

## Pre-existing Condition Benefit

Notwithstanding other provisions of this contract, when expenses are incurred because of injury sustained or sickness which first manifested itself prior to the effective date of coverage, benefits will be payable according to The Policy schedule to a maximum of \$2,500.

## Worldwide Travel Assistance

Included in this health insurance program is access to the 24-hour Worldwide Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your I.D. card and materials. The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility, and/or provider.
2. Medical monitoring by board-certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

These services are included in the insurance provided in this program.

## Exclusions

For the Accidental Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal caused by or resulting from;

- intentionally self-inflicted injury;
- suicide or attempted suicide; while sane or insane;
- war or any act of war; declared or undeclared;
- service in the military, naval, or air service of any country;
- illness, disease, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

## Exclusions (continued)

With respect to Medical Expense, no benefit shall be payable for expenses incurred:

- For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted; or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this Policy (Limited benefits may be provided by the pre-existing condition benefit);
- For services, supplies, or treatment; including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; or expenses which are non-medical in nature;
- For suicide or attempted suicide; while sane or insane;
- As a result of the Insured person being under the influence of any drug, unless taken under the advice of a physician;
- For loss incurred as a result of declared or undeclared war; or any act thereof;
- For injury sustained while participating in professional or intercollegiate sports;
- For routine physicals;
- For cosmetic or plastic surgery; except as the result of an accident;
- For elective Surgery;
- For dental care; except as the result of injury to natural teeth caused by accident;
- For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder;
- As a result of or in connection with intentionally self-inflicted injury;
- As a result of or in connection with the Insured's commission of a felony offense;
- For specific named hazards: the driving of any two or three wheeled motorized vehicle, mountain climbing, sky diving, professional or amateur racing; and piloting an aircraft;
- For treatment furnished under any other individual or group Policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual;
- For treatment by a family member;
- For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

## Excess Provision

All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted. This provision will not apply when total covered expenses are less than \$500.

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 issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your schools office. The policy is subject to the laws of the state in which it was issued.

**Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.**

**Claim forms are available from your Study Abroad Program or from T.W. Lord & Associates.**

Offered by:

**T.W. LORD**  
ASSOCIATES  
**International Benefits Division**

25 Dodd Street  
P.O. Box 1185  
Marietta, Georgia 30061  
Phone (770) 427-2461  
Toll-Free 1-800-633-2360  
Fax (770) 429-0638

Insured by:

**UNITED STATES FIRE INSURANCE COMPANY**  
by Fairmont Specialty, a Division of Crum & Forster

# Study Abroad Insurance Plan

2012

Designed especially for Students participating  
in programs sponsored by:

**KANSAS STATE  
UNIVERSITY**

## Eligibility

Students, faculty and staff who are participating in Study Abroad programs sponsored by the Kansas State University and who are temporarily engaged in educational activities while outside the U. S. A. are eligible to participate in this Plan. Insured participants may purchase dependent coverage.

Eligible dependents include your lawful spouse and your unmarried children under age 19 who are traveling and residing with you and are chiefly dependent on you for maintenance and support. If a child is born to a participant, coverage will commence from the moment of birth. The newborn child's coverage will cease 31 days following his date of birth unless the Company has received notification of the birth, the enrollment form, and the required premium payment.

## Period of Coverage

Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an Insured Person's departure from their home country; b) The date the Application and premium with respect to the Insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the Insured Person's coverage.

Coverage will end on the earlier of the following: a) The date of an Insured Person's return to their home country; b) The date requested in the Application for the Insured Person's coverage; or c) The date of termination of this coverage under the Policy Termination provisions.

## Optional Extended Coverage

You may purchase this insurance plan for non school supervised extensions of your Study Abroad program for a maximum of 8 weeks at a rate of \$1.00 per day. This coverage should be purchased prior to the commencement of your Study Abroad experience. Arrangements and payment for extensions are the responsibility of the participant and should be made through T.W. Lord & Associates at 1-800-633-2360.

Premiums received by the Insurance Company will be considered fully earned and non-refundable. Refund of premium will be considered only if travel is canceled and the Company is notified before the effective date of coverage.

## Accidental Death & Dismemberment

If an Insured Person's injury results in any of the following losses within 365 days after the date of accident; we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The Principal Sum is \$15,000.

For Loss of:

Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either hand or Foot	One Half the Principal Sum
Sight of One Eye	One Half the Principal Sum

The term loss as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

## Medical Expense Benefits

If Injury or Sickness occurs during the Period of Coverage and you or your insured dependent require medical or surgical treatment; the Plan will pay, after a deductible of \$50 per illness (deductible is waived for accidents), 100% of the first \$5,000, 80% of the next \$5,000 and 100% thereafter to a maximum of \$500,000 for reasonable and customary charges listed below under the heading Covered Expenses.

## Covered Expenses

Only such expenses incurred as the result of and within 180 days of a disablement, which are specifically enumerated in the following list of charges and which are not excluded shall be considered as covered expenses:

- Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, unless confinement in an intensive care unit is necessary.
- Charges made for diagnosis, treatment and surgery by a physician.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

## Covered Expenses (continued)

- Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement; and administered by a licensed physiotherapist.
- Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
- Therapeutic termination of pregnancy up to \$500 maximum.
- Charges for newborn nursery care up to \$500.
- Expenses incurred for treatment of nervous or mental disorders. Benefits are payable a) up to \$500 for out-patient treatment, or b) for inpatient treatment, 50% of eligible expenses, 30 days maximum.
- Chiropractic care shall be limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per injury or illness.
- Charges for dental expenses due to an accident originating outside the mouth up to \$2,000 maximum.

## Emergency Medical Evacuation

The Company will pay benefits for covered expenses incurred up to the maximum of \$100,000 for the necessary emergency evacuation of the Insured Person.

Emergency Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treated at a local hospital; the Insured Person's medical condition warrants transportation to the United States to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum; for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: a) by the most direct and economical conveyance; b) approved in advance by the Company; and Expenses for special transportation must be: a) recommended by the attending physician; 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 physician. In addition we will pay the airfare and lodging expenses for a family member or designated person to help oversee the evacuation.

## Emergency Dental Expense Benefit

Emergency dental care will be covered as any other medical expense to a maximum of \$250.00. "Emergency Dental Care" means bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could be reasonably expected to result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment to bodily function or; 3) serious dysfunction of any bodily organ or part.

## Repatriation Of Remains

The Company will pay the reasonable covered expenses to return the Insured Person's body home, if he or she dies, not to exceed a maximum of \$50,000. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition we will pay the airfare and lodging expenses for a family member or designated person to accompany the body to the Insured's home country.

## Family Assistance Benefit

If an insured person requires hospitalization exceeding seven (7) days, the Company will pay the round trip airfare and up to \$100.00 per day for lodging expenses for a family member to provide assistance. All transportation and lodging arrangements must be approved in advanced by the insurance company.

## Bereavement Reunion Benefit

In the event that an insured person's mother, father, brother or sister dies while the person is participating in the program, the Company will pay up to \$1,000.00 toward the cost of a plane ticket for the insured to return for a visit home.

## Post Program Coverage

Benefits will be paid up to \$10,000 for expenses incurred in the United States for accidents or illnesses which were first treated while participating in the Study Abroad Program. These expenses must be incurred within 60 days after return to the United States.