



Gallagher | STUDENT HEALTH & SPECIAL RISK

SKIDMORE

C O L L E G E

Study Abroad Accident & Sickness Insurance Plan

*Accident & Sickness Insurance and Travel
Assistance Services for
Students Studying Abroad*

2017-2018

Insurance is Underwritten by ACE American Insurance Company

Policy Number GLM N00575215

ELIGIBILITY

You may be covered under this Plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student under the age of 65 in the U.S. enrolled as a full-time student at Skidmore College and are temporarily pursuing educational activities outside your Home Country. Instructors and Assistant Instructors may also be covered under this Plan.

A Covered Person may also enroll (a) his or her legal spouse under the age of 65, or (b) unmarried children under the age of nineteen years or twenty-one if a full-time student. Children must be fully supported by the Covered Person. The effective date of coverage for a newborn or adopted child is immediate from the moment of birth or placement for adoption, however coverage will cease after 31 days unless written notice and additional premium required to add the dependent child to the Plan are received by Gallagher Koster (the Administrator). After 31 days, the effective date of coverage for a new dependent due to birth or adoption of a child, is the date written notice and the additional required premium are received by the Administrator. To enroll a new dependent due to birth or adoption of child, or marriage, please contact Gallagher Koster for a Dependent Enrollment Form and for calculation of the required premium.

PERIOD OF COVERAGE FOR COVERED PERSONS

Coverage with respect to a Covered Person will begin at 12:01 a.m. at the latest of the following dates: (a) the date of a Covered Person's departure from his or her Home Country; (b) the date the Enrollment Form and premium are received by the Administrator; or (c) the date requested in the Enrollment Form for the Covered Person's coverage. Coverage will end on the earlier of the following:

(a) the date through which premium has been paid; (b) the date requested on the Enrollment Form; or (c) the date of termination of the Policy under the Policy Termination provision.

Coverage is not available once the Covered Person has returned to his or her Home Country.

Insured persons are not covered while pursuing non-academic leisure travel activities outside the Skidmore College sponsored study abroad dates of program of study.

DEFINITIONS

Covered Accident means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

Covered 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 Policy must remain continuously in force from the date of the Covered 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.

Deductible means dollar amount of covered expenses that must be incurred as an out-of-pocket expense by each covered person per injury or sickness basis before medical expense benefits.

Covered Loss or Covered Losses means an accidental death, dismemberment or other injury under the policy.

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.

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

Sickness means an illness, disease or condition of the Insured 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.

We, Our, Us means the insurance company underwriting this insurance.

HOW THE MEDICAL EXPENSE BENEFIT WORKS

If you are injured or become sick during your study abroad and require medical attention — such as treatment from doctors, hospitalization and medication — this Plan can help protect you against the unexpected medical costs that may occur during your stay. If you incur costs for covered medical services during a period of coverage (the number of months for which you request and pay for insurance), this is how the Plan will work:

The Plan will pay 100% of the Covered Medical Expenses incurred up to the Lifetime Aggregate Maximum of \$250,000.

SCHEDULE OF COVERED MEDICAL EXPENSES FOR INJURY OR SICKNESS *Lifetime Aggregate Maximum is \$250,000 under this plan*

If an Injury or Sickness occurs during the Period of Coverage, only those expenses specifically described below, and which are incurred within the Maximum Benefit Period and which are not excluded (see Exclusions section) are considered Covered Medical Expenses.

1. Expenses for hospital room and board for the semi-private room rate and general nursing care, up to \$1,500.00 per day, or the necessary intensive care (ICU) room and board for the ICU rate, up to \$2,000.00 per day;
2. Expenses made for miscellaneous hospital services and supplies while hospital confined or as a pre-condition for hospital confinement such as: (a) cost of operating room; (b) laboratory tests; (c) x-ray examinations; (d) anesthesia; (e) drugs (excluding take home drugs) or medicines; and (f) therapeutic services and supplies;
3. Expenses made for diagnosis, treatment and surgery by a legally qualified doctor, surgeon, registered nurse, professional anesthetist, radiologist and physical therapist;
4. Expenses for outpatient prescription drugs at 80% of the covered expenses, up to \$3,000 per year;
5. Ambulance Expense;
6. Expenses for chiropractic care at 80% of the Covered Expenses, up to a maximum of \$35.00 per visit with a maximum of 10 visits per Injury or Sickness;
7. Expenses incurred for in-hospital doctor visits limited to one visit per day;
8. Expenses for elective termination of pregnancy, up to a maximum of \$500.00;
9. Expenses for treatment of accidental Injury to sound natural teeth, up to \$250.00 per tooth, up to a maximum of \$2,500.00 per Injury;
10. Dental alleviation of pain, up to \$500 maximum;
11. Expenses for physical therapy if recommended by a doctor for the treatment of a specific Injury or Sickness and administered by a licensed physical therapist;
12. Expenses directly related to pregnancy, including childbirth and associated newborn nursery hospital Expenses when the date of conception occurs after the effective date of coverage will be treated as any other Sickness;
13. Expenses for outpatient mental or nervous disorders, up to a maximum of \$5,000;
14. Expenses for inpatient mental or nervous disorders at 100% of covered expenses, up to a maximum of 30 days;
15. Expenses for outpatient substance abuse disorders up to a maximum of \$3,000;
16. Expenses for inpatient substance abuse disorders at 50% of covered expenses, up to a maximum of 30 days.

Accidental Death and Dismemberment Benefit

When, because of an Injury, the Covered Person suffers any of the following Losses within 365 days from the date of the Covered Accident, We will pay the Principal Sum as follows:

Table for Loss of:

Life	\$15,000
Two hands	\$15,000
Two feet	\$15,000
Sight of two eyes	\$15,000
One hand and one foot	\$15,000
One hand and sight of one eye	\$15,000
One foot and sight of one eye	\$15,000
Either Hand or Foot or Sight of One Eye	\$ 7,500

Only one of the amounts named above will be paid for Injuries resulting from any one Covered Accident. The amount so paid shall be the largest amount that applies.

"Member" means Loss of Hand or Foot, and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Severance" means the complete separation and dismemberment of the part from the body.

Emergency Medical Evacuation Benefit

This benefit pays 100% of Covered Expenses incurred for the medical evacuation of a Covered Person, if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

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

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event the covered person refuses to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Emergency Reunion Benefit \$10,000 Maximum Benefit

In the event a Covered Person is away from his or her Home Country and requires hospitalization for more than seven (7) days or a Covered Person requires an Emergency Medical Evacuation due to a covered Injury or Sickness where the Doctor feels that it would be beneficial to the Covered Person to have a Family Member at the Covered Person's side, We will pay for Expenses incurred for the Emergency Reunion up to a maximum benefit of \$10,000, provided all travel arrangements are coordinated in advance by the Assistance Provider and Us. Benefits payable under the Policy include an economy air ticket and other related expenses not to

exceed \$300.00 per day for a maximum of 5 days. Emergency Reunion only applies if: (a) the Covered Person is alone and confined to a hospital for more than seven (7) days; and (b) if the place of confinement is outside a 100 mile radius from the Covered Person's Home Country. **All arrangements must be made by the Assistance Provider and approved by Us in order for expenses to be considered eligible.**

Repatriation of Body Remains Benefit

This benefit pays 100% of Covered Expenses incurred for preparation and return of a Covered Person's body to his or her home, if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. 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; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

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

Security Evacuation Benefit \$50,000 Maximum Benefit

This benefit will be paid to a Covered Person, if: (a) an Occurrence takes place while traveling outside of their Home Country to engage in educational activities during his or her Term of coverage; and (b) while he or she is traveling outside of his or her Home Country or Country of Residence.

Benefits will be paid for: (a) the Covered Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence; (b) the Covered Person's Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Covered Person: (i) back to the country in which the Covered Person is traveling while covered by the Policy; or (ii) the Covered Person's Home Country; or (iii) where the education institution that sponsored the Covered Person's 'Dip is located; (c) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is kidnapped or a Missing Person by local or international authorities.

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

Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from the Covered Person.

Definitions

Appropriate Authority(ies) means the government authority(ies) in the Covered Person's Home Country or Country of Residence or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

Evacuation Advisory means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

Host Country means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

Missing Person means a Covered Person who disappeared for an unknown reason and whose disappearance was

reported to the Appropriate Authority(ies).

Natural Disaster means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: (a) is due to natural causes; and (b) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where: (a) the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person's Security Evacuation; and (b) the Covered Person has access to Transportation; and (c) the Covered Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations involving a Covered Person; (a) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government if a Host Country; (b) political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person's Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; (c) Natural Disaster within seven days of an event; (d) deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence; (e) the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/ or well-being are in question within seven days of his or her being found. **Related Costs** means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of a Covered Person from the Host Country due to an Occurrence which could result grave physical harm or death to the Covered Person.

Transport or Transportation means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

Exclusions and Limitations

We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. Payable under any other benefit payable in the Policy.
2. That are recoverable through the Covered Person's employer.
3. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. Arising from or attributable to an alleged:
 - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy;
or
 - b. violation of the laws of the Covered Person's Home County or Country of Residence.
5. Due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. For repatriation of remains expenses.
7. For common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. For medical services.
9. For monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. Arising from or attributable, in whole or in part to:
 - a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b. non-compliance by the Covered person with regard to any obligation specified in a contract or license.
11. Due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

Benefits will not be paid unless all expenses are approved in advance by Us, (or Our authorized assistance provider) and travel arrangements are made by Our assistance provider.

COORDINATION OF BENEFITS PROVISION

This Plan is subject to the Coordination of Benefits Provision when a Covered Person is insured under another valid and collectible health insurance plan.

PRE-EXISTING CONDITIONS

Pre-existing conditions are covered immediately as any other condition under this plan.

EXCLUSIONS

The Plan does not cover nor provide benefits for:

1. Pre-existing Conditions, except as specifically provided;
2. war or any act of war, whether declared or not.
3. commission of, or attempt to commit, a felony, or a crime which would be considered a felony if prosecuted.
4. active voluntary participation in a riot.
5. an Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Covered Person entering the Armed Forces of any country, We will refund the unearned prorated premium to such Covered Person;
6. mental and nervous disorders (except as provided in the Policy).
7. alcohol and substance abuse (except as provided in the Policy).
8. expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
9. 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.
10. treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance.
11. expenses incurred for 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; and hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of artificial limbs, orthopedic braces, or orthotic devices.
12. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
13. routine nursery care.
14. routine physicals.
15. preventive medicines, serums or vaccines.
16. birth defects and congenital anomalies; or complications which arise from such conditions.
17. dental care and treatment, except as specifically provided in the Policy.
18. cosmetic surgery, except as the result of a covered Injury occurring while the Policy is in force as to the Covered Person. This exclusion will also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease and anomaly of a covered Dependent child which has resulted in a functional defect.
19. Injury or Sickness for which benefits are paid under any Workers' Compensation Act or Occupational Disease Law.
20. Sickness, accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with semi-professional or professional sports.
21. 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.
22. an accident that occurs in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.

23. expenses incurred after the date insurance terminates for a Covered Person, except as may be specifically provided in the Policy.
24. treatment by an Immediate Family Member.
25. 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.
26. braces, appliances examinations or the prescriptions for them, or repair or replacement of artificial limbs, orthopedic braces or orthotic devices.
28. damage to, or loss of dentures or bridges.
29. replacement of eyes or larynx.
30. any treatment, service or supply not specifically covered by this Policy.
31. personal comfort or convenience items. These include but are not limited to: hospital telephone charges; television rental; or guest meals.
32. organ or tissue transplants and related services.

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.

CLAIMS PROCEDURE

In the event covered loss occurs or you receive medical treatment, please submit an itemized bill, which has been translated into English, along with the amount paid (in U.S. dollars) to the claims company listed below within 90 days of the covered loss or treatment or as soon as reasonably possible. We suggest that you keep a copy of the information you submit for your records.

Health Special Risk, Inc. (HSRI)
HSR Plaza
4100 Medical Parkway
Carrollton, Texas 75007
Phone: 1-972-512-5600 or 1-866-523-3183
Fax: 1-972-512-5820
Email: skidmoreclaims@hsri.com

TRAVEL ASSISTANCE SERVICES

In addition to the insurance protection provided by this plan, ACE American Insurance Company has arranged with Gallagher Global Assistance (AXA) to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents, and vehicle return.
- Security Assistance including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

1-866-693-6873 (Toll Free)
 1-312-935-9242 (Direct Dial)
GallagherGlobalAssistance@ajg.com

HIPPA Notice of Privacy Practices for Personal Health Information

Under HIPAA's Privacy Rule we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of this notice with your enrollment

materials. If, at anytime, you wish to request a copy of ACE American Insurance Company's HIPAA Privacy Notice write to Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.

Questions? Need More Information?

For general information regarding enrollment or benefits, please contact:

Gallagher Student Health & Special Risk

500 Victory Road
Quincy, MA 02171
Tel: 1-617-769-6078 or 1-877-291-7424
Fax: 1-617-479-0860

www.gallagherstudent.com/SkidmoreAbroad

For information regarding claims submission or to check status of a claim, please contact:

Health Special Risk, Inc. (HSRI)

HSR Plaza

4100 Medical Parkway

Carrollton, Texas 75007

Phone: 1-972-512-5600 or 1-866-523-3183

Fax: 1-972-512-5820

Email: skidmoreclaims@hsri.com

This Plan is underwritten by



ACE American Insurance Company
Policy Number GLM N00575215

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

IMPORTANT NOTICE

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

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

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