

IMPORTANT NUMBERS

THE SINGLE SOURCE FOR ALL OF YOUR INQUIRIES

▶ GENERAL INSURANCE QUESTIONS



3070 Riverside Drive, Columbus, OH 43221

Phone.....800-322-9901

Fax.....614-481-2400

Website.....www.cirstudenthealth.com/cooper

DIRECT CONTACT INFORMATION

▶ PARTICIPATING PROVIDERS.....Page 6

PHCS Network.....800-922-4362

Website.....www.multiplan.com

▶ PARTICIPATING PHARMACY.....Page 7

For pharmacy locations after you receive the ID card: (Effective for enrolled members only.)

EXPRESS SCRIPTS®800-400-0136

Website.....www.express-scripts.com

▶ CLAIM ADMINISTRATOR.....Page 8

For claim and benefit questions and online claim status:

Administrative Concepts, Inc.

Payor ID # 22384

Toll-Free Telephone.....888-293-9229

Website.....www.visit-aci.com

▶ BETH ISRAEL HEALTH CARE.....Page 9

Beth Israel Occupational Medicine Clinic

317 E. 17th Street, Fierman Hall

2nd Floor (between 1st and 2nd Avenues)

New York, NY 10003

Hours: Monday - Friday 8:00 AM - 4:00 PM

Toll-Free.....877-420-4209

Local.....212-420-2882

▶ EUROPASSISTANCE.....Page 17-19

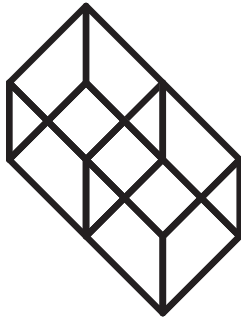
Toll-Free.....877-319-4387

Local.....240-330-1536

Website.....www.europassistance-usa.com

"Your student health insurance coverage, offered by BCS Insurance Company, may not meet the minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: \$500,000 on all covered benefits. If you have any questions or concerns about this notice, contact Administrative Concepts, Inc 888-293-9229. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information."

**STUDENT
ACCIDENT AND SICKNESS
INSURANCE**



THECOOPERUNION

New York, NY

THE COOPER UNION

for the Advancement of Science and Art

2013 - 2014

POLICY NUMBER BSA-00174

Policy Underwritten By
BCS Insurance Company

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INTRODUCTION

This brochure briefly describes the policy which provides Accident and Sickness Expense Benefits for students attending The Cooper Union for the Advancement of Science and Art. The exact provisions governing the insurance are contained in the Master Policy issued to the school. The Master Policy shall control in the event of any conflict between this brochure and the Policy.

Under HIPAA's Privacy Rule We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. A copy of this notice will be included with your insurance identification card.

POLICY TERM

Annual coverage under the Accident and Sickness Insurance Medical Expense Benefit begins at 12:01 AM on August 15, 2013 and continues until 12:01 AM on August 15, 2014.

ELIGIBILITY

All matriculated students, while enrolled at The Cooper Union for the Advancement of Science and Art, are automatically provided the Accident and Sickness Medical Expense Benefit described in the Plan Summary, page 9-10, of this brochure.

Late enrollment is considered only if a change has occurred in your insured status regarding coverage that was in-force during the open enrollment period. Late enrollment must be completed within 30 days of the termination of other coverage. Contact Collegiate Insurance Resources for rates and forms.

▶ WAIVER

Those students who have comparable coverage under another policy may waive enrollment in the plan by completing the online Student Insurance waiver process. Waivers must be completed online by August 16, 2013. Students who lose their other coverage during the school year should contact the Business Office.

International students may not waive the Accident and Sickness Medical Expense Benefit.

Waive insurance online at:

www.cirstudenthealth.com/cooper

Failure to waive the Student Insurance plan by August 16, 2013 will result in a charge of \$1,100 being placed on your Statement of Account.

► **SPRING SEMESTER**

New incoming students for the Spring 2014 Semester must waive or enroll by November 18, 2013. Students arriving on campus after the deadline should contact:

The Bursar at: bursar@cooper.edu or (212)-353-4154. International and Exchange students will NOT be permitted to waive their health insurance and are required to enroll in the Cooper Union health insurance plan. Coverage for new Spring enrollees begins January 1, 2014, and continues until 12:01 AM on August 15, 2014.

DEPENDENTS

A Covered Student's lawful spouse or children under age 26 may also become Covered Persons. Dependents must be enrolled for the same coverage as the student. You are under no obligation to enroll your dependents in this coverage. However, you must enroll for this coverage for your dependents and pay the required premium before their coverage will take effect.

The last date to enroll your dependents is August 16, 2013 and November 18, 2013 for Spring Semester.

To enroll dependents, go online to:

www.cirstudenthealth.com/cooper

► **Newborn Children**

All newborn children of any Covered Student are automatically covered at birth for 31 days for the same benefits as provided to Covered Persons. Coverage applies for any covered Injury or Sickness commencing during the 31 day period from the date of birth, including abnormalities,

prematurity and routine nursery care associated with illness. The Covered Student may continue coverage beyond 31 days upon enrollment within the 31 day period from the date of birth. A child adopted by a Covered Student will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

OTHER COVERAGE OPTIONS

Covered Students (and their Covered Dependents) who are eligible to re-enroll in the Student Accident and Sickness Insurance Plan after coverage expires may elect to purchase other coverage. This election must be made prior to the expiration of your coverage under the Plan. Contact Collegiate Insurance Resources for enrollment information.

Students in need of specialized coverage (International Travel or other insurance products) should contact Collegiate Insurance Resources for possible options.

WITHDRAWAL AND PREMIUM REFUND

Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 40 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium may be made. Students withdrawing after such 40 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

Covered Persons entering the Armed Forces of any country will not be covered under the policy as of the date of such entry. A pro-rata refund of premium may be made for such person upon written request received by the Company within 90 days of withdrawal from school.

Premiums received by the Company are fully earned upon receipt. Refund of premium will be considered only as specifically provided in the case of withdrawal from school or entry in the Armed Forces. No other refund will be allowed.

TERMINATION OF INSURANCE

Benefits are payable under the policy only for those expenses incurred while the policy is in effect as to the Covered Person. No benefits are payable for expenses incurred after the date the insurance terminates for the Covered Person, except as may be provided under Extension of Benefits.

EXTENSION OF BENEFITS

If a Covered Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that hospital confinement are considered a Covered Expense under the Policy, but only if they are incurred during the 90-day period following such termination of insurance.

DEFINITIONS

Accident means an occurrence which (a) is unforeseen (b) is not due to or contributed to by sickness or disease of any kind (c) and causes injury.

Autism Spectrum Disorder means any pervasive developmental disorder as defined in the most recent edition of the diagnostic and statistical manual of mental disorders, including autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, or pervasive developmental disorder not otherwise specified.

Covered Person means a Covered Student while coverage under this Policy is in effect and those Dependents with respect to whom a Covered Student is insured.

Covered Student means a student of the Policyholder who is insured under the Policy.

Expense as used herein means those charges for any treatment, service or supplies: (a) not in excess of the Reasonable and Customary charges; or (b) not in excess of the charges that would have been made in the absence of this coverage; and (c) incurred while the Policy is in force as to the Covered Person except with respect to any Expenses payable under the Extension of Benefits Provision.

Reasonable and Customary means the charge which is the smallest of the actual charge; the charge usually made for a covered service by the provider who furnishes it; and the prevailing charge made for a covered service in the geographic area by those of similar professional standing.

Sickness means disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes Pregnancy and Complications of Pregnancy.

PHCS NETWORK



Covered Persons under this plan may choose to be treated within or outside of the PHCS Network. PHCS consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Plan Summary.

Referral to a network physician does not guarantee eligibility or right to student health benefits. Providers may be periodically added or deleted as participants in the PHCS Network. Not all physicians practicing at a hospital elect to participate in the PHCS Network. Covered Persons are responsible to verify that a provider is a participant prior to services being rendered.

In order to use the services of a participating provider, you must present the identification card which is mailed to all Covered Persons under the plan.

You may contact PHCS for a list of participants:

Toll-Free Phone.....800-922-4362

Website.....www.multiplan.com

OUTPATIENT PRESCRIPTION DRUGS



After a copayment of \$10 for a generic drug or \$25 for a brand name drug (per prescription), the cost of prescription drugs is payable in full.

Prescriptions must be filled at a Express Scripts Participating Pharmacy. Covered Persons will be given an insurance ID card to show to the Pharmacy as proof of coverage.

Before you receive your insurance ID card, and if you need to have a prescription filled, go to any pharmacy, pay for the medication in full and save the receipt. Your insurance ID card will include instructions on how to file for reimbursement for prescriptions filled before you received your card. Reimbursement will be at the Express Scripts contracted discount rate and will be less than the rate charged by the pharmacy. Not all medications are covered.

After you receive your insurance ID card, no claim forms need be completed. After you receive the card you may contact Express Scripts for assistance with pharmacy locations and a list of covered medications and exclusions. When contacting Express Scripts have your ID card handy because you will need the group number and your member number that are printed on the card.

The toll-free phone number and some areas of the website are effective for enrolled members only.

Toll-Free Phone.....800-400-0136

Website.....www.express-scripts.com

Home Delivery Pharmacy Service is available for medication taken to treat ongoing health conditions. Instructions on how to order are included with your insurance ID card.

CLAIM PROCEDURES

In the event of an Injury or Sickness:

1. The physicians and hospitals may submit itemized bills directly to ACI electronically using Payor # 22384 or mailing them to the address below.

The Covered Person should:

2. Complete a claim form and mail it to ACI within 30 days of the date of the Injury or commencement of the Sickness, or as soon thereafter as possible. Mail the claim form to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802.
3. Claim forms are available online at www.visit-aci.com or by calling 888-293-9229. If the providers have given you bills, attach them to the claim form.
4. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to ACI. Online claim status is available at www.visit-aci.com or by calling 888-293-9229. Select option "2" for Customer Service.
5. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills received after the initial claim form has been submitted should be mailed promptly to ACI. No additional claim forms are needed as long as the Covered Person's name and identification number are included on the bill.

PLAN SUMMARY

Beth Israel Health Care will provide expedited outpatient care through physician practices located throughout the Metropolitan area. Cooper Union students can call the toll free hot-line (877) 420-4209 or (212) 420-2882. A coordinator will assist students during business hours. During non-business hours, the answering service will relay a message to one of the clinical staff on-call. The clinical staff will call the student and conduct a phone triage. Beth Israel physicians will assist should there be a need for after hours Emergency Department visits. The physicians at Beth Israel Occupational Medicine Clinic accept the PHCS Network.

Location: Beth Israel Occupational Medicine
Clinic: 317 E. 17th Street, Fierman Hall
2nd Floor (between 1st and 2nd Avenues)
New York, NY 10003

Clinic Hours: Monday - Friday 8:00 AM - 4:00 PM

Phone: Toll-Free: 877-420-4209
Local: 212-420-2882

PLAN SUMMARY continued

COVERAGE	Benefit In PHCS Network	Benefit Out of PHCS Network	Maximum Benefit Per Policy Year
ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT	90%	60%	\$500,000
<p>When a Covered Person uses the services of a PHCS provider, the covered expenses incurred will be payable at 90% of the PPO allowance, subject to a \$50 deductible per condition.</p> <p>When treatment is rendered by providers outside the PHCS Network, expenses will be payable at 60% of the Reasonable and Customary charges, subject to a \$100 deductible per condition.</p>			
<p>Deductible - For using In-Network Providers</p> <p>OR</p> <p>Deductible - For non-emergency conditions treated using Out-of-Network Providers</p>	\$50	N/A	
	N/A	\$100	
<p>The maximum Out-of-Pocket is \$5,000 In-Network and \$10,000 Out-of-Network per person per policy year. After the Covered Person has paid \$5,000 In-Network and \$10,000 Out-of-Network Out-of-Pocket (the amount paid by the Covered Person towards the deductible and as coinsurance), The Company will pay 100% of the covered expenses until the maximum benefit per policy year has been reached.</p> <p>Out-of-Pocket expenses are the deductible and amounts that the Covered Person is responsible for.</p>			

COVERED MEDICAL EXPENSES

Covered Medical Expenses consist of the following, subject to the benefit limits described in this brochure:

Alcoholism and Substance Abuse Expense -

▶ Inpatient

If on account of alcoholism or alcohol abuse, substance abuse or substance dependency, a Covered Person requires treatment, then BCS Insurance Company will pay benefits for the Reasonable and Customary inpatient charges made by a Hospital or licensed residential facility for the Medically Necessary treatments.

▶ Outpatient

We will pay for the diagnosis and treatment of alcoholism or alcohol or substance abuse in a facility approved by the Division of Alcoholism and Alcohol Abuse or the Division of Substance Abuse Services.

Ambulance Expense - For professional ground ambulance service to or from a hospital, when required due to the emergency nature of the injury or sickness.

Annual Physical - One annual physical examination per policy year.

Autism Spectrum Disorder Expense Benefit - We will pay the Covered Percentage of the Covered Charges incurred by a Covered Person for screening, diagnosis or treatment of Autism Spectrum Disorder. Screening, diagnosis or treatment for such medical services, drugs and supplies must be Medically Necessary. We cover such charges the same way We treat covered charges for any other sickness, except benefits for Applied Behavioral Analysis (ABA) services will not exceed \$45,000 per year. The exact provisions governing the insurance are contained in the Master Policy issued to the school.

Bone Mineral Density Measurements and Tests Expense Benefit - We will pay the Covered Percentage of the Covered Charges incurred for Bone Mineral Density Measurements or Tests for the prevention, diagnosis, and treatment of osteoporosis when requested by a health care provider for a Qualified Individual. A Qualified Individual means an Insured

Person who meets the following criteria: (1) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (2) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (3) on a prescribed drug regimen posing a significant risk of osteoporosis; (4) with lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (5) with age, gender and/or other physiological characteristics which pose a significant risk for osteoporosis. Coverage includes bone mineral density measurements or tests as covered under the Federal Medicare program as well as those in accordance with the criteria of the National Institute of Health, including dual-energy x-ray absorptiometry. If this Policy includes coverage for outpatient prescription drugs, then We also will cover drugs and devices for bone mineral density that have been approved by the United States Food and Drug Administration or generic equivalents as approved substitutes in accordance with the above criteria. We cover such charges the same way We treat Covered Charges for any other Sickness.

Breast Cancer Treatment Benefit - Benefits are payable for charges for a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy on the same basis as any other Sickness.

Cancer Second Opinion Benefit - Benefits are payable for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer, subject to the following:

Coverage is included for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, when the attending physician provides a written referral to a non-participating specialist, at no additional cost to the Covered Person beyond what such Covered Person would have paid for services from a participating appropriate specialist. Provided, however that nothing shall impair a Covered Person's rights (if any) under the policy to obtain the second medical opinion from a

non-participating specialist without a written referral, subject to the payment of additional coinsurance (if any) required by the policy for services provided by non-participating providers.

Such coverage may be subject to deductibles and coinsurance consistent with those established for other benefits within the policy, and, where applicable, consistent with the provisions above.

Consultant Expense - For the services of a consulting physician when such services are deemed necessary and ordered by the attending physician, for the purpose of confirming or determining a diagnosis, but not for treatment.

Diabetes Expense - If, by reason of Sickness, a Covered Person incurs Expenses for the following equipment and supplies for the treatment of diabetes, BCS will pay benefits on the same basis as any other Sickness. Such equipment and supplies must be recommended or prescribed by a Doctor. The covered Expense includes but is not limited to: lancets and automatic lancing devices; glucose test strips; blood glucose monitors; blood glucose monitors for the visually impaired; control solutions used in blood glucose monitors; diabetes data management systems for management of blood glucose; urine testing products for glucose; oral anti-diabetic agents used to reduce blood sugar levels; alcohol swabs; syringes; injection aids; cartridges for the visually impaired; disposable insulin cartridges and pen cartridges; insulin preparations; insulin pumps; insulin infusion devices; oral agents for treating hypoglycemia; glucagon for injection to increase blood glucose concentration. Coverage is provided for Medically Necessary diabetes self-management education and education relating to diet.

Diagnostic Screening for Prostate Cancer Expense Benefit - Benefits are payable for the following diagnostic screenings for prostatic cancer: (a) standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and (b) an annual standard diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age fifty and over who are asymptomatic and for men age forty and over with a family history of

prostate cancer or other prostate cancer risk factors.

Such coverage is subject to deductibles and coinsurance consistent with those established for other benefits.

Diagnostic X-ray and Laboratory Expense - For outpatient X-rays or laboratory tests when referred by the attending physician. This benefit is subject to a \$50 Deductible Per Condition, in addition to any other deductible.

Early Intervention Services - We cover charges for Medically Necessary Early Intervention Services for covered infants. We will pay the Covered Percentage of the Covered Charges. Benefits paid for Covered Charges for Early Intervention services shall not apply against any maximum benefit per policy year. Visits used for Early Intervention Services shall not reduce the number of visits otherwise available under the policy.

Emergency Hospital Outpatient Expense - For emergency care in the outpatient department of a hospital when treatment is rendered within 72 hours from the date of accident or the commencement of the sickness.

Home Health Care Expense - When by reason of sickness or injury, a Covered Person incurs expenses for covered home health care services, BCS Insurance Company will pay the Reasonable and Customary charges, subject to the following conditions: the service must be: (a) Medically Necessary; (b) furnished by, or under arrangements made by, a licensed Home Health Agency; (c) covered under a home care plan, (d) this plan must be established pursuant to the written order of a doctor and the doctor must renew that plan every 60 days; (e) delivered in the patient's place of residence on a part-time, intermittent, visiting basis while the patient is confined as a result of Injury or Sickness.

Hospital Room and Board - Up to the daily semi-private room rate.

Maternity Expense - Benefits for pregnancy are payable the same as any sickness.

Mental and Nervous Disorder Expense - If a Covered Person requires treatment for mental and

nervous disorders during Hospital Confinement, We will pay the Reasonable and Customary Expense incurred for such confinement on the same basis as any other Sickness. If a Covered Person is not Hospital confined, We will pay for each session of covered Outpatient Services. The benefit includes Outpatient Services for treatment of (a) adults and children with Biologically Based Mental Illness, (b) children with Serious Emotional Disturbances or (c) Autism Spectrum Disorder.

Medical Foods Benefit - Benefits are payable for charges for the cost of enteral formulas for home use which are prescribed by a Doctor as Medically Necessary for the treatment of specific diseases for which enteral formulas have been found to be an effective form of treatment. Benefits provided for this provision will be paid on the same basis as any other Sickness, not to exceed \$2,500 per Policy Year.

Miscellaneous Hospital Expense - Including X-ray examinations, laboratory tests, anesthetics, medicines, use of operating room, casts and temporary surgical appliances when a Covered Person is confined as a bed patient in a hospital, or as an outpatient for day surgery.

Nurse Expense - For the services of a licensed practical or registered nurse required during a period of hospital confinement.

Physician Visit Expense - Non-surgical care and treatment by a physician, both in and out of the hospital, limited to one visit per day.

Reconstructive Breast Surgery Benefit - Benefits are payable for charges for breast reconstructive surgery after a mastectomy. This provision includes coverage for all stages of reconstruction of the breast on which the mastectomy has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance. Benefits provided for this provision will be paid on the same basis as any other Sickness.

Surgical Expense - The reasonable and customary surgical fee based upon the MDR (Medical Data Research) survey of surgical fees.

Well Care Benefits - The plan pays for preventive services for adults, women (including pregnant women) and children healthcare cost as required by the Affordable Care Act without deductible, coinsurance or copays. This care includes, but is not limited to: Immunizations, Mammography, Autism screening for children, Colorectal Cancer Screening and Tobacco use screening and interventions. The exact provisions governing the insurance are contained in the Master Policy issued to the school.

EUROP ASSISTANCE (EA)

TRAVEL ASSISTANCE

The following TRAVEL ASSISTANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND and REPATRIATION OF MORTAL REMAINS benefits are not insured by BCS Insurance Company and are provided by Europ Assistance.

WHAT IS TRAVEL ASSISTANCE?

Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip or stay when you are at least 100 miles away from home, emergency assistance is available to you any time of day. Information services (such as “Cultural Information” – details about a location you are planning to visit, visa or passport information, etc.) are available at any time, even if you don’t travel.

ABOUT THE SERVICE PROVIDER

Founded in 1963 Europ Assistance (EA) was the first company to offer assistance services to travelers. Now, EA provides help to customers throughout the world utilizing 36 assistance centers operating around the clock. Further support comes from an extensive international provider network and local agents in over 200 countries and territories allowing EA to offer local support in virtually any location. Headquartered in Bethesda, Maryland just outside of Washington, DC EA USA’s International Assistance Coordinators, Case Managers, doctors and nurses are available 24 hours a day to take care of virtually any assistance need. EA may be reached by phone at 877-319-4387 (toll free) or 240-330-1536 (local/collect) or at their website, www.europassistance-usa.com.

▶ KEY SERVICES

EMERGENCY MEDICAL TRANSPORTS

Should the patient’s conditions require a medical transport based on the evaluation and recommendation of one of EA’s physicians, EA will take care of all required arrangements to either move the patient to the needed level of medical care (“evacuation”) or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care (“repatriation”). EA will pay up to \$1,000,000 CSL (“Combined Single Limit”) for all transport related eligible expenses. All services **must be arranged** by EA.

REPATRIATION OF MORTAL REMAINS

In the event a Covered Person dies, EA will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. EA will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. EA will pay up to \$1,000,000 CSL for eligible transport expenses and ancillary services. All services **must be arranged** by EA.

BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND

Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, EA will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized. EA will pay for eligible expenses up to \$1,000,000 CSL. The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of \$150 per day while visiting the hospitalized Covered Person. All services **must be arranged or approved** by EA.

► **OTHER BENEFITS:**

- Medical Provider Search and Referral
- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance
(credit card guarantee required)
- Legal Assistance/Bail
(credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements
(credit card guarantee required)

In all cases, the medical professionals, medical facilities or legal counsel suggested by EA-USA to provide direct services to the eligible person are not employees or agents of EA-USA or BCS Insurance Group, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. Neither EA-USA nor BCS Insurance Group assumes any responsibility for the quality or content of any such medical or legal advice or services. Neither EA-USA nor BCS Insurance Group shall be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services pursuant to this Agreement. The Covered Person shall not have any recourse against EA-USA or BCS Insurance Group by reason of its suggestion of or contract with any medical professional or attorney.

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, EA-USA may not be able to respond in the usual manner. EA-USA 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 EA-USA to fully provide services.

EXCLUSIONS

The Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment, except for treatment resulting from injury to sound, natural teeth or treatment for removal of one or more impacted wisdom teeth (or dental abscesses).
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder.
3. Expense incurred for eyeglasses, contact lenses, hearing aids, or prescriptions or examinations except as required for repair caused by a covered injury.
4. Expense incurred as a result of Injury due to participation in a riot.
5. Expense incurred as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expense incurred for Injury or Sickness resulting from declared or undeclared war or any act thereof.
7. Expense incurred as a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. Expense incurred as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, BCS Insurance Company will refund the unearned pro-rata premium.
9. Expense incurred for treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
10. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.

11. Expense incurred as a result of preventive medicines, serums, or vaccines except as specifically provided in the Policy.
12. Expense incurred for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
13. Expense for Injuries sustained as the result of a motor vehicle accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.
14. Expense incurred as a result of participation in a felony.
15. Expense incurred for voluntary or elective abortion.
16. Expense incurred after the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
17. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
18. Expense incurred for any services rendered by a member of the Covered Person's immediate family.
19. Expense incurred for a treatment, service or supply which is not Medically Necessary.
20. Expense incurred as a result of suicide or attempted suicide.
21. Expense incurred for Injury resulting from the play or practice of intercollegiate sports.
22. Expense incurred for treatment of mental or nervous disorders except as specifically provided in the Policy.

23. Expense incurred for the treatment of alcoholism or drug addiction except as specifically provided in the Policy.
24. Expense for outpatient prescriptions except as specifically provided in the Policy.
25. Expenses incurred for experimental and investigational treatment except as provided in the policy.