

Study Abroad Health Insurance Program

designed for

Purdue University 2009-2010

Underwritten by Combined Insurance Company of America
Policy Number CUH201629

Eligibility

You may be covered under this Plan if you are an outbound student, faculty, staff, scholar, or other persons of similar description who are U.S. Citizens, permanent residents of the U.S., or Non-U.S. citizens traveling outside the U.S. with a current passport or visa to participate in studies, official business or research assignments sponsored by the University.

An Insured Person may also enroll (a) his or her legal spouse, or same sex domestic partner, or (b) unmarried children under the age of nineteen years. Children must be (i) fully supported by the Covered Person; (ii) enrolled for coverage under the Policy at the same time the Insured Person enrolls; (iii) have a current passport or visa; (iv) temporarily outside the dependent's home country or country of regular domicile as a nonresident alien, or a non-domiciled United States citizen with dual citizenship.

Definitions

Accident means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Covered Charge or Expense as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification.

Effective Date means the first date the eligible person becomes covered 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.

Hospital means a facility which meets all of these tests: (a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

Injury means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person means an Insured Student, Faculty or Staff and his or her covered Dependent(s) while insured under this Policy.

Loss means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy, and other expenses as specifically covered.

Reasonable and Customary Expenses means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

Sickness means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and Our means the Combined Insurance Company of America.

Schedule of Covered Medical Expenses for Injury or Sickness

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. For an Insured Person and dependent enrolled in the Plan, the Maximum Benefit Period is 52 weeks from the date of the Accident or the date of the first medical treatment for the covered Sickness. Except where specifically noted, Expenses are paid at 100% of Reasonable & Customary Charges.

1. Expenses for hospital room and board for the semi-private room rate and general nursing care at 100% of the Semi-Private Room Rate;
2. Expenses for Intensive Care and Coronary Care;
3. Operating Room Expense;
4. Physician Expense, for diagnosis, treatment, and Surgery;
5. Outpatient Treatment, including ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations;
6. Anesthetist;
7. Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment;
8. Physiotherapy Expense, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist, up to a \$500 maximum per policy year;
9. Acupuncture, up to a \$500 maximum per policy year;
10. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon, up to a \$2,500 maximum per policy year;
11. Artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items;
9. Ambulance, ground only;
10. Outpatient Nervous or Mental Disorders, up to a Lifetime Maximum of \$500;
11. Inpatient Nervous or Mental Disorders, up to a Lifetime Maximum of \$10,000;
12. Chiropractic Care and Therapeutic Services, limited to \$50 per visit excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. The overall maximum coverage per injury or illness is \$500 which includes x-ray and evaluation charges;
13. Expenses incurred within an Insured Person's home country or country of regular domicile;
14. Emergency Dental Treatment, for the emergency repair or replacement to sound, natural teeth damaged as the result of an Accident.

Extension of Benefits

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense", but only while they are incurred during the 60 day period following such termination of insurance.

Accidental Death and Dismemberment Benefit

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

Table for Loss of:

Life	\$10,000
Two hands	\$10,000
Two feet	\$10,000
Sight of two eyes	\$10,000
One hand and one foot	\$10,000
One hand and sight of one eye	\$10,000
One foot and sight of one eye	\$10,000
Either Hand or Foot or Sight of One Eye	\$5,000
Thumb and Index Finger of Either Hand	\$2,500

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrevocable loss of the entire sight. Loss with regards to thumb and index finger means severance through or above metacarpophalangeal joints.

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

Emergency Medical Evacuation Benefit

This benefit will pay 100% of the covered expenses incurred up to \$100,000, if any covered Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person.

Emergency Medical Evacuation means (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or (b) for Insured Person's and their Dependent's after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his or her Home Country to obtain further medical treatment to recover.

Covered Expenses are Expenses up to the maximum stated in the Plan of Insurance for: (a) Transportation, (b) medical services, and (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All Transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical conveyance; and (b) approved in advance by Us.

Home Country means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the Insured Person has declared with Us.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending Doctor.

All arrangements must be made by the Assistance Provider and approved by Us in order for expenses to be considered eligible.

Emergency Reunion Benefit \$3,000 Maximum Benefit

This benefit is provided by On Call International in connection with coverage under this plan of up to \$3,000 at \$100 per day, when an Insured Person is hospitalized for more than 6 days, and will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized.

The benefits will include Airfare, hotel and meals to a maximum of \$100 per day up to the maximum stated in the Schedule of Benefits. **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

In the event of the death of an Insured Person, We will pay 100% of the Covered Expenses up to \$50,000 for the preparation and transportation of the Insured Person's remains to his or her Home Country or home residence. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. **All arrangements must be made by the Assistance Provider and approved by Us in order for expenses to be considered eligible.**

Political/Security Evacuation – Non-Medical Reasons \$100,000 Maximum Benefit

Covered Reasons for a Political Evacuation are: a natural disaster; or civil, military or political unrest.

Political Evacuation and Repatriation Benefits

We will pay for the Covered Expenses listed below if, while on your Trip, a state of emergency is declared and our Security Director determines that you should be evacuated from the area to the nearest safe haven. If the situation is determined to be of longer duration we will provide transportation to the home country.

Covered Expenses

All reasonable expenses incurred for your transportation to the nearest place of safety, or to your Home, are covered up to a maximum of \$100,000. Arrangements will be by most appropriate and economical means available and consistent with your health and safety. **All transportation and arrangements must be coordinated by On Call International.**

Non-Medical Evacuation Exclusions

We will not cover any expenses incurred without the authorization of On Call International.

In the event a covered person is in an area in which an event of rebellion, riot, military uprising, war, terrorism, labor disturbances, strikes, nuclear accidents, acts of God, or interference by authorities with our ability to fully provide services, we shall nonetheless use its best efforts to provide its services, recognizing that obstacles beyond its control will affect the level of service.

On Call International

**(This service is not underwritten by
Combined Insurance Company of America)**

In addition to the insurance protection provided by this Plan, Combined Insurance Company of America has arranged with On Call International to provide you with access to its 24-hour travel assistance services. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. On Call International services are currently available in most major countries. However, these services are not insured and may not be available everywhere at all times. Please check with On Call International prior to departing for a trip. The following services are included in this Plan:

- Location of Medical Providers
- Medical Monitoring
- Emergency Medical Transport
- Visit of a Family Member
- Return of Dependent Children

- Return of Traveling Companion
- Emergency Medical Payments
- Travel and Communication Assistance

Call On Call International when in need of medical assistance.

Within the United States/Canada call: 1-800-850-4556

Outside the United States call: 1-603-898-9159 (Call Collect)

Coordination of Benefits Provision

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

Pre-existing Conditions

Limitation

A Pre-existing Condition is a Sickness, Injury, or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within six (6) months prior to the Effective Date of the Insured Person's coverage under this Policy. The Pre-existing Condition Waiting Period is six (6) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such six (6) consecutive month period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage, the Pre-existing Condition Waiting Period will have to be satisfied again.

If you were not continuously insured through another health insurance plan for the six (6) months immediately prior to your effective date, you will have limited coverage for a Pre-existing Condition, up to \$500.

Exclusions

The Policy does not cover nor provide benefits for:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Speech therapy treatment, except as specifically provided;
3. Organ transplants, except as specifically provided;
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of, or traveling in conjunction with, intercollegiate sports, intercollegiate club sports, and professional sports;
6. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall 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 or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
8. Correction of congenital defects except as specifically provided;
9. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth.

10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
11. Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with Experimental or Investigational Care for the terminally ill;
12. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
13. Injury due to participation in a riot;
14. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
15. For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
16. For 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 non-medical in nature;
17. Treatment of obesity, including any care which is primarily dieting or exercising for weight loss, except for surgical treatment of morbid obesity;
18. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or Lasix or other vision procedures except as required for repair caused by a covered Injury;
19. Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
20. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
21. An amount of a charge in excess of the Reasonable and Customary Expense;
22. Elective Treatment or elective surgery, except as specifically provided;
23. Services not Medically Necessary;
24. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
25. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in this Policy, including emergency "follow-up" visits;
26. Treatment of mental or nervous disorders except as specifically provided;
27. Treatment of alcohol and substance abuse except as specifically provided;
28. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucosa resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
29. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;
30. Care, treatment or supplies furnished by a program or agency funded by any government.

Claims Procedure

In the event a 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. We suggest that you keep a copy of the information you submit for your records.

Klais & Company, Inc.

1867 West Market Street
Akron, OH 44313
klaisclaims@klais.com
1-800-331-1096 or 330-867-8443

HIPAA 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 can view and print a copy of this notice on-line at www.gallagherkoster.com. If, at anytime, you wish to request a copy of Combined Insurance Company of America's Privacy Notice, write to 5050 Broadway, Chicago, IL 60640, Attn: HIPAA Privacy Office, call 1-800-225-4500 and select HIPAA, or on-line at <http://www.combinedinsurance.com/customer-center/hipaa-insurance.html>.

Questions? Need More Information?

For general information on benefits, enrollment/eligibility questions, service issues or for information on plan documents, please contact:

Gallagher Koster

500 Victory Road
Quincy, MA 02171
Tel: 617-769-6056 or 877-240-8766
Fax: 617-479-0860
Email: PurdueStudent@kosterins.com
www.GallagherKoster.com

For information on submitting claims or to check status of a claim, please contact the Claims Administrator:

Klais & Company, Inc.

1867 West Market Street
Akron, OH 44313
1-800-331-1096
Email: klaisclaims@klais.com

The Plan is Underwritten By:

Combined Insurance Company of America

This outline of coverage is intended only for quick reference and does not limit or simplify the coverage as described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the university and available at www.GallagherKoster.com.