



## WORLDWIDE EXCHANGE

### Student Accident & Sickness Plan for the 2017-2018 School Year

Maximum of \$500,000 per accident  
or sickness. Protection for Students  
in Educational or Cultural Exchange  
Activities.



Local Service Agent:



**BELL-ANDERSON**  
INSURANCE

Arranged and  
Administered by:



**5450R**

# Worldwide Exchange Student Accident & Sickness Plan

## ELIGIBILITY FOR COVERAGE

All international participants with a current visa (if one is required), for your country of assignment who are temporarily residing outside their home country while actively engaged in educational or cultural exchange activities in the country of assignment through a sponsoring School or organization registered with the plan administrator, Myers-Stevens & Toohey & Co., Inc. are eligible to participate in this plan.

## YOUR PERIOD OF COVERAGE

- A. Effective Date of Insurance Coverage: Provided the required premium is paid, your insurance coverage will become effective at 11:59 p.m. at your temporary place of residence in the country of assignment on the latest of:
- The Master Policy Effective Date;
  - The Requested Effective Date of coverage as indicated on the coverage request form; or
  - The date the coverage request form and the required premium are received by The Company.
- B. Termination of Insurance Coverage: Your insurance coverage will terminate at 11:59 p.m. at your temporary place of residence in the country of assignment on the earliest of:
- The last day of the month for which your premium has been paid;
  - The date you cease to be eligible for this insurance;
  - The date you depart your country of assignment for your home country; or
  - The date the Policy terminates

## Description of Benefits

Accident or Sickness Maximum of \$500,000 • \$0 Deductible	
If a covered injury occurs or sickness commences during the period of coverage, and the Insured Person requires medical or surgical treatment, this Plan will pay 100% of the Usual and Customary Charges for Covered Expenses as listed below, up to 365 days from the first date of service. The covered person may go to any licensed provider of their choice however, seeking Treatment through a <i>First Health</i> contracted provider may reduce your out-of-pocket costs. To find participating First Health medical providers nearest you, call 800-226-5116 or log on to <a href="http://www.myfirsthealth.com">www.myfirsthealth.com</a> . Unless otherwise specified, the maximums below apply on a per covered accident or sickness basis:	
<b>Hospital Room &amp; Board</b>	<b>Ground Ambulance</b> (from site of an emergency directly to hospital)
<b>Inpatient Hospital Miscellaneous Charges</b>	<b>Anesthesiologist Services</b>
<b>Intensive Care Unit</b>	<b>Physiotherapy</b> (includes related office visits) <b>when prescribed by a doctor</b>
<b>Hospital Emergency Room</b> (room & supplies) incurred within 72 hours of an Injury	<b>X-Ray Examinations</b> (including reading)
<b>Outpatient Surgical</b> (room and supplies)	<b>Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces</b>
<b>Physician Non-Surgical Treatment &amp; Exam</b> (excluding Physical Therapy)	<b>Outpatient Prescription Drugs</b>
<b>Surgeon Services</b>	<b>Eyeglass Replacement</b> (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)
<b>Assistant Surgeon Services</b>	<b>Diagnostic Imaging MRI, Cat Scan</b>
<b>Dental</b> (Injury to sound, natural teeth) 100% up to \$100/tooth, \$500 maximum	<b>Durable Medical Equipment</b>
<b>Psychiatric/Psychological Counseling Benefit</b> 100% up to \$5,000 maximum	<b>Outpatient Back and Spine Disorders up to \$250 maximum</b>

## EMERGENCY MEDICAL EVACUATION BENEFIT – \$50,000 Maximum Benefit

The Company will pay benefits for covered expenses incurred up to \$50,000 for your necessary Emergency Medical Evacuation. Evacuation means:

- Your medical condition warrants immediate transportation from the place where you are injured or sick to the nearest hospital where appropriate medical Treatment can be obtained; and
- After being treated at a local hospital, your medical condition warrants transportation to your home country to obtain further medical treatment or to recover. Covered expenses include transportation, medical services and supplies necessarily incurred in connection with your medical evacuation.

All transportation arrangements made for your evacuation must be:

- By the most direct and economical conveyance;
- Approved in advance by ACE American Insurance Company. Expenses for medical supplies and services and special transportation must be recommended by the attending Doctor, or required by the standard regulations of the conveyance transporting you. Special transportation includes, but is not limited to, air or land ambulance and private vehicle.

(Benefits cont.)

### **REMAINS REPATRIATION BENEFIT – \$25,000 Maximum Benefit**

If the Insured dies while outside his or her home country, We will pay the actual charges up to \$25,000 for preparing and transporting the Insured's remains to his or her home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to the Insured's home. The death must occur while the person is insured for this benefit. This provision is subject to all of the terms of the Policy.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. The Insured, or someone acting on behalf of the Insured, must contact the Administrator shown on the face page of the Policy, and on file with the Policyholder.

### **ACCIDENTAL DEATH, DISMEMBERMENT & PARALYSIS BENEFIT**

If a covered injury incurred in the country of assignment results in any of the following losses within 365 days after the date of the accident, we will pay the following:

<b>For Loss of:</b>	<b>Benefit Paid:</b>
Life	\$15,000
Both Hands or Both Feet or Sight of Both Eyes	\$15,000
One Hand and One Foot	\$15,000
Either Hand or Foot or Sight of One Eye	\$7,500
Paraplegia (Total Paralysis of both lower limbs)	\$11,250
Quadriplegia (Total Paralysis of all four limbs)	\$15,000
More Than One of the Above Losses Due to the Same Covered Accident	\$15,000

We will pay only one benefit, the largest, for all losses due to the same Covered Accident.

**Loss** with regard to hand or foot means the actual and complete severance through or above the wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

**Severance** means the complete separation and dismemberment of the part from the body.

### **EMERGENCY REUNION BENEFIT**

The Company will pay 100% of Usual and Customary Charges incurred if the Insured Person is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals.

In the event of death, or life-threatening accident or illness of a parent, sibling, or legal guardian, requiring the Insured Person to return home after arriving at their placement, the Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator and The Company must be advised and approve the flight which must be arranged through The Administrator. Retroactive claims will not be accepted.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. The Insured, or someone acting on behalf of the Insured, must contact the Administrator shown on the face page of the Policy, and on file with the Policyholder.

### **TRAVEL ASSISTANCE SERVICES**

Chubb Travel Assistance Services provide worldwide 24-Hour travel assistance to students and other individuals covered under its global accident and sickness insurance plans. These services are provided by Europ Assistance USA and are not insured benefits. Europ Assistance USA is under contract with Chubb Insurance Company to provide certain international services in conjunction with insurance benefits. Security assistance and consultation services are provided by Drum Cussac through a strategic alliance with Europ Assistance USA.

The Chubb Travel Assistance Service will arrange for the following services. Any costs associated with these services are the responsibility of the covered person.

- 24 Hour multilingual telephone access via a toll free line to confirm coverage and access to available services.
- Arrange for escort transportation, return of dependent children or traveling companions following a medical emergency, replacement of medication or prescription eyeglasses.
- Arrange for transportation of a covered person to the nearest place of safety in the event of a covered security evacuation.
- Assist with the location of lost luggage, documents and personal items; foreign language and interpretation problems (over the phone); legal assistance/bail; emergency cash, emergency message relay and emergency travel arrangements.





# Instructions

## Incomplete Information Will Cause a Delay in Coverage.

1. Complete and detach coverage request form.
2. IMPORTANT: Print student's name on your check or money order and write check number and student's name on check and amount of check on the coverage request form.
3. Check or money order (U.S. Funds only) should be made payable to Myers-Stevens & Toohey & Co., Inc. or complete the Mastercard® / Visa® payment form. DO NOT SEND CASH.
4. Send us your coverage request form with payment. You may either scan/email to [apply@myers-stevens.com](mailto:apply@myers-stevens.com), fax to (949) 348-2630, or mail to:  
Myers-Stevens & Toohey & Co., Inc.  
26101 Marguerite Parkway, Mission Viejo, CA 92692-3203  
*Please note: If faxing or emailing checks, please do not mail original checks. We cannot accept Money Orders by fax or email.*
5. Keep this folder for future reference.

## PREMIUMS CANNOT BE REFUNDED OR CONVERTED

# In Case of Accident or Sickness

1. Report related injuries within 72 hours to the School office. You may go to the provider or the facility of your choice, however, seeking treatment through a *First Health* contracted provider may reduce your out-of-pocket costs. To find a *First Health* provider nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com). The first physician's visit must be within 180 days after the accident or sickness.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first treatment or as soon as reasonably possible.
3. Follow ALL claim form instructions, attach all itemized bills and send to:



**Myers-Stevens & Toohey & Co., Inc.**  
26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
800-827-4695 - Fax 949-348-2630  
CA License #0425842

# The Insuring Company

# CHUBB®

**ACE American Insurance Company**  
436 Walnut St., Philadelphia, PA 19106

2017 Best Rated A++ (Superior)  
(A.M. Best rating ranges from A++ to D)

*This rating is an indication of the company's financial strength and ability to meet obligations to its insureds*

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

Travel assistance services are provided by Europ Assistance USA. These services are not insured benefits.

Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.



## Exclusions & Limitations

**Benefits are not payable under the Policy for any of the following or loss that results there from:**

1. Dental treatment, except for accidental Injury to sound, natural teeth as specifically provided under the Policy.
2. Skydiving, parachuting, hang gliding, glider flying and bungee jumping.
3. War or any act of war, whether declared or not.
4. Commission of or active participation in a riot or civil disorder or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law
5. Service in the military, naval or air service of any country.
6. Any Elective Surgery or Elective Treatment.
7. Treatment, services or supplies provided by the School's infirmary or its employees, or Doctors who work for the School, or by any member of the Insured's Immediate Family.
8. Routine physical examinations and routine testing; preventative testing or treatment; preventive medicines or vaccines except as specifically set forth in Covered Expenses.
9. Practice or play in interscholastic high school tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.
10. Injury caused by, attributed to or resulting from the Covered Person's being legally intoxicated as defined by the laws of the state in which the accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Covered Person's Doctor.
11. Intentionally self-inflicted Injury.

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

**IMPORTANT NOTICE:** This plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

## 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. **"Injury"** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through accidental means. 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. **"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 Insured'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 Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **"Sickness"** means an illness, disease or condition that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"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. **"School Activities"** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.