

Insurance Underwritten By



2011-2012 International Student & Scholar Medical Insurance Plan

Policy Number 11-200332

A comprehensive plan designed for participants engaged in International Education activities

Plan Arranged By



A NAFSA Global Associate

The Harbour Group of Ohio, LLC
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Enroll on-line at www.hginsurance.com

"Insuring the Health of Tomorrow's Leaders"SM



Eligibility

If You are an international student, visiting faculty member, scholar, or other person with a current visa (F-1, J-1 or M-1), You are eligible to enroll in the plan. You must be temporarily residing outside Your home country and engaged in full-time educational activities in the USA. Persons with permanent residency are not eligible to enroll in this plan.

Please note:

1. Eligibility is subject to re-verification at time of application for renewal coverage, and when claims are presented. If it is determined that eligibility requirements are not met on the date of Loss, the claim will not be considered and premium will be refunded for the ineligible period.
2. This policy is available only to eligible participants, as defined above. In the event You need medical insurance for Your dependents or other family members, please contact The Harbour Group.

How to Enroll

To enroll for coverage under the plan, please visit our website at www.hginsurance.com to complete a secure on-line enrollment. If You prefer to send Your enrollment by mail or fax, please complete the attached enrollment form and return it to The Harbour Group along with a copy of Your current I-20 or DS-2019 and payment for the total premium due. Upon receipt of Your completed enrollment, We will send You a student medical insurance ID card, which is for Your use only.

When Coverage Begins and Ends

Coverage begins at 12:01 a.m. on the later of: (1) the date You request on the enrollment form; or (2) the date Your completed enrollment form and total premium are received by The Harbour Group (enrollment forms sent on-line or by fax will not be effective before 12:01 a.m. on the date which is at least twenty four hours after the date the completed enrollment form and total premium are received by The Harbour Group).

Coverage ends at 12:01 a.m. on the earlier of: (1) the last day for which Your premium has been paid; (2) the date You cease to be eligible for this insurance; or (3) the date the plan terminates.

Definitions

The following important definitions apply to the policy:

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, services or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of a Physician. It must have a registered nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

Injury means bodily harm caused by an Accident which occurs while this policy is in force and is the sole cause of the Loss.

Insured means an eligible student or scholar as described in the eligibility section of this brochure.

Loss means medical Expense caused by Injury or Sickness and covered by this policy.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (1) consistent with the symptoms or diagnosis; (2) appropriate and accepted according to good medical practice standards; (3) not primarily for the convenience of the Insured person, Physician or other providers; and (4) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-existing Condition means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. This policy shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; and Peace Corps Act Health Plan; state children's health plans (S-CHIP); and foreign national health plans (this includes those health plans maintained by foreign governments, not just insurance coverage through a carrier in a foreign jurisdiction).

Sickness means disease or illness which causes a Loss while the Insured is covered by this policy. "Sickness" includes normal pregnancy and complications of pregnancy.



Usual and Customary Expense means an Expense which: (1) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (2) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us, or Ours means Markel Insurance Company.

You, Your, or Yours means the Insured student or scholar.

Extension of Benefits

If an Insured is Hospital confined on the date of termination, benefits will continue as long as he or she is continuously Hospital confined, up to a maximum of 90 days. Benefits paid for a covered condition before the expiration date and during the extension of benefits will not exceed the limits of this policy.

Accident and Sickness Benefits

Per Injury or Sickness
Maximum Benefit Deductible

Insured Student or Scholar	\$250,000	\$150*
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** The Deductible will be reduced to \$50 for the Insured Student or Scholar if initial medical treatment or referral is provided by the college or university's Student Health Center.*

When an Insured suffers a Loss from an Injury or Sickness, We will pay the covered medical Expense up to the maximum benefit, after the Deductible (see Definitions) is met. After the Deductible has been met, the plan will pay 80% of the next \$10,000 of Expenses. Thereafter, the plan will pay 100% of the Expenses to the maximum benefit of \$250,000.

Pre-Admission Certification

The policy includes a cost-containment program which requires pre-admission certification of all non-emergency Hospital admissions, outpatient surgical procedures, or any diagnostic procedures in excess of \$500. In emergency situations, notification must be made within 24 hours. For information or notification call Co-Ordinated Benefits at 877.794.6908, or 727.412.7601.

Hospital Inpatient Expense Benefits

When You suffer a Loss from an Injury or Sickness that requires Hospital confinement, We will pay the Expense incurred. Benefits are provided as follows:

Hospital Room and Board Expense: When Your Injury or Sickness requires Hospital confinement, We will pay the Hospital room and board Expense for a semi-private room, up to \$750 per day. An intensive care room will be covered when Medically Necessary, up to a maximum of \$1,000 per day.

Hospital Miscellaneous Expense: We will pay Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Pre-Admission Tests Expense: We will pay the Hospital Expense for use of outpatient facilities as needed for tests before You are admitted for surgery, provided that (1) tests are required for diagnosis and treatment of the ailment for which surgery will be done; (2) a Hospital bed and operating room have been reserved before the tests are made; (3) the surgery is done within seven days after the tests; and (4) the Insured is physically present for tests.

Surgical Expense: When Your Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 75th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary. If the surgery requires the services of an anesthesiologist, who is not employed or retained by the Hospital in which the operation is performed, We will pay the Loss incurred. If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred.

In-Hospital Physician Expense: When Your Injury or Sickness requires the services of a Physician, We will pay the Expense for such services.

Licensed Nurse Expense: When Your Injury or Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

Outpatient Expense Benefits

When You suffer a Loss from an Injury or Sickness that does not require Hospital confinement, We will pay the Expense incurred. Benefits are provided as follows:

Surgical Expense: When Your Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 75th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary. If the surgery requires the services of an anesthesiologist, who is not employed or retained by the Hospital in which the operation is performed, We will pay the Loss incurred. If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred.

Outpatient Physician Fees Expense: When Your Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense.

Emergency Medical Expense: When Your Injury or Sickness requires the emergency medical services at a Hospital, We will pay the Expense. Emergency medical services means care for a sudden onset of an ailment which could place Your life in danger if not treated at once. We do not pay such Expense unless care is given within 12 hours after the illness begins or within 72 hours after an Accident.

Hospital Outpatient Expense: When Your Injury or Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense.

Other Medical Expense Benefits

When You suffer a loss from an Injury or Sickness, We will pay the Expense incurred. Benefits are allocated as follows:

Consultant or Specialist Expense: When Your Injury or Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense.

Ambulance Expense: When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense, up to a maximum of \$350.

Outpatient Diagnostic X-ray and Laboratory Expense: When Your Injury or Sickness requires diagnostic x-ray or laboratory services, under the Physician's direction, We will pay the Expense up to the maximum of \$1000.

Outpatient Prescription Medicines Expense: When Your Injury or Sickness requires prescribed medicines, We will pay 50% of the Expense up to a maximum of \$500. This shall include coverage for hormone replacement therapy that is prescribed or ordered for treating symptoms and conditions of menopause.

Physical Therapy Expense: Including, but not limited to diagnosis, evaluation, diagnostic x-ray/lab, and therapeutic modalities, We will pay the Expense up to a maximum of five visits.

Durable Medical Equipment: When Your Injury or Sickness requires the use of durable medical equipment or supplies, We will pay for the rental charge or the purchase of new equipment, whichever is less.

Eyeglasses/Hearing Aids: We will pay the Expense for repair of eyeglasses, contact lens or hearing aids when required as a direct result of an Injury.

Inpatient Psychiatric Expense: We will pay the Expense for Hospital room and board, Hospital Miscellaneous Expense and the services of a licensed psychiatrist or licensed psychologist up to \$5000 for treatment of a mental or nervous disorder.

Outpatient Psychiatric Expense: If while not confined to a Hospital, Your Sickness requires the services of a licensed psychiatrist or licensed psychologist, We will pay 50% of the Expenses up to a maximum of \$500. See Mandated Benefits for further information on Mental Nervous Expense.

Motor Vehicle Accident: We will pay the Expense for treatment of an Injury sustained as the result of a covered motor vehicle Accident up to the maximum of \$50,000.

Mammogram Expense: We will provide benefits for Expenses for a baseline mammogram for women and a screening mammogram. This benefit is not subject to the Deductible and coinsurance.

Pap Smear Expense: We will provide benefits for Expenses for an annual cervical cytologic screening and cervical cytologic screening for women upon certification by an attending Physician that the test is Medically Necessary. This benefit is not subject to the Deductible and coinsurance.



Mandated Benefits:

Certain benefits are mandated by state regulation. The mandated benefits which apply to insured scholars will be determined by the applicable regulations of the state in which the university or school is located that the insured scholar actively attends. Please contact the Claims administrator for further details.

Emergency Evacuation Benefit—\$50,000

We will pay for covered Emergency Evacuation Expenses incurred if the Insured suffers an Injury or emergency Sickness that requires emergency evacuation.

Any Expenses for Emergency Evacuation require prior approval from Us.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or emergency Sickness warrants his or her Emergency Evacuation.

All transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

If the Insured is hospitalized for more than five consecutive days, We will pay for Expenses:

1. To return the Insured from the Hospital or other medical facility where the Insured is confined to the Insured's home country;
2. To bring a family member to and from the Hospital or other medical facility where the Insured is confined, not to exceed the cost of one round trip economy airfare ticket. The aggregate maximum payable for this benefit is \$1,000; and
3. For transportation of an escort if the Physician recommends that the Insured's condition requires an escort.

The maximum payable under this benefit is \$50,000.

Repatriation of Remains Benefit—\$50,000

If the Insured suffers a covered Loss of life, We will pay, subject to the limitations stated below, for covered Expenses incurred to return the Insured's remains to their home country (in accordance with the applicable international requirements).

Covered Expenses include, but are not limited to, Expenses for:

1. Embalming;
2. Cremation;
3. The most economical coffins or receptacles adequate for transportation of the remains;
4. Transportation according to airline tariffs of the remains by the most direct and economical conveyance and route possible; and
5. Charges incurred to return any of the Insured's dependent children accompanying the Insured, along with a qualified escort, if required to their home country.

Any Expenses for repatriation of remains require prior approval from Us.

The maximum payable under this benefit is \$50,000.

Definitions

The following definitions apply to the Emergency Evacuation Benefit and the Repatriation of Remains Benefit:

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

Emergency Evacuation means: (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to their Home Country (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

Transportation means any land, sea or air conveyance required to transport the insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

Accidental Death & Dismemberment Benefits

Accidental Death and Dismemberment covers the Insured for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while the person is Insured under this policy. Also, the Loss must take place within 52 weeks after the Accident.

	Principal
Insured participant	\$ 10,000
The following table shows the amounts We will pay:	
For Loss of:	Amount
Life	Principal
Both hands or both feet or sight of both eyes	Principal
One hand and one foot	Principal
One hand and sight of one eye	Principal
One foot and sight of one eye	Principal
One hand or one foot or sight of one eye	1/2 the Principal

The most We will pay for all Losses to an Insured as the result of one Accident is the principal shown on the schedule.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight.

With regard to Accidental Death & Dismemberment Benefits, We will not pay for a Loss caused in any way by: (1) Bodily or mental infirmity or illness; (2) Infection; except pyogenic infection in a cut or wound caused by an Accident; or (3) Medical or surgical treatment; except for surgery which results from an Accident.

Conformity with State Statutes

Any provision of this plan which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

General Exclusions

The policy does not cover Loss nor provide benefits for:

1. Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in this policy;
2. Services normally provided without charge by the college's health service, infirmary or Hospital, or employees; or treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;
3. Routine eye exams and contacts; replacing eyeglasses or prescription therefor; routine examinations and services related to hearing examinations or hearing aids except as required for repair caused by an Injury, or treatment for hearing defects not related to an Injury or Sickness;
4. Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance, for personal hygiene, services specifically for dietary control, custodial, sanitarial or rest care or fertility testing;
5. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
6. Chiropractic services, acupuncture;
7. Treatment or supplies for the newborn infant;
8. Injury or Sickness resulting from jet skiing, water skiing, snow skiing, snowboarding, surfing, wake boarding, scuba diving, bobsledding, mountain climbing, use of an all terrain vehicle (ATV), skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
9. Injury or Sickness resulting from any declared or undeclared war; or Injury due to participation in a riot; commission of or attempt to commit a felony;
10. Suicide, attempted suicide or intentionally self-inflicted Injury;
11. Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;



12. Injury or Sickness covered by any worker's compensation or occupational disease law;
13. Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
14. Expenses for organ or tissue transplants;
15. Injury resulting from the practice or play of intercollegiate or professional sports;
16. Pre-Existing Conditions;
17. Expenses for services or supplies which are experimental or investigative in nature, and any such items requiring federal or other governmental agency approval which was not received at the time services were rendered;
18. Expenses incurred within Your home country or country of regular domicile;
19. Expenses resulting from a motor vehicle Accident if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place (this exclusion will not apply to passengers if they are Insured under the policy);
20. Expenses for voluntary termination of pregnancy;
21. Expenses for diagnosis or treatment of acne or sebaceous cyst; or
22. False labor, occasional spotting, Physician prescribed rest during the period of pregnancy; morning sickness, or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.

Assistance Services

In addition to the insurance benefits described in this brochure, the plan includes access to a worldwide assistance network. In the event You need help with a medical or legal situation, You will be able to call (toll free) the assistance center, which is staffed 24 hours a day by professional, multi-lingual assistance specialists. The assistance network specialists can provide:

1. Help in locating appropriate medical care;
2. Assistance in establishing contact with family members or friends, personal Physician and/or educational institution;
3. Emergency message transmittal;
4. Arrangements and transportation costs for a family member or friend to travel to Your bedside in the event You are hospitalized for more than seven consecutive days.
5. Arrangement and coordination of a medical evacuation or repatriation;
6. Referral to legal assistance, if necessary;
7. Interpreter assistance;
8. Assistance with other types of medical and travel emergencies.

Upon enrollment in the policy, We will send You detailed information about how to contact the assistance service center, along with Your insurance ID card.

Monthly Premium Rates

The rates below are valid for enrollment with an effective date on or before July 31, 2012.

Student or Scholar

Age of Student	Monthly Premium
Under age 19	\$ 61
19-23	\$ 69
24-29	\$ 87
30-35	\$ 158
36-49	\$ 349
50-64	\$ 449
65-70	\$ 898
71 or older	Call The Harbour Group

Dependents

Note: This policy is available only to eligible participants, as defined on panel 1 of this brochure. If You need medical insurance for Your dependents or other family members, please contact The Harbour Group by calling 800.252.8160, by email at info@hginsurance.com, or by visiting our website at www.hginsurance.com.

Premium Refunds

Upon enrollment in the policy, the first three months premium is considered fully earned and non-refundable. After three months, a pro-rata premium refund will be considered only for entry into the armed forces or return to Your home country, and only if claims have not been submitted. The refund request must be in writing and Your insurance ID card must be returned with Your request. All premium refunds are subject to a \$50 administrative fee.

Privacy Policy

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out the necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at 800.431.1270 or www.markelah.com.

Note: Please retain this brochure (panels 1-10) for Your records. Send Your completed Enrollment Form and I-20 or DS-2019 with payment to The Harbour Group.

