Eligibility
A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Eligible participants may be covered only under one of the following Classifications of Eligibility (even though he or she may be eligible under more than one class).

Classification of Eligibility

Class 1
All United States citizens, permanent residents of the United States or international students in the United States who are enrolled as students at the University and who are participating in the Study Abroad Plan sponsored by the University while outside of the United States and their Home Country.

Class 2
All faculty (active or on sabbatical), staff members and Alumni of the university who are traveling with a Class 1 Insured, temporarily participating in activities sponsored by the Participating Organization while outside of the United States and their Home Country.

*Dependents of Class(es) , 2 Insureds are eligible for Coverage under this Policy. Any children born to you and your spouse while you are covered under this plan will be covered from the moment of birth. Coverage on a newborn child will cease 31 days after the date of birth unless the Company receives notification of the birth and the applicable premium has been paid.

Each person in one of the Classes of Eligibility shown above is eligible to be covered on the Policy Effective Date, or the day after he or she becomes eligible, if later. Academic HealthPlans maintains the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any costs paid for that person.

Period of Coverage
Coverage will begin at 12:01 a.m. Local Time on the latest of the following:
1) your departure from the United States; b) the date your enrollment form and costs are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin. Coverage will end on the earliest of the following: a) the date through which charges have been paid; or b) the coverage termination date under Policy provisions. Coverage is not available once you have returned to the United States or your Home Country, except as specifically provided in the Home Country Emergency Benefit.

Medical Expense Benefits

<table>
<thead>
<tr>
<th>$200,000 Maximum for all Accident or Sickness Expense Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Other limitations, if any, may apply as shown in the Policy.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preexisting Conditions</th>
<th>$15,000 Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Treatment (Injury Only)</td>
<td>$250 per tooth up to a maximum of $500</td>
</tr>
<tr>
<td>Emergency Medical Treatment of Pregnancy</td>
<td>treated as any other medical condition</td>
</tr>
<tr>
<td>Room &amp; Board Charges</td>
<td>average semi-private room rate</td>
</tr>
<tr>
<td>ICU Room &amp; Board Charges</td>
<td>two times the average semi-private room rate</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$50 per visit up to a maximum of 10 visits</td>
</tr>
<tr>
<td>Mental and Nervous Disorders</td>
<td>$10,000</td>
</tr>
<tr>
<td>Inpatient:</td>
<td>$10,000</td>
</tr>
<tr>
<td>Outpatient:</td>
<td></td>
</tr>
<tr>
<td>Co-insurance Rate</td>
<td>100% of the Usual and Customary Charges</td>
</tr>
<tr>
<td>Incurred Period</td>
<td>30 days after the date of Covered Accident or Sickness</td>
</tr>
<tr>
<td>Maximum Period of Coverage</td>
<td>364 days</td>
</tr>
</tbody>
</table>
Description of Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Schedule of Benefits. Medical Expense Benefits are only payable:

1) for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2) for those Medically Necessary Covered Expenses that the Covered Person incurs;
3) for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4) provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day.
  - "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

Accidental Death and Dismemberment Benefit Expenses

If Injury to the Covered Person results in any one of the losses shown below within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown below. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

<table>
<thead>
<tr>
<th>Principal Sum for Classes 1 and 2: $15,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Loss</strong></td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>Quadruplegia</td>
</tr>
<tr>
<td>Two or more Members</td>
</tr>
<tr>
<td>One Member</td>
</tr>
<tr>
<td>Hemiplegia</td>
</tr>
<tr>
<td>Paraplegia</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
</tr>
<tr>
<td>Uniplegia</td>
</tr>
</tbody>
</table>

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and disembersonment of the part from the body.

Aggregate Limitation

If two or more persons are injured as the result of the same Covered Accident, and the total of all amounts payable for all persons, in the absence of this provision, exceeds $1,000,000, the amount for each person will be proportionately reduced so that the total benefit expenses will equal $1,000,000. The Aggregate Limit applies only to the Accidental Death and Dismemberment Benefit Expenses.

Felonious Assault Benefit - We will pay the Felonious Assault Benefit up to $15,000 maximum, if a Covered Person dies as the result of an Injury that occurs as a direct result of a Felonious Assault. A person other than another person covered by the Policy, a Covered Person's Immediate Family Member or household member must inflict the assault.

Felonious Assault means an act of physical violence against a person covered by this Policy. Immediate Family Member means a Covered Person's parent, sister, brother, husband, wife or children.

Hazards Insured Against

We will pay benefits described in this Policy only if a Covered Person suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in this policy. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

Educational Travel - We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:
1) outside of his or her Home Country;
2) up to 364 days; and
3) engaging in educational activities sponsored by the Policyholder.

Personal Deviation (Limited) - The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 7 days while on a Trip covered by the Policy. Personal Deviation means:
1) An activity that is not reasonably related to the Covered Activity; and
2) Not incidental to the purpose of the Trip.

Emergency Medical Benefits - We will pay Emergency Medical Benefits up to $10,000 for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; and 2) is traveling on a covered Trip. Covered Expenses: 1) Medical Expense Guarantee: expenses for guarantee of payment to a medical provider. 2) Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless: 1) the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services, or supplies in the locale where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefits - We will pay Emergency Medical Evacuation Benefits at 100% for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling on a covered Trip.
Covered Expenses: 1) Medical Transport: expenses for transportation under medica
supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local examining Doctor. 2) Dispatch of Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location; if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment. 3) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility, or the Covered Person's place of residence.

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services, or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Reparation of Remains Benefit - We will pay Repatriation Benefits at 100% for Covered Expenses incurred for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Reunion Benefit - We will pay up to $5,000 for expenses incurred to have a Covered Person's Family Member accompany him or her to the Covered Person's Home Country or the Hospital where the Covered Person is confined if the Covered Person is: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for the Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date the Covered Person is confined in the Hospital, or the date of the occurrence of the Felonious Assault.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

Covered Expenses include an economy airline ticket and other travel related expenses not to exceed the $200 Daily Benefit Maximum and the 10 Maximum Number of Days. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

Home Country Emergency Benefit - We will pay benefits for Covered Medical Expenses up to the $20,000 Benefit Maximum if the Covered Person continues treatment in his or her Home Country for a covered Injury or Sickness that was first treated during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefits if the Covered Person were outside of his or her Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

The coverage begins on the date the Covered Person arrives in his or her Home Country. It ends the later of: 1) the 30 day Maximum Benefit Period, or 2) the date the Covered Person leaves his or her Home Country. This benefit is payable only once in any 12-month period. In order for this benefit to be payable, coverage for the Covered Person must remain continuously in force and the required premium must be paid. Home Country Emergency Benefit payments are subject to the Deductible, Coinsurance Rate, if any, and Benefit Maximum for Medical Expense Benefits.

Return Ticket Benefit - We will reimburse the cost of a round trip ticket of a Covered Person's trip, up to the $1,500 Benefit Maximum, if his or her trip is interrupted as the result of any one of the following events: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Covered Person's Family Member, provided at least 30 days remain in the Covered Person's Term of Coverage at the time he or she notifies Us of the event.

The Covered Person must return to the educational program within 30 days of arrival in the Home Country. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Trip Delay Benefit - We will reimburse Covered Expenses up to the $100 Daily Benefit per person per day subject to the 5 day Maximum Benefit Period and the $500 Benefit Maximum, if a Covered Person's trip is delayed for more than the 12 hour Time Period. Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Covered Person's Trip. Travel Delay must be caused by one of the following reasons: (a) Injury, Sickness or death to either the Covered Person, Family Member or traveling companion that occurs during the Trip; (b) carrier delay; (c) lost or stolen passport, travel documents or money; (d) Quarantine; (e) Natural Disaster; (f) the Covered Person being delayed by a traffic accident while en route to a departure; (g) hijacking; (h) unpublished or unannounced strike; (i) civil disorder or commotion; (j) riot; (k) inclement weather which prohibits Common Carrier departure; (l) a Common Carrier strike or other job action; (m) equipment failure of a Common Carrier; or (n) the loss of the Covered Person's and/or traveling companion's travel documents, tickets or money due to theft.

"Quarantine" means the Covered Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Covered Person either having, or being suspected of having, a contagious disease, infection or contamination while the Covered Person is traveling outside of their Home Country.

The Covered Person's Duties in the Event of Loss: The Covered Person must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or tour operator/ newspaper clipping/weather report/police report or the like and proof of the expenses claimed as a result of Trip Delay.
Definitions

Active Service means a Covered Person is either 1) actively at work performing all regular duties at his or her employer’s place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day, or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

Country of Permanent Assignment means a country, other than a Covered Person's Home Country, in which the Participating Organization requires a Covered Person to work for a period of time that exceeds 180 continuous days.

Country of Permanent Residence means a country or location in which the Covered Person maintains a primary permanent residence.

Dependent means an Insured's lawful spouse under age 70 or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

Home Country means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country. Home Country also includes the Covered Person's Country of Permanent Assignment or Country of Permanent Residence.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

Medical Emergency means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary means a treatment, service, or supply that is 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

Preexisting Condition means an illness, disease, or other condition of the Covered Person that in the period before the Covered Person's coverage became effective under the Policy:

1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3) was treated by a Doctor or treatment had been recommended by a Doctor.

Sickness means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

We, Our, Us means the insurance company underwriting this insurance or its authorized agent.

Exclusions and Limitations

We will not pay benefits for any loss or Injury that is caused by or results from:

• intentionally self-inflicted injury; suicide or attempted suicide.
• war or any act of war, whether declared or not.
• a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days. piloting or serving as a crew member in any aircraft (unless otherwise provided in the Policy).
• commission of, or attempt to commit, a felony.

Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

• routine physicals and care of any kind.
• routine dental care and treatment.
• routine nursery care.
• cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
• eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
• services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
• treatment or service provided by a private duty nurse.
• treatment by any Immediate Family Member or member of the Insured's household. “Immediate Family Member” means a Covered Person’s spouse, child, brother, sister, parent, grandparent, or in-laws.
• expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization’s activity (unless Personal Deviations are specifically covered).
• medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
• any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
• custodial care.
• services or expenses incurred in the Covered Person's Home Country.
• elective treatment, exams or surgery; elective termination of pregnancy.
• expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
• expenses payable by any automobile insurance policy without regard to fault.
• organ or tissue transplants and related services.
• Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
• Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
Online Tools - www.internationalsos.com

ON CALL, ONLINE AND ON THE GROUND, 24/7/365.
Dedicated Line for Students, Faculty, and Staff
1 (215) 942-8478

This information provides you with a brief outline of the services available to you. The insurance is underwritten by ACE American Insurance Company. Reimbursement for any service expenses is limited to the terms and conditions of the Policy under which you are covered.

Claim Procedure
You must notify HealthSmart, within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder (University of Texas System), and the Policy Number (GLMN04969340-14).

Claims Administrator
HealthSmart
3320 W. Market St., Suite 100
Fairlawn, OH 44333
1 (800) 331-1096 (Toll-Free Inside U.S. Only)
1 (330) 867-8443 (Direct Inside U.S. Only)
1 (806) 473-3136 Fax
Email: akronclaims@healthsmart.com

When you are outside of the U.S., please always call International SOS first at:
1 (215) 942-8478 (Call collect when needed outside of the U.S.)
1 (800) 523-6586 (Toll free within the U.S.)

Program Arranged By
Academic HealthPlans, Inc.
P.O. Box 1605
Colleyville, TX 76034-1605
1 (855) 247-2273 · 1 (817) 479-2100
www.ahpcare.com/ustudyabroad

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

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. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of ACE USA’s HIPAA Privacy Notice write to Academic HealthPlans, P.O. Box 1605, Colleyville, TX 76034-1605 or call 1 (817) 479-2100.

IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (“PPACA”). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA.

ACE continues to monitor federal and state laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and costs will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

03/2014