTS
Loss of:	
Life	\$5,000.00
Both Hands or Both Feet	\$5,000.00
Entire Sight of Both Eyes	\$5,000.00
One Hand and One Foot	\$5,000.00
One Hand and the Entire Sight of One Eye	\$5,000.00
One Foot and the Entire Sight of One Eye	\$5,000.00
Speech and Hearing in Both Ears	\$5,000.00
One Hand or One Foot	\$2,500.00
Entire Sight of One Eye	\$2,500.00
Speech or Hearing in Both Ears	\$2,500.00

Aggregate Limit of Indemnity per Accident is \$750,000.00. The Aggregate Limit of Indemnity is the total limit of the company's liability for all indemnities payable under Accidental Death & Dismemberment, arising out of injury sustained by two or more covered persons as a result of any one accident

Only one amount, the largest to which a covered person is entitled is payable for all losses resulting from any one accident.

Loss of hand or foot means loss by severance at or above the wrist or ankle joint, respectively, and loss of speech and hearing means total and irrecoverable loss of speech or hearing.

Loss of sight of either eye shall mean the total and irrecoverable loss of sight thereof.

EXPOSURE: The Company will pay benefits for covered losses resulting from the Insured being unavoidably exposed to the elements due to an accident.

DISAPPEARANCE: The Company will pay benefits for loss of life if the Insured's body cannot be located one year after the disappearance of the conveyance in which the Insured was a passenger due to forced landing, stranding, sinking or wrecking.

LIMITATIONS AND EXCLUSIONS

Applicable to Item A Only

This Insurance shall not cover Injury/Sickness sustained as a result of:

1) Charges for treatment of Injury or Sickness: (a) due to working for wage or profit, or which is covered by any Workers' Compensation Act, Occupational Disease Act, or similar act; (b) to the extent that payment is made, as a judgment or settlement, by any person deemed responsible for the injury or illness (or their insurers); or (c) to the extent that payment is made by another insurer, as required by automobile insurance law. If the Company has paid for treatment of an Injury or Sickness and it is later determined that payment was subject to a, b, or c, above, the Insured must refund the Company's overpayment. (2) Charges for routine dental treatment, including diagnosis, care or treatment of teeth or gums, or periodontal surgery. This limitation does not apply to (a) charges for repair of fractures or dislocation of jaw; or (b) charges for treatment of injury to sound natural teeth (including initial replacement), so long as the injury occurred while insured, (3) The portion of the charges which we determined is in excess of the UCR charges for the service, treatment or supply in the area where they are incurred. (4) Charges for services which are not Medically Necessary for the care and treatment of the Injury or Sickness. (5) Charges for Experimental/Investigative medical procedures. (6) Charges for which no member of the Insured's Immediate Family has any legal obligation for payment. (7) Charges for cosmetic surgery. This limitation does not apply to charges for cosmetic surgery resulting from an accidental Injury or Sickness sustained while under the policy. (8) Charges for Injury or Sickness resulting from: (a) war or act of war; (b) commission of a crime; (c) commission of an assault; or (d) participation in a riot. (9) Charges for eye examinations (including refractions), eyeglasses or the fitting of eyeglasses; contact lenses; or hearing examinations, hearing aids or the fitting of hearing aids. This limitation does not apply to charges for treatment of Injury or Sickness sustained while insured under the Policy. (10) Charges for custodial care (11) Charges for the removal of an organ from a member of your family unit for the purpose of donating or selling the organ to any person or organization. This limitation does not apply to a donation by one member of your family unit to another. (12) Charges for medical care or treatment provided by a member of the Immediate Family. (13) Charges for care or treatment of elective abortion. This limitation does not apply to complications of pregnancy. (14) Charges made for treatment of a Pre-existing Condition during the 6 month period preceding the Insured's effective date. If an Insured has been diagnosed with a pre-existing condition for a covered injury or sickness, the Company will begin paying benefits only if the Insured has not sought the advice of or received treatment from a physician for 6 consecutive months from the date of last treatment. (15) Loss caused by or through the use of any drug or narcotic unless prescribed by a licensed physician, (M.D.).

LIMITATIONS AND EXCLUSIONS

Applicable to Item F Only

This Insurance shall not cover loss of Accidental Death and Dismemberment as a result of:

1) any bodily or mental illness or disease except (a) an external bacterial infection occurring at the same time as and as a result of accidental ingestion of a poisonous substance; (2) suicide or attempted suicide while sane or insane; however, suicide while insane is no defense to payment under this benefit where the Insured is a Missouri citizen unless the Company can show that the Insured intended suicide when he/she applied for coverage. Suicide while sane is a defense; (3) intoxication or taking or injection of any controlled substance except when such substance (a) has been lawfully obtained; and (b) is included on the advice and according to the instructions of a Physician; (4) war or any act of war, whether declared or not; (5) services in the armed forces of any nation; (6) participation in a riot, commission or attempt to commit an assault or felony by the Insured; (7) travel, flight or descent from, any kind of aircraft, except as a fare paying passenger with no duties aboard such aircraft while in flight; (8) sky diving, auto or other motor vehicle racing or time trials or parachuting or hang gliding; (9) Experimental/Investigative medical procedures; (10) Injury or Sickness sustained while working for wage or profit or which is covered by any Workers' Compensation Act, Occupational Disease Act or similar act.

Please note the following prescription medications are excluded from coverage: acne, (both oral and topical), erectile dysfunction, hair loss, weight loss, smoking cessation, botox and treatment of nail fungus.

AIU TRAVEL ASSIST

If the Insured or an Immediate Family Member faces an emergency situation away from home, the multilingual assistance staff will help arrange the necessary service to resolve a problem. The Assistance Service will help in locating medical care and coordinate with doctors and hospitals to confirm coverage and arrange settlement of medical bills; locate an attorney or bondsman in the event of legal difficulties; arrange emergency medical evacuation including transportation and treatment en route; assist in the replacement of stolen passports and tickets; relay emergency communications; provide pre-departure information and other general assistance in problems or questions.

24-hour Emergency Telephone Numbers:

1-877-235-7054 (Inside the USA and Canada)

1-715-295-9614 (Collect from anywhere else)

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 30 days after the occurrence of or commencement of any loss covered by this policy, or as soon thereafter as it is reasonably possible. Notice given by or on behalf of the claimant to the Company at its Administrative Office in Alpharetta, GA, or to any authorized agent of the Company, with information sufficient to identify the Insured person, shall be deemed notice to the Company.

This Brochure summarizes the Principal Features of the World Learning Insurance Program underwritten by Insurance Company of the State of Pennsylvania, a subsidiary of AIU Holdings, Inc. For complete details, please refer to Master Policy (GLB-9037560)

WHERE TO REPORT CLAIMS

All claims must be reported in writing to:

NAHGA CLAIM SERVICES

P.O. Box 189
Bridgton, ME 04009

Toll Free: 1-800-952-4320

Phone: 1-207-647-3108

Fax: 1-207-647-4569