

LEWIS UNIVERSITY

Accident and Sickness Insurance – Plan Summary

Underwritten by: Advent Syndicate 780 at Lloyd's

Plan Document Effective Date: 8/1/2016
Plan Document Termination Date: 7/30/2017
Plan Number: LF003667

Eligibility

Non-United States Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport, who are eligible participants with Lewis University.

SCHEDULE OF BENEFITS

Maximum per Plan year Per Plan Participant:	\$250,000
Deductible Per Plan Participant Per Plan year:	\$100/\$50 if services rendered at student health Center
Coinsurance:	100% of Usual, Reasonable & Customary (URC) Charges
Initial Treatment Period:	30 Days from the date of Injury or Sickness
Terms of Payment	Full Excess

ACCIDENT and SICKNESS MEDICAL EXPENSE BENEFITS

We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Deductibles, Coinsurance Factors, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident and Sickness Medical Expense Benefits are only payable:

- 1) for Usual, Reasonable and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Eligible Expenses incurred by or on behalf of the Plan Participant;
- 3) for Eligible Expenses received while the coverage is in force.

No benefits will be paid for any expenses incurred that are in excess of Usual, Reasonable and Customary Charges.

Eligible Medical Expenses listed below are paid on an aggregate basis in accordance with the total benefit amount shown in the Schedule. Once the maximum amount payable for Eligible Medical Expenses is met, no further benefits will be payable for the below expenses.

- 1) Eligible Medical Expenses include: Hospital Admission Expenses: Charges for each hospital admission.
- 2) Outpatient Pre-Surgical Testing benefit – charges for Pre-surgical testing. A scheduled surgical procedure must occur within 5 days of the testing.
- 3) Nursing Services – Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
- 4) Skilled Nursing Facility
- 5) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 6) Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- 7) In-Patient Hospital Room & Board Benefit, Intensive Care/Cardiac Care Unit Benefit, Hospital Miscellaneous Expense Benefit, Surgeon (In Or Outpatient) Benefits, Assistant Surgeon Benefit.
- 8) Pre-Admission Testing Benefit, Anesthesia Benefit, Surgery Miscellaneous Benefit, Diagnostic X Ray and Laboratory Benefit.
- 9) Ambulance Benefit.
- 10) Physician Visit Benefit (Inpatient), Physician Visit Benefit (Outpatient), Consultant Physician Benefit, Radiation/Chemotherapy Benefit, Emergency Room Benefit, Wellness Benefit (\$1,500)
- 11) Maternity and Pre-Natal Care Benefit (\$5,000; 10 month waiting period), Mental & Nervous Conditions Benefit, Alcohol & Drug Abuse Benefit (\$3,000 Inpatient; \$50 per visit maximum 10 visits Outpatient)

- 12) Emergency Dental Expense Benefit, Dental Palliative (\$100 per tooth; \$500 maximum), Physiotherapy Benefit (URC Inpatient; \$50 per visit maximum 10 visits Outpatient), Durable Medical Equipment Expense Benefit
- 13) Emergency Medical Evacuation & Repatriation (\$50,000), And Return Of Remains (\$25,000); Emergency Reunion (\$10,000)
- 14) Out-Patient Prescription Drug Benefit (\$1,000)

Emergency Medical Evacuation, Emergency Medical Repatriation And Return Of Mortal Remains Expense Benefit

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits

- 1) **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
- 2) **Emergency Medical Repatriation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company: a) one-way Economy Transportation; b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.
- 3) **Return of Mortal Remains:** In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

Full Excess Medical Expense: If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, We will pay the Eligible Expenses incurred, subject to any applicable Deductible Amount, Benefit Period and Coinsurance Percentage, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury or Sickness:

- 1) While the person is a Plan Participant under the Plan Document

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under the Plan Document is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

Definitions

Accident means an unforeseeable event which:

- 1) Causes Injury to one or more Plan Participants; and
- 2) Occurs while coverage is in effect for the Plan Participant.

Covered Accident means an Accident that occurs by a Plan Participant and results in a Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

Plan Participant means a Person and Dependent eligible for coverage as identified in the Enrollment/Application; a Non-United States Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport. For whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Plan Document.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Plan Document is in force.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered on injury.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered 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 Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

Physician means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

Sickness means illness or disease which requires treatment by a Physician while covered by this Plan Document. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.

EXCLUSIONS

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) Organ transplants;
- 8) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 9) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Coverage;
- 11) Treatment of acne;
- 12) Charges which are in excess of Usual, Reasonable and Customary charges;
- 13) Charges that are not Medically Necessary;
- 14) Charges provided at no cost to the Plan Participant;
- 15) Expenses incurred for treatment while in Your Home Country;
- 16) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 17) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Plan Participant; or an Immediate Family member of the Plan Participant;
- 18) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 19) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Plan Participant;
- 20) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 21) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 22) Elective abortion; elective cesarean section; or any complications of any of these conditions;
- 23) Drug, treatment or procedure that promotes conception, or childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
- 24) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 25) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
- 26) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Coverage, and rendered within 6 months of the Accident; except as provided in the Schedule;
- 27) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 28) Weak, strained or flat feet, corns, calluses, or toenails;
- 29) Private-duty nursing services;
- 30) Expenses payable under any prior Coverage which was in force for the person making the claim;
- 31) Travel in or upon:
 - (a) A snowmobile;
 - (b) A water jet ski;
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;

- (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
- 32) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding.
 - 33) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
 - 34) Rest cures or custodial care;
 - 35) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
 - 36) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Organization of any subsidiary or affiliate of the Participating Organization, or by the Plan Participant or any member of his household.
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f) An ultra light, hang-gliding, parachuting or bungi-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes;
 - 37) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
 - 38) Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.

Please keep this as a general summary of the insurance as specified in the Plan Document issued to and on file at Lewis University. The Plan Document contains a complete description of all of the terms and conditions including: the benefits, provisions, exclusions of the insurance plan as underwritten by Advent Syndicate 780 at Lloyd's. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

Note: The insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. The plan is not designed to cover US residents and citizens. The policy is not subject to guaranteed issuance or renewal.

Travel Assistance is an invaluable service that is provided and administered by AXA Assistance USA, Inc. This program offers you travel services, 24 hours a day, 365 days a year.

If you become sick or injured, require travel or financial assistance when traveling, call 24 hours a day, 365 days a year (888) 647-3105 or collect +1 (630) 766-7731. You will promptly be connected to a multilingual assistance coordinator who will assist you.

AXA Travel Assistance 888-647-3105 in USA or collect 630-766-7731 outside the USA

You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services.

For claims forms or claims status call: 800-513-2981 Toll free in the USA or go to www.1stAgency.com to download a claim form

All claim forms must be completed, signed and mailed to: **Global Claims Administrators
3195 Linwood Rd, Suite 201
Cincinnati OH 45208**

**Insurance Administrator:
Please contact First Agency with any questions.
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009
1-800-243-6298**