

**CATLIN**

**Catlin Insurance Company Incorporated**  
**2800 Post Oak Blvd., Suite 4050, Houston, TX 77056**  
**A Stock Insurance Company**  
**1-877-228-5468**

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**BLANKET ACCIDENT POLICY**

**POLICYHOLDER:** New College of Florida

**POLICY NUMBER:** BAH-4001623-0818

**POLICY EFFECTIVE DATE:** August 1, 2018

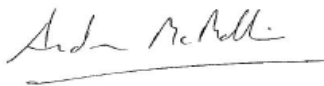
**POLICY TERM:** August 1, 2018- July 31, 2019

**STATE OF DELIVERY:** Florida;

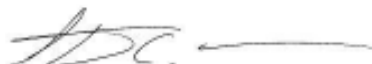
The Policy takes effect at 12:01 A.M. on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. The Policy terminates at 12:00 A.M., on the last day of the Policy Term unless the Policyholder and We agree to continue coverage under the Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue a rider to identify the new Policy Term.

The Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of Catlin Insurance Company, Inc witness this Plan.



**President**



**Secretary**

**LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES  
DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY.  
PLEASE READ THE POLICY CAREFULLY.**

**THIS POLICY CONTAINS A DEDUCTIBLE PROVISION**

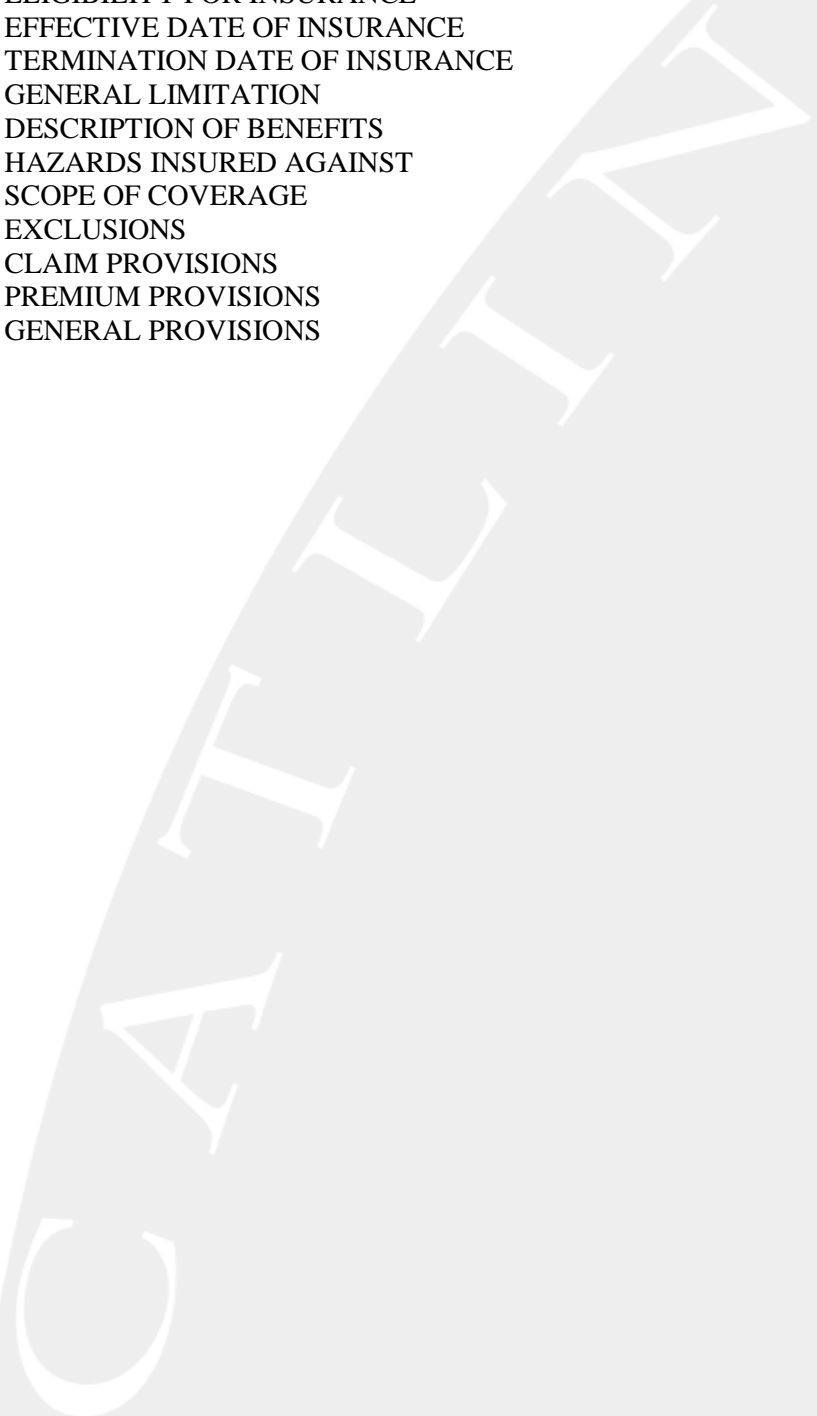
**THIS POLICY CONTAINS AN EXCESS PROVISION**

To present inquiries or obtain information about coverage and to provide assistance in resolving complaints, please call 1-877-228-5468.

# **BLANKET ACCIDENT POLICY**

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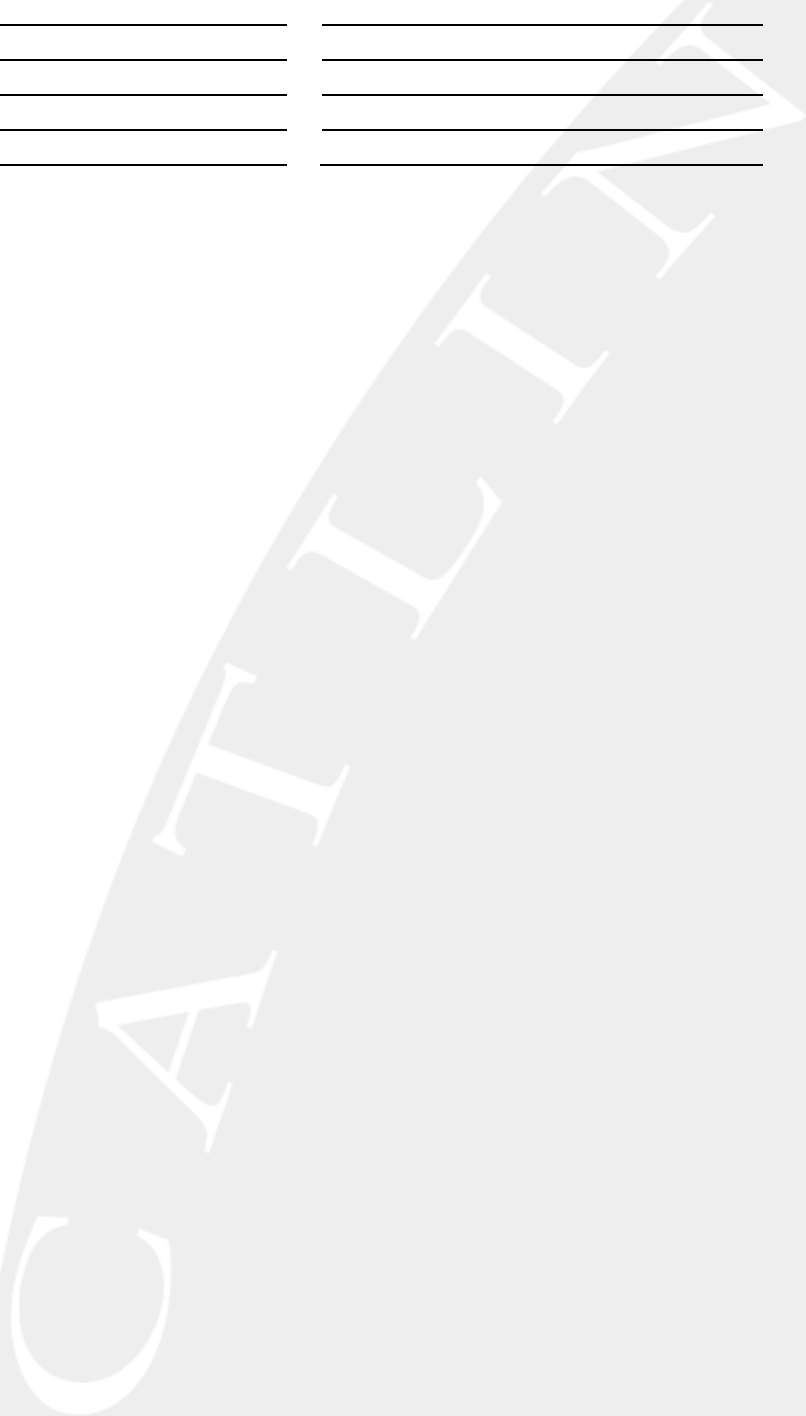


**SCHEDULE OF SUBSCRIBERS / AFFILIATES / SUBSIDIARIES**

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The following subscriber/ affiliates/ subsidiaries are covered under this Policy on the effective dates listed below. A newly-acquired subscriber may be covered under this Policy on the date it is acquired as long as the Policyholder notifies Us within 90 days of its acquisition and pays the required premium. If We are not notified within the required time period, the subscriber/ affiliates/ subsidiaries will be covered on the date We agree in writing to provide coverage and receive the required premium.

<u>NAME</u>	<u>LOCATION</u>	<u>EFFECTIVE DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**SECTION 1: SCHEDULE OF BENEFITS**

**POLICYHOLDER:** New College of Florida

**ADDRESS:** 5800 Bay Shore Rd  
;Sarasota, FL 34243

**POLICY NUMBER:** BAH-4001623-0818

**POLICY EFFECTIVE DATE:** August 1, 2018

**POLICY TERM:** August 1, 2018- July 31, 2019

**PREMIUM DUE DATE:** Monthly in arrears;

**CLASSES OF ELIGIBLE PERSONS:**

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.

Class 1: All international students and scholars under the age of 65 with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities at the Policyholder. Students taking the following courses are not eligible to enroll in the insurance plan: distance learning courses; students solely taking off-campus internet, home study, correspondence, or television courses; courses taken for audit and OPT.

Class 2: All Spouses of a Class 1 Insured

Class 3: All Children of a Class 1 Insured

Class 4: All international students and scholars under the age of 65 with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities at the Policyholder. Students taking the following courses are not eligible to enroll in the insurance plan: distance learning courses; students solely taking off-campus internet, home study, correspondence, or television courses; courses taken for audit and OPT.

Class 5: All Spouses of a Class 4 Insured

Class 6: All Children of a Class 4 Insured

**HAZARDS INSURED AGAINST:**

Class 1 – 6:

Travel Coverage (24 Hour Coverage);

**DESCRIPTION OF BENEFITS**

Class 1 - 3

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

Principal Sum: \$10,000;

Time Period for Loss from date of Accident: 365 days;

Covered Losses: See Benefit;

**EMERGENCY MEDICAL EVACUATION REPATRIATION BENEFIT**

Maximum Benefit: Actual Cost;  
Deductible: \$0;

**EMERGENCY REUNION BENEFIT**

Maximum Benefit: \$2,500;

**FAMILY REUNION BENEFIT**

Maximum Benefit: \$2,500;

**OUT OF COUNTRY MEDICAL EXPENSE BENEFITS**

Maximum Benefit: \$500,000;  
Deductible: \$150 per policy period;  
Maximum Benefit Period: Policy Term from the date of the Covered Accident or Sickness;  
Maximum for Pre-existing Conditions: \$50,000;

**REPATRIATION OF REMAINS BENEFIT**

Maximum Benefit: Actual Cost;  
Deductible: \$0;

Class 4-6

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

Principal Sum: \$10,000;  
Time Period for Loss from date of Accident: 365 days;  
Covered Losses: See Benefit;

**EMERGENCY MEDICAL EVACUATION REPATRIATION BENEFIT**

Maximum Benefit: Actual Cost;  
Deductible: \$0;

**EMERGENCY REUNION BENEFIT**

Maximum Benefit: \$3,500;

**FAMILY REUNION BENEFIT**

Maximum Benefit: \$3,500;

**OUT OF COUNTRY MEDICAL EXPENSE BENEFITS**

Maximum Benefit: \$600,000;  
Maximum Benefit Period: Policy Term from the date of the Covered Accident or Sickness;  
Maximum for Pre-existing Conditions: \$50,000;

**REPATRIATION OF REMAINS BENEFIT**

Maximum Benefit: Actual Cost;  
Deductible: \$0;

**REPORTING AND NOTICE ADDRESSES:**

**Claim Reporting:** Relation Insurance Services, Inc.  
P.O. Box 25936  
Overland Park, KS 66225

**Phone:** 888-388-0931;

**INITIAL PREMIUM RATES:**

Class 1- 3 (Trail Blazer Basic)

\$50 per Student age 24 and under, per month;  
\$75 per Student age 25 - 29, per month;  
\$125 per Student age 30-40, per month  
\$125 per Student age 41-65, per month  
\$390 per Spouse, per month;  
\$200 per Dependent Child, per month;

Class 4-6 (Trail Blazer Elite)

\$70 per Student age 24 and under, per month;  
\$90 per Student age 25 - 29, per month;  
\$140 per Student age 30-40, per month  
\$140 per Student age 41-65, per month  
\$400 per Spouse, per month;  
\$230 per Dependent Child, per month;

**SECTION 2: DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

**Accident** means a: sudden; unexpected; and unintended event.

**Beneficiary**, in the case of death of the Covered Person, means a person named by the Covered Person to receive benefits provided by this Policy.

**Benefit** means cash payable or services offered to the Covered Person or the Beneficiary as detailed in the Schedule of Benefits, limited by the terms and provisions of this Policy.

**Certificate** is the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

**Coverage** means the specific types of losses covered by this Policy.

**Covered Accident** means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

**Covered Activity** means any activity: that the Policyholder requires the Covered Person to attend; or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

**Covered Expenses; Expenses** means expenses actually incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident or Sickness until the date: treatment; services; or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such: treatment; service; or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Covered Injury** means any bodily harm that results directly and independently of all other causes from a Covered Accident.

**Covered Loss(es)** means an: accidental death; dismemberment; or other Injury covered under the Policy.

**Covered Person** means any Insured and Dependent for whom the required premium is paid.

**Deductible** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Policy Term basis before Out of Country Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**Dependent** means an Insured's lawful spouse or Domestic Partner; or a Dependent Child. 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.

**Dependent Child; Child** means an Insured's child from the moment of birth to age 26 who is: (1) dependent upon the Insured for support and (2) living in the household of the Insured or is a full-time or part-time student. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with the time of placement in the Insured's residence; foster child; child in court-ordered temporary or other custody of the Insured; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support.

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 chiefly 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.

The Insured has the option of insuring his or her child at least until at least the end of the calendar year in which the child reaches age 30 if the child is: (1) unmarried and does not have a dependent of his or her own; (2) a resident of this State or a full-time or part-time student; and (3) not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

**Disability** means the inability to do any work for which the Covered Person is or may be qualified by reason of education, experience or training.

**Dismemberment** means the loss by physical separation of a limb from the body.

**Doctor** means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a: Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

**Domestic Partner** means a person of the same or opposite sex of the Insured who:

1. shares the Insured's primary residence;
2. is financially interdependent with the Insured
3. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
4. does not have current Domestic Partner declaration with any other person;
5. is older than 18 years of age;
6. is not currently married to another person; and
7. is not in a position as a blood relative that would prohibit marriage.

**Hazard** means the circumstances necessary for an event to be considered a Covered Loss under this Policy.

**Health Care Plan** means a: policy; other benefits; or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plans as defined in the Employee Retirement Income Security Act of 1974, as amended.

**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 that country which the Covered Person has declared to Us in writing as his or her Home Country.

**Hospital** means an institution that: 1) operates as a Hospital pursuant to law for the: care; treatment; and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for: diagnosis; treatment; and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a: nursing care facility; rest home; convalescent home; or similar establishment; or any separate: ward; wing; or section of a Hospital used as such; and 6) is not a place solely for: drug addicts; alcoholics; or the aged; or any separate ward of the Hospital.

**Hospital Confined** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

**Immediate Family Member** means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son or daughter-in-law; and brother- or sister-in-law.

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Insurance** means providing protection against some of the economic consequences of a Covered Loss.

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

**Maximum Benefit** means the most we will pay for each Benefit states in the Schedule of Benefits.

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, 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) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) 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, at Our discretion, consider the cost of the alternative to be the Covered Expense.



**Other Income Benefits** means any amounts that an Insured receives (or are assumed to receive) under:

1. any: Workers' Compensation; occupational disease; unemployment compensation law; or similar state or federal law; including all permanent as well as temporary disability benefits. This includes any: damages; compromises; or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receives or any third party receives (or is assumed to receive) on the Insured's behalf or for the Insured's dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person's entitlement to such benefits.
3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.

**Policy** means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

**Policyholder** means the company or organization that elects to provide this Policy to their employees, members or participants.

**Pre-existing Condition** means a: physical or mental condition of the Covered Person, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period ending before the Covered Person's coverage became effective under the Policy.

**Premium** means the amount of money: determined by Us; based on the Hazards and Benefits chosen by the Policyholder; and agreed by the Policyholder as the consideration of which we agree to guarantee payment.

**Schedule of Benefits** is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

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

**Trip** means travel by: air; land; or sea from the Covered Person's Home Country.

**Usual and Customary Charge** means the average amount charged by most providers for: treatment; service; or supplies in the geographic area where the: treatment; service; or supply is provided.

**We; Our; Us** means Catlin Insurance Company Incorporated or its authorized agent.

### SECTION 3: ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be Insured on the Policy Effective Date. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that Insured.

An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or

2. the date the person becomes a Dependent, if later.

In no event will a dependent be eligible if the Insured is not eligible. Also, Covered Person cannot be covered as an Insured and as a Dependent.

#### **SECTION 4: EFFECTIVE DATE OF INSURANCE**

An Insured coverage will begin on the latest of the following dates:

1. the Policy Effective Date, provided that the policy premium has been paid;
2. the date he or she is eligible;
3. the date of the scheduled Trip departure date; or

#### **SECTION 5: TERMINATION DATE OF INSURANCE**

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
4. the Insured fails to pay the required premium, if the Insured is so required;

A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends;
3. the date the Policy ends;
4. the period ends for which premium is paid;

#### **EXTENSION OF BENEFITS**

We will extend benefits under the Policy for 3 months after a Covered Person's coverage would otherwise end if on that date he or she is:

1. Hospital Confined for an Injury or Sickness covered by the Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits

#### **SECTION 6: GENERAL LIMITATION**

**Limitation on Multiple Covered Losses:** If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits:** If a Covered Person can recover benefits under more than one of the Benefits stated in the Schedule of Benefits, as a result of the same Accident, We will pay only one benefit, the largest benefit.

**Limitation on Multiple Covered Policies:** If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.

#### **SECTION 7: DESCRIPTION OF BENEFITS**

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

We will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Four Fingers of the Same Hand	20% of the Principal Sum

**Definition:** For this benefit  
**Member** means hand or foot, sight, speech, and hearing.

**Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers 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).

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**EMERGENCY MEDICAL EVACUATION REPATRIATION BENEFIT**

We will pay Maximum Benefit as shown in the Schedule of Benefits for expenses incurred for the medical evacuation or repatriation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling outside of his or her Home Country;
2. suffers an Injury or Sickness during the course of the covered Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness requires an Emergency Medical Evacuation or repatriation;
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 usual level of 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.

**Definition:** For this benefit  
**Emergency Medical Evacuation** means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest: Hospital; or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a: Hospital; or other medical facility; or to recover after suffering an Injury or Sickness.

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

After Hospitalization or treatment for a covered Injury or Sickness, if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered

Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

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**EMERGENCY REUNION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, to have one of the Insured's Immediate Family Members accompany him or her to the Covered Person's Home Country or Hospital where the Covered Person is confined if:

1. the Emergency Medical Evacuation Repatriation Benefit is payable under the Policy; and
2. the Insured is alone outside of his or her Home Country; and

In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed 7 days.

This benefit will not exceed the lesser of:

1. the cost of one round-trip economy airfare ticket and other local travel related expenses; or
2. the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of 7 days.
3. the Benefit Amount shown in the Schedule of Benefits.

We must authorize all expenses in advance for any benefit to be payable.

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**FAMILY REUNION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers an Injury or Sickness and must be confined in a Hospital for at least 3 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. 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 paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

**Definition:** For this benefit

**Family Member** means a Covered Person's parent; sister; brother; husband; wife; or children.

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**OUT OF COUNTRY MEDICAL EXPENSE BENEFITS**

We will pay Maximum Benefit shown in the Schedule of Benefits, for Covered Expenses from a Covered Accident or Sickness. These benefits are subject to the: Deductibles; Coinsurance Maximum Rates; Benefit Periods; and other terms or limits shown in the Schedule of Benefits.

Out of Country Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within 30 days after the date of the Covered Accident or Sickness.

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

### **Covered Medical Expenses**

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Newborn nursery care expenses.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
8. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
9. Doctor's surgical expenses as shown in the Schedule of Benefits. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
10. Assistant surgeon expenses when Medically Necessary
11. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Outpatient laboratory test expenses.
13. Physiotherapy physical medicine/chiropractic/acupuncture expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits). Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
14. Chiropractic expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits).
15. X-ray expenses (including reading charges) but not for dental x-rays.
16. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident; and emergency alleviation of dental pain.
17. Dental expenses for impacted wisdom tooth.
18. Outpatient registered nurse services if ordered by a Doctor.
19. Ambulance expenses for transportation from the emergency site to the Hospital.
20. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
21. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor and administered on an outpatient basis.
22. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; and hearing aids.
23. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.

24. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.
25. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
26. Emergency medical treatment of pregnancy.
27. Therapeutic termination of pregnancy.
28. Physical Therapy.
29. MRI/Cat scan and all other diagnostic imaging services.

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**REPATRIATION OF REMAINS BENEFIT**

We will pay the Maximum Benefit as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury or Sickness while 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 by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

**SECTION 8: HAZARDS INSURED AGAINST**

We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident or Sickness occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

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**Travel Coverage (24 Hour Coverage)**

The Covered Loss must take place while:

1. traveling or making a short stay of 11 months or less away from the Covered Person's Home Country; and

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.

**SECTION 9: SCOPE OF COVERAGE**

**Primary Benefits**

We will pay the applicable benefit, subject to the deductible and benefit period as shown in the Schedule of Benefits. Such benefits will be paid on a primary basis, regardless of any other coverage the Covered Person may have.

**SECTION 10: EXCLUSIONS**

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

1. suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. piloting or serving as a crewmember.
5. commission of, or attempt to commit: a felony; an assault; or other illegal activity.
6. active participation in a riot, or insurrection.
7. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
  - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
  - c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
8. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
10. Injury or Sickness covered by: Workers' Compensation; Employer Liability Laws
11. travel in any aircraft: owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
12. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our 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.
13. aggravation of an Injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.
14. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
15. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policyholder;  
rugby; cave diving; cheerleading; motorcycling; rock climbing; ice climbing; mountain climbing; horse riding; base jumping; lacrosse; soccer; gymnastics; bull riding; hockey; football; street lugging; heli-skiing; surfing; motorcycle racing; snowboarding; climbing above 20,000 feet; including: tryouts; practice; or any competitions or games; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; caving or spelunking; extreme skiing; heli-skiing; skiing outside marked trails; mountain climbing; ice climbing; scuba diving; professional or semi-professional sports; extreme sports; body contact sports; hot-air ballooning; snowboarding; base jumping; sail gliding; parakiting; parkour; racing including stunt show or speed test of any motorized or non-motorized vehicle; rodeo activities.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).

3. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
4. Injury or death caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
5. blood; blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood.
6. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
8. eyeglasses; contact lenses; hearing aids; examinations or prescriptions for them; or repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
9. treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
10. treatment or service provided by a private duty nurse.
11. replacement of: artificial limbs; eyes; and larynx.
12. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
13. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
14. conditions that are not caused by a Covered Accident or Sickness.
15. participation in any activity or hazard not specifically covered by the Policy.
16. Any: treatment; service; or supply not specifically covered by the Policy.
17. Any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
18. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
19. routine nursery care.
20. routine physicals.
21. cosmetic or plastic surgery, except as a result of Injury.
22. elective surgery.
23. new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.
24. routine dental care and treatment.
25. rest cures or custodial care.
26. organ or tissue transplants and related services.
27. Injury sustained while participating in amateur; club; interscholastic; intercollegiate; professional; or semiprofessional sports.
28. confinement or institutional care.
29. maternity and routine nursery care.
30. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
31. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
32. treatment relating to: birth defects; and congenital conditions; or complications arising from those conditions.
33. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
34. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.
35. expenses incurred in connection with: weak; strained; or flat feet; corns; calluses; or toenails.



36. treatment of acne.
37. expenses incurred for Trips taken for the purpose of seeking medical care.
38. expenses incurred while traveling against the advice of a medical professional.

## SECTION 11: CLAIM PROVISIONS

**Notice Of Claim:** A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

**Claim Forms:** Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

**Proof Of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time Payment Of Claims:** Unless an optional periodic payment is stated, benefits will be paid immediately after We receive written (or authorized electronic or telephonic) proof of loss.

**Payment Of Claims:** If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the Beneficiary. If no Beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

All other benefits due and not assigned will be paid to the Covered Person, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Covered Person's estate.

If a benefit due is payable to:

1. the Covered Person's estate; or
2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. The maximum amount payable to a representative of someone who cannot give a valid release is \$3000.

We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written proof of loss.

**Beneficiary:** The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. The beneficiary's consent is not required for this or any other change in the policy, unless the designation of the beneficiary is irrevocable. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

The Insured is the beneficiary for any covered Dependent.

**Payment of Medical Claims:** At the request of: the Covered Person; or his or her parent or guardian; if the Covered Person is a minor, medical benefit may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

**Physical Examinations And Autopsy:** We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies: when a claim is pending; or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law or religious law forbids it. We will pay the cost of the examination or autopsy.

**Legal Actions:** No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 5 years following the date proof of loss is required.

**Recovery of Overpayment or Error:** If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.

**Subrogation:** We may recover any Medical Expense benefits paid under the Policy to the extent a Covered Person is paid for the same Injury or Sickness by: a third party; another insurer; or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by: settlement; judgment; or otherwise; and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.

## SECTION 12: PREMIUM PROVISIONS

**Premiums:** The premiums for the Policy will be based on the rates currently in force, the plan, and amount of insurance in effect.

**Changes In Premium Rates:** We may change the premium rates from time to time with at least 45 days advanced written notice. No change in rates will be made until 1 year after the Policy Effective Date. An increase in rates will not be made more often than once in a 6 month period. Furthermore, We reserve the right to change rates if any of the following events take place.

1. The terms of the Policy change.
2. A division; subsidiary; affiliated organization; or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

**Payment of Premium:** The first premium is due on the Policy Effective Date. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period:** A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end upon the expiration of the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

**Reinstatement:** If any renewal premium is not paid within the time granted the Policyholder per payment, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept the premium, without requiring an application for reinstatement, shall reinstate the Policy. If We or our agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval for the application by Us, or if not approved, upon the forty-fifth (45<sup>th</sup>) day following the date of the conditional receipt unless We have previously notified the Policyholder in writing of disapproval of the application. The reinstated Policy shall cover only loss resulting from any accidental injury sustained after the date of reinstatement that begins more than ten (10) days after that date. In all other respects We and the Policyholder shall have the same rights as they had under the Policy immediately before the due date of the defaulted premium, subject to any endorsements attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

## SECTION 13: GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall: void the insurance; reduce the benefits; or be used in defense of a claim for loss incurred; unless: it is contained in a written application; and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must: be signed by our President or Secretary; and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

**Policy Effective Date And Termination Date:** The Policy begins on the Policy Effective Date at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Either We or the Policyholder may terminate the Policy by giving 45 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

**Assignment:** The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.

**Clerical Error:** If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records: at any time during the term of the Policy; and within 2 years after the termination of the Policy as they relate to the premiums or subject matter of this insurance.

**Certificates Of Insurance:** Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

**Conformity With State Laws:** On the effective date of the Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

**Not In Lieu Of Workers' Compensation:** The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

**Catlin Insurance Company Incorporated**  
**2800 Post Oak Blvd., Suite 4050, Houston, TX 77056**  
**A Stock Insurance Company**

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**OUT OF COUNTRY MEDICAL EXPENSE ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY AND CERTIFICATE. PLEASE READ IT CAREFULLY.**

**POLICYHOLDER:** New College of Florida  
**POLICY NUMBER:** BAH-4001623-0818  
**RIDER EFFECTIVE DATE:** August 1, 2018;

This Endorsement is made part of the Policy and Certificate to which it is attached as of the Effective Date shown above. Any changes in coverage apply only with respect to accidents that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Blank Endorsement.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy and Certificate:

1. It is hereby understood and agreed that the Out of Country Medical Expense Benefits listed in the Schedule of Benefits section of the Policy and Certificate is deleted and replaced by the following:

**Class 1 - 3**

**OUT OF COUNTRY MEDICAL EXPENSE BENEFITS**

Maximum Benefit: \$500,000;

Deductible: \$150 per Policy Term;

Co-Pay: \$25 for generic RX, \$50 for all other RX \$15 Oral Contraceptives

Doctor's Visit: \$25, waived for treatment at the student health center;

Co-insurance Rate:

Student - In network: 80% of the first \$15,000 of in network Preferred Provider Organization (PPO) eligible charges; thereafter, 100% of in network PPO eligible charges. The maximum out of pocket expense in network charges is \$3,000.

Deductibles, co-payments and non-covered charges do not count toward satisfying the \$3,000 out of pocket expense.

Out of Network: 70% of eligible Usual and Customary Charges.;

Family - In network: 80% of the first \$35,000 of in network Preferred Provider Organization (PPO) eligible charges; thereafter, 100% of in network PPO eligible charges. The maximum out of pocket expense in network charges is \$7,000.

Deductibles, co-payments and non-covered charges do not count toward satisfying the \$7,000 out of pocket expense.

Out of Network: 70% of eligible Usual and Customary Charges.;

Maximum Benefit Period: Policy Term from the date of the Covered Accident or Sickness;

Maximum for Pre-existing Conditions: \$50,000;

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The Pre-existing Conditions exclusion is waived for prior creditable coverage;

Maximum for Dental Treatment (injury only):	\$2,500	
Maximum for In-Patient In-Network:		
\$75 Insured co-payment per visit		
Maximum for Room & Board:		PPO Allowance
Maximum for Intensive Care:		PPO Allowance
Maximum for Hospital Miscellaneous Expenses:		PPO Allowance
Maximum for Physiotherapy:		PPO Allowance
Maximum for Surgery:		PPO Allowance
Maximum for Anesthetist Services:		PPO Allowance
Maximum for Assistant Surgeon:		PPO Allowance
Maximum for Registered Nurse Services:		PPO Allowance
Maximum for Physician's Visits:		PPO Allowance
Maximum for Psychotherapy:		PPO Allowance up to a maximum of 40 days
Maximum for Outpatient In-Network:		
Maximum for Surgery		PPO Allowance
Maximum for Day Surgery Miscellaneous		PPO Allowance
Maximum for Anaesthetist Services		PPO Allowance
Maximum for Assistant Surgeon		PPO Allowance
Maximum for Miscellaneous Benefit		Not Applicable
Maximum for Physician Visits		PPO Allowance
Maximum for Physiotherapy		
40 visit maximum per policy year		PPO Allowance
Maximum for Chiropractic Care		
Per policy year benefit		PPO Allowance up to a maximum of \$5,000
Maximum for Medical Emergency Expense		
\$75 Insured Co-payment per visit		PPO Allowance
Maximum for Diagnostic X-ray		PPO Allowance
Maximum for Radiation Therapy		PPO Allowance
Maximum for Laboratory Procedures		PPO Allowance
Maximum for Miscellaneous Test and Procedures		PPO Allowance
Maximum for Shots or Injections		PPO Allowance
Maximum for Chemotherapy		PPO Allowance
Maximum for Psychotherapy		PPO Allowance up to 40 visits
Maximum for Other Benefits In-Network:		
Maximum for Ambulance Services		100% Usual and Customary
Maximum for Braces and Appliances		PPO Allowance to maximum of \$5,000
Maximum for Consultant Physician Services		
\$25 Insured Co-payment per visit		
(Waived at Student Health Center)		PPO Allowance
Maximum for Durable Medical Equipment		100% Usual and Customary
Maximum for Unallocated Injury Benefit		100% Usual and Customary
Maximum for Venereal Disease		PPO Allowance
Maximum for Routine Newborn Hospital Nursery Care		PPO Allowance up to a maximum of \$3,000
Maximum for CAT scan; MRI; for a covered condition		
\$100 Insured Co-payment per test		PPO Allowance
Maximum for Telehealth Service and Telemedicine Service		PPO Allowance
Maximum for Acquired Brain Injury Treatment		PPO Allowance

<b>Maximum for In-Patient Out-Of-Network:</b>	
\$75 Insured co-payment per visit	
Maximum for Room & Board:	70% of Usual and Customary
Maximum for Intensive Care:	70% of Usual and Customary
Maximum for Hospital Miscellaneous Expenses:	70% of Usual and Customary
Maximum for Physiotherapy:	70% of Usual and Customary
Maximum for Surgery:	70% of Usual and Customary
Maximum for Anesthetist Services:	70% of Usual and Customary
Maximum for Assistant Surgeon:	70% of Usual and Customary
Maximum for Registered Nurse Services:	70% of Usual and Customary
Maximum for Physician's Visits:	70% of Usual and Customary
Maximum for Psychotherapy:	70% of Usual and Customary up to a maximum of 40 days
<b>Maximum for Outpatient Out of-Network:</b>	
Maximum for Surgery	70% of Usual and Customary
Maximum for Day Surgery Miscellaneous	70% of Usual and Customary
Maximum for Anaesthetist Services	70% of Usual and Customary
Maximum for Assistant Surgeon	70% of Usual and Customary
Maximum for Miscellaneous Benefit	Not Applicable
Maximum for Physician Visits	
\$25 Insured Co-payment per visit	70% of Usual and Customary
Maximum for Physiotherapy	
40 visit maximum per policy year	70% of Usual and Customary
Maximum for Chiropractic Care	
Per policy year benefit	70% Usual and Customary up to a maximum of \$5,000
<b>Maximum for Medical Emergency Expense</b>	
\$75 Insured Co-payment per visit	70% of Usual and Customary
Maximum for Diagnostic X-ray	70% of Usual and Customary
Maximum for Radiation Therapy	70% of Usual and Customary
Maximum for Laboratory Procedures	70% of Usual and Customary
Maximum for Miscellaneous Test and Procedures	70% of Usual and Customary
Maximum for Shots or Injections	70% of Usual and Customary
Maximum for Chemotherapy	70% of Usual and Customary
Maximum for Psychotherapy	
\$25 Insured Co-payment per visit	70% of Usual and Customary up to 40 visits
<b>Maximum for Other Benefits Out-Of-Network:</b>	
Maximum for Ambulance Services	70% of Usual and Customary
Maximum for Braces and Appliances	70% of Usual and Customary to maximum of \$5,000
<b>Maximum for Consultant Physician Services</b>	
\$25 Insured Co-payment per visit (Waived at Student Health Center)	70% of Usual and Customary
Maximum for Durable Medical Equipment	70% of Usual and Customary
Maximum for Unallocated Injury Benefit	70% of Usual and Customary
Maximum for Venereal Disease	70% of Usual and Customary
Maximum for Routine Newborn Hospital Nursery Care	70% of Usual and Customary up to a maximum of \$1,500

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Maximum for CAT scan; MRI; for a covered condition \$100 Insured Co-payment per test	70% of Usual and Customary
Maximum for Telehealth Service and Telemedicine Service	70% of Usual and Customary
Maximum for Acquired Brain Injury Treatment	70% of Usual and Customary
Maximum for Prosthetic Devices and Orthotic Devices	70% of Usual and Customary

**Class 4 - 6**

**OUT OF COUNTRY MEDICAL EXPENSE BENEFITS**

Maximum Benefit: \$600,000;  
 Deductible: \$0 per Policy Term;  
 Co-Pay: \$20 for generic RX, \$50 for all other RX; \$15 Oral Contraceptives  
 Doctor's Visit: \$20, waived for treatment at the student health center;

**Co-insurance Rate:**

Student - In network: 80% of the first \$10,000 of in network Preferred Provider Organization (PPO) eligible charges; thereafter, 100% of in network PPO eligible charges. The maximum out of pocket expense in network charges is \$2,000. Deductibles, co-payments and non-covered charges do not count toward satisfying the \$2,000 out of pocket expense.

Out of Network: 70% of eligible Usual and Customary Charges.;

Family - In network: 80% of the first \$25,000 of in network Preferred Provider Organization (PPO) eligible charges; thereafter, 100% of in network PPO eligible charges. The maximum out of pocket expense in network charges is \$5,000. Deductibles, co-payments and non-covered charges do not count toward satisfying the \$5,000 out of pocket expense.

Out of Network: 70% of eligible Usual and Customary Charges.;

Maximum Benefit Period: Policy Term from the date of the Covered Accident or Sickness;

Maximum for Pre-existing Conditions: \$50,000;

The Pre-existing Conditions exclusion is waived for prior creditable coverage;

Maximum for Dental Treatment (injury only): \$2,500

**Maximum for In-Patient In-Network:**

\$75 Insured co-payment per visit	
Maximum for Room & Board:	PPO Allowance
Maximum for Intensive Care:	PPO Allowance
Maximum for Hospital Miscellaneous Expenses:	PPO Allowance
Maximum for Physiotherapy:	PPO Allowance
Maximum for Surgery:	PPO Allowance
Maximum for Anesthetist Services:	PPO Allowance
Maximum for Assistant Surgeon:	PPO Allowance
Maximum for Registered Nurse Services:	PPO Allowance
Maximum for Physician's Visits:	PPO Allowance
Maximum for Psychotherapy:	PPO Allowance up to a maximum of 40 days

**Maximum for Outpatient In-Network:**

Maximum for Surgery	PPO Allowance
Maximum for Day Surgery Miscellaneous	PPO Allowance
Maximum for Anaesthetist Services	PPO Allowance



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Maximum for Assistant Surgeon	PPO Allowance
Maximum for Miscellaneous Benefit	Not Applicable
Maximum for Physician Visits	
PPO Allowance	
Maximum for Physiotherapy	
40 visit maximum per policy year	PPO Allowance
Maximum for Chiropractic Care	
Per policy year benefit	PPO Allowance up to a maximum of \$5,000
Maximum for Medical Emergency Expense	
\$75 Insured Co-payment per visit	PPO Allowance
Maximum for Diagnostic X-ray	PPO Allowance
Maximum for Radiation Therapy	PPO Allowance
Maximum for Laboratory Procedures	PPO Allowance
Maximum for Miscellaneous Test and Procedures	PPO Allowance
Maximum for Shots or Injections	PPO Allowance
Maximum for Chemotherapy	PPO Allowance
Maximum for Psychotherapy	
\$20 Insured Co-payment per visit	PPO Allowance up to 40 visits
Maximum for Other Benefits In-Network:	
Maximum for Ambulance Services	100% Usual and Customary
Maximum for Braces and Appliances	PPO Allowance to maximum of \$5,000
Maximum for Consultant Physician Services	
\$20 Insured Co-payment per visit	
(Waived at Student Health Center)	PPO Allowance
Maximum for Durable Medical Equipment	100% Usual and Customary
Maximum for Unallocated Injury Benefit	100% Usual and Customary
Maximum for Venereal Disease	PPO Allowance
Maximum for Routine Newborn Hospital Nursery Care	PPO Allowance up to a maximum of \$4,000
Maximum for CAT scan; MRI; for a covered condition	
\$100 Insured Co-payment per test	PPO Allowance
Maximum for Telehealth Service and Telemedicine Service	PPO Allowance
Maximum for Acquired Brain Injury Treatment	PPO Allowance
Maximum for Prosthetic Devices and Orthotic Devices	PPO Allowance
Maximum for In-Patient Out-Of-Network:	
\$75 Insured co-payment per visit	
Maximum for Room & Board:	70% of Usual and Customary
Maximum for Intensive Care:	70% of Usual and Customary
Maximum for Hospital Miscellaneous Expenses:	70% of Usual and Customary
Maximum for Physiotherapy:	70% of Usual and Customary
Maximum for Surgery:	70% of Usual and Customary
Maximum for Anesthetist Services:	70% of Usual and Customary
Maximum for Assistant Surgeon:	70% of Usual and Customary
Maximum for Registered Nurse Services:	70% of Usual and Customary
Maximum for Physician's Visits:	70% of Usual and Customary
Maximum for Psychotherapy:	70% of Usual and Customary up to a maximum of 40 days
Maximum for Outpatient Out of-Network:	

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Maximum for Surgery	70% of Usual and Customary
Maximum for Day Surgery Miscellaneous	70% of Usual and Customary
Maximum for Anaesthetist Services	70% of Usual and Customary
Maximum for Assistant Surgeon	70% of Usual and Customary
Maximum for Miscellaneous Benefit	Not Applicable
Maximum for Physician Visits	
70% of Usual and Customary	
Maximum for Physiotherapy	
40 visit maximum per policy year	70% of Usual and Customary
Maximum for Chiropractic Care	
Per policy year benefit	70% of Usual and Customary up to a maximum of \$5,000
Maximum for Medical Emergency Expense	
\$75 Insured Co-payment per visit	70% of Usual and Customary
Maximum for Diagnostic X-ray	70% of Usual and Customary
Maximum for Radiation Therapy	70% of Usual and Customary
Maximum for Laboratory Procedures	70% of Usual and Customary
Maximum for Miscellaneous Test and Procedures	70% of Usual and Customary
Maximum for Shots or Injections	70% of Usual and Customary
Maximum for Chemotherapy	70% of Usual and Customary
Maximum for Psychotherapy	
\$20 Insured Co-payment per visit	70% of Usual and Customary up to 40 visits
Maximum for Other Benefits Out-Of-Network:	
Maximum for Ambulance Services	70% of Usual and Customary
Maximum for Braces and Appliances	70% of Usual and Customary to maximum of \$5,000
Maximum for Consultant Physician Services	
\$20 Insured Co-payment per visit (Waived at Student Health Center)	70% of Usual and Customary
Maximum for Durable Medical Equipment	70% of Usual and Customary
Maximum for Unallocated Injury Benefit	70% of Usual and Customary
Maximum for Venereal Disease	70% of Usual and Customary
Maximum for Routine Newborn Hospital Nursery Care	70% of Usual and Customary up to a maximum of \$1,500
Maximum for CAT scan; MRI; for a covered condition	
\$100 Insured Co-payment per test	70% of Usual and Customary
Maximum for Telehealth Service and Telemedicine Service	70% of Usual and Customary
Maximum for Acquired Brain Injury Treatment	70% of Usual and Customary
Maximum for Prosthetic Devices and Orthotic Devices	70% of Usual and Customary

2. It is hereby understood and agreed that the Covered Medical Expenses under the Out of Country Medical Expense Benefits is amended to include the following:

Class 1:

28. Pregnancy when conception occurs while covered under the Policy.

All other provisions of the Policy and Certificate remain unchanged.

**CATLIN**

The President and Secretary of Catlin Insurance Company, Inc witness this Plan.



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**President**



\_\_\_\_\_  
**Secretary**

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