

FAQS FOR UNIVERSITY OF SOUTH FLORIDA STUDENT TRAVEL

How long am I covered?

A: Insureds are covered for the entire duration of their trip (up to a maximum of 364 days) so long as they depart prior to August 31, 2020.

What is covered by the plan?

A: Emergent treatment that is medically necessary and recommended by a Licensed Physician. 100% of reasonable expenses for medically necessary physician office visits, inpatient hospital services, physician and hospital outpatient services, and emergency hospital services up to a \$250,000 maximum for outbound U.S. participants. Additional benefits for medically necessary services are also payable at 100% of reasonable expenses, subject to certain limitations or maximums (see the coverage overview grid below).

COVERAGE	LIMITS – ELIGIBLE PARTICIPANT
Medical Benefits	
Period of Coverage Maximum Benefits	\$250,000 for Outbound U.S. Participants
Deductible	\$0 for Outbound U.S. Participants
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses
Medical Benefit Limitations	
Emergency medical treatment of pregnancy or Therapeutic termination of pregnancy	Reasonable Expenses up to Covered Limit.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to Covered Limit.
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to Covered Limit.
Chiropractic Care	Reasonable Expenses up Covered Limit.
Routine nursery care of a newborn child	Reasonable Expenses up to Covered Limit.

COVERAGE	LIMITS – ELIGIBLE PARTICIPANT
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses; \$100 per tooth up to \$500 Maximum
Outpatient prescription drugs	100% of actual charge
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$25,000 for Eligible Participant
Repatriation of Remains	100% coverage up to Covered Limit.
Medical Evacuation	100% coverage up to Covered Limit.
Bedside Visit	Covered under separate plan with UHCG
OTHER INCLUDED SERVICES	
Emergency Response Center	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed

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. Outpatient surgical room and supply expenses for use of the surgical facility.
6. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
7. 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.
8. Doctor's surgical expenses
9. Outpatient laboratory test expenses.

10. Chiropractic expenses on an outpatient basis limited to one visit per day.
11. 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.
12. Air Ambulance expenses for transportation from the emergency site to the Hospital.
13. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor.
14. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
15. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
16. Emergency medical treatment of pregnancy.
17. Physical Therapy.
18. MRI/Cat scan and all other diagnostic imaging services.

How do I find a covered provider/make an appointment?

A: Contact UHCG's Emergency Response Center to schedule an appointment for you and attempt to arrange for direct payment to one of their doctors. The UHCG Emergency Response Center is available 24/7 by phone (call collect) +1.410.453-6330 or e-mail assistance@uhcglobal.com to assist you with everything from routine requests to medical emergencies.

If you make your own appointment, contact the Emergency Response Center at least 24 hours prior to your appointment so UHCG can provide the doctor's office with a "guarantee of payment". In many countries providers require this at the time of the visit. If this is not arranged prior to the visit, the doctor may require payment up front from you.

What if I need a follow-up appointment?

A: If the physician recommends a follow-up consultation, please provide this information to the UHCG Emergency Response Center in order to coordinate this appointment and arrange payment. To request these services, contact the Emergency Response Center by phone (call collect) +1.410.453-6330 or e-mail assistance@uhcglobal.com.

What should I do in the event of a medical emergency?

A: Go immediately to the nearest physician or hospital and then contact UHCG's Emergency Response Center by phone (call collect) +1.410.453.6330 or e-mail assistance@uhcglobal.com. UHCG coordinates emergency services with the coordination of our clinical team and a worldwide network of Physician Advisors. UHCG members in need of life-saving medical intervention are treated in Centers of Excellence around the world.

How do I enroll my dependent spouse or child(ren) traveling with me? A:

Please call the enrollment center at 1.800.732.5309 to enroll your dependent spouse or child(ren). The daily rate for a dependent spouse or child is \$2.69 per day.

Can I extend my coverage for personal sojourns?

A: Yes, please call the enrollment center at 1.800.732.5309 to extend your international trip coverage for up to a total of 7 days (pre or post combined). The daily rate is \$1.46 for Students, \$2.34 for Employees, and \$2.69 for Dependents (Dependents can only extend when they are being accompanied by a Student/Employee).

Are there any exclusions?

A: Yes.

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

1. an act of declared or undeclared war;
2. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
3. riding or driving in races, or speed endurance competitions or events;
4. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
5. participating as a professional in a stunt, athletic or sporting event or competition;
6. participating in bodily contact sports, skydiving or parachuting except parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, mountaineering, any race, speed contests not including any regatta races, spelunking or caving, or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
9. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
10. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
11. Elective Treatment and Procedures;
12. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
13. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
14. business, contractual or educational obligations of You, a Family Member, Business Partner, or Traveling Companion;
15. a loss that results from an illness, disease or other condition, event or circumstance which occurs at a time when the Plan is not in effect for You;
16. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto;
17. an assessment from a Legally Qualified Physician advising You in writing that You, a Traveling Companion, Family Member or Business Partner booked to travel with You are not Medically Fit to Travel, as defined in the Certificate, at the time of purchase of Coverage for a Trip.

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. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
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. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
6. 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.
7. treatment or service provided by a private duty nurse.
8. replacement of: artificial limbs; eyes; and larynx.
9. 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.
10. conditions that are not caused by a Covered Accident or Sickness.
11. participation in any activity or hazard not specifically covered by the Policy.
12. Any: treatment; service; or supply not specifically covered by the Policy.
13. 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.
14. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
15. pregnancy or childbirth. This does not apply if treatment is required as a result of a Covered Accident.
16. routine nursery care.
17. routine physicals.
18. cosmetic or plastic surgery, except as a result of Injury.
19. elective surgery.
20. birth defects and congenital anomalies; or complications which arise from such conditions.
21. 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.
22. routine dental care and treatment.
23. rest cures or custodial care.
24. organ or tissue transplants and related services.
25. Injury sustained while participating in professional; or semiprofessional sports.confinement or institutional care.

26. maternity and routine nursery care.
27. 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.
28. 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.
29. treatment relating to: birth defects; and congenital conditions; or complications arising from those conditions.
30. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
31. 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.
32. expenses incurred for surgical procedures and devices related to birth control.
33. 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.
34. treatment of acne.
35. expenses incurred for Trips taken for the purpose of seeking medical care.