

# Chemeketa Community College

2021-2022

## Student Accident & Sickness Medical Benefit Plan For International Students



### TABLE OF CONTENTS

Introduction.....	Page 1
Who is Eligible to Enroll.....	Page 2
Students//Reduced Course Load/Vacation/Extended Coverage//Practical Training	
Effective Dates of Insurance.....	Page 3
Termination Dates of Insurance.....	Page 3
Pre-Existing Condition Limitation.....	Page 4
Extension of Benefits after Termination.....	Page 4
Non-Duplication of Benefits.....	Page 4
Requests for Coverage & Refunds.....	Page 4
Accident & Sickness Medical Expense Benefits.....	Pages 5-7
Accidental Death & Dismemberment Benefits.....	Page 8
Accident or Sickness Medical & Other Expense Benefit .....	Pages 9-16
Physical Therapy or Physiotherapy Expense Benefit .....	Page 10
Behavioral Health Services Expense Benefit .....	Pages 13-14
General Exclusions.....	Page 17-18
General Definitions.....	Pages 19-26
Claim Procedure.....	Page 27
Privacy Practices .....	Pages 27-28

**Firebird International Insurance Group, LLC**

*Rising Above and Beyond the Ordinary*

**Underwritten by Pan-American International Insurance Corporation  
(A Stock Company)**

**URGENT / PLEASE READ:**

**Benefits are provided for Eligible Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the International Accident or Sickness Medical Benefit Plan (the Plan) issued to SMIC Trust. In the event of any conflict between this summary of coverage and the Plan, the Plan will govern. This 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 Plan issued to SMIC Trust. For a detailed plan description, exclusions, and limitations please view the certificate of coverage on file with your school.**

**To find out what is NOT covered under the Plan, please refer to pages 17-18, "General Exclusions." Please note: the Plan has a limited waiting period for pre-existing conditions.**

NOTE: These benefits are not subject to, and do not provide some of the benefits required by, the United States PPACA. In no event will We provide benefits in excess of those specified in the Plan, and these benefits are not subject to guaranteed issuance or renewal.

**This plan is for international students engaging in educational activities only. It does not provide coverage for dependent spouse or children. For information regarding dependent coverages, please contact Firebird at [admin@fiig-insurance.com](mailto:admin@fiig-insurance.com).**

**INTERNATIONAL STUDENT ACCIDENT & SICKNESS  
INSURANCE**

This booklet summarizes how the Firebird International Student Health Insurance Plan works and what it covers.

- Keep your insurance card with you at all times, and show it to the doctor or hospital when you seek medical treatment or call for appointments.
- You may contact a Firebird representative 24 hours a day, 7 days a week at the phone number listed on your insurance identification (id) card or on the back of this booklet.
- You may choose any doctor you wish, but if you use a doctor in our Preferred Provider Organization (PPO) network, it may save you money.
- You can locate doctors and hospitals participating in the PPO network on the web by logging in at: [www.fiig-insurance.com](http://www.fiig-insurance.com).

**WHO IS ELIGIBLE TO ENROLL  
(Students/Reduced Course Load/Vacation/Extended Coverage/  
Practical Training)**

**ELIGIBLE PERSONS:** An Eligible Person is an individual who meets all of the requirements of the Covered Classes shown below:

- Class 1.** An international student, scholar, visiting faculty or other person with a valid F, J or M visa status, temporarily located outside His Home Country as a non-resident alien and:
- a. Is engaged in educational or cultural activities of the Participating Member; and
  - b. Has not obtained permanent residency status in the United States; and
  - c. Is not a U.S. Citizen.
- Class 2.** Individuals temporarily located outside His Home Country as a non-resident alien, engaged In Optional Practical Training (OPT) or Compulsory/Curricular Practical Training (CPT) if:
- a. The OPT/CPT training follows a course of study of the Participating Member; and
  - b. Is no longer than 12 months in duration; and
  - c. The individual maintains their valid F, J or M Visa status.
  - d. The individual is not a U.S. Citizen.
- Class 3.** Individuals temporarily located outside His Home Country as a non-resident alien, engaged in a sponsored English Language Program or similar program of the Member and maintains a valid F, J or M visa status, and:
- a. The individual has not obtained permanent residency status in the United States; and
  - b. The individual is not a U.S. Citizen.

**THE FOLLOWING CONSIDERATIONS WILL BE ALLOWED IN ADDITION TO THE  
ELIGIBLE CLASSES LISTED ABOVE**

**Reduced-Course Load:** A student will only be allowed one approved medical reduced course load term per plan year, at the request of a treating physician and approved by the participating institution.

**Vacation Term:** Students on an approved vacation term are considered eligible and can continue their coverage, providing coverage was in effect at least the term immediately prior to the vacation term and the required premium has been paid.

**Extended Coverage:** Students completing their program or graduating are eligible for an additional 60 days providing they remain in the US and will pay the additional premium, which can be sent directly to Firebird.

**Practical Training:** All practical training students (OPT) that have had continuous coverage for a minimum of a full term (the graduating term) under the school-sponsored coverage for international students prior to applying for OPT, are eligible to continue the coverage for a period **NOT** to exceed a **total of 16 months** (this includes any waiting period post-graduation up to 60 days for OPT application approval, 12 months of OPT program, as well as any 60-day grace period post OPT-completion as available and provided by federal regulations), as long as the student is on the participating institution's I-20, in the U.S. and maintaining a non-resident visa for the duration of the OPT program.

If there are any gaps in coverage during the term immediately prior to and/or during the practical training period, eligibility for coverage will terminate and the student will be deemed **INELIGIBLE** for the coverage, including the 60-day grace period post OPT-completion.

***We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.***

## EFFECTIVE DATES OF INSURANCE

### **Effective Date for a Covered Person**

Coverage for a Covered Person that will be covered by the Plan starts at 12:00 AM on the latest of the following:

1. the date the requirements of a Covered Person shown under Eligible Persons are met;
2. the moment He Departs His Home Country's airspace; or
3. the date the premium and completed enrollment form, if any, are received by Us or the Participating Member.

Thereafter, the benefits are effective 24 hours a day. In no event, however, will benefits start prior to the date the premium is received by Us.

### **Extended Coverage for first-time students to the U.S.**

All new first time students to the school will automatically be covered for up to 30 days prior to the start of classes, under the terms of the Plan, once they are in the United States, providing that they are on the Educational Institution's I-20 upon arrival, and do not have other medical insurance at the time of loss.

***This does not apply to new students transferring from another educational institution within the US to this participating institution. An I-94 may be requested.***

**Coverage of Newborn Infants** A newborn child of the Covered Person who is eligible for maternity benefits will automatically be a Covered Person for 31 days from the moment of His birth if the birth occurs while the Plan is in force, and subject to the particular coverages and amounts of benefits as specified in the Schedule of Benefits.

## TERMINATION DATES OF INSURANCE

### **Termination Date for a Covered Person**

Coverage for Covered Person will automatically terminate on the earliest of the following dates:

1. the date the Plan terminates;
2. the date the Participating Member is no longer eligible to sponsor coverage under the Plan;
3. the date on which the Covered Person ceases to meet the requirements of an Eligible Person
4. the end of the term of coverage specified in the Covered Person's enrollment form;
5. the date the Covered Person permanently leaves the Country of Assignment for His Home Country;
6. the date the Covered Person requests cancellation of coverage (the request must be in writing);
7. the premium due date for which the required premium has not been paid, subject to the Grace Period provision; or
8. the end of any period of coverage.

Coverage will end at 11:59 PM on the last date of benefits. Termination does not affect a claim for a Covered Loss due to a covered Accident or Sickness that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:

1. the end of the Benefit Period; and
2. the date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.

## PRE-EXISTING CONDITION LIMITATION

We do not pay benefits for loss due to a Pre-Existing Condition incurred during the first 6 months of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for 6 months, providing it is a covered benefit under the Plan. *Please see the definition of Pre-Existing Conditions on page 25 of this booklet.*

Pregnancy which is conceived prior to the Covered Person's effective date under the Plan will be covered if the Covered Person was continuously covered under the Participating Member's plan.

## EXTENSION OF BENEFITS

### **During Hospital Confinement Upon Policy Cancellation**

If the Accident or Sickness Medical Benefits under the Plan cease for You or Your Eligible Dependent due to cancellation of the Plan or any Certificate of Coverage issued thereunder (except if the Plan or Certificate of Coverage is canceled for nonpayment of premiums) and You or Your Eligible Dependent is Confined in a Hospital on that date, Accident or Sickness Medical Benefits will be paid, as shown in the Schedule of Benefits, for Covered Expenses incurred in connection with that Hospital Confinement. However, no benefits will be paid after the earliest of:

1. the date You exceed the Maximum Benefit, if any, shown in the Schedule of Benefits;
2. the date You are covered for medical benefits under another Health Care Plan
3. the date You or Your Dependent is no longer Hospital Confined; or
4. 90 days from the date the Plan or the Certificate of Coverage thereunder applicable to You is canceled

The terms of this Accident or Sickness Medical Benefits Extension will not apply to a child born as a result of a Pregnancy which exists when Your Accident or Sickness Medical Benefits cease or Your Eligible Dependent's Accident or Sickness Medical Benefits cease.

## NON-DUPLICATION OF BENEFITS

This provision applies if:

1. any other Health Care Plan covers the Covered Person; and
2. total benefits under all Plans would exceed the Covered Expenses actually incurred; and
3. We are not defined as primary under another Health Care Plan's Coordination of Benefits provision.

When the total of benefits payable by all Health Care Plans, whether or not claim is made for those benefits, exceeds Covered Expenses incurred, any Expense-Incurred Accident or Sickness Benefits We pay will be reduced by such excess.

## REQUESTS FOR COVERAGE & REFUNDS

Any requests for coverage and refunds must be made by the participating institution in writing to Firebird, along with the circumstances initiating the request. All refunds are calculated in 30-day increments of unused premium.

**ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS**

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.

Total Maximum per Policy Year	
Medical Expense Benefits	\$500,000
Lifetime Maximum Benefit	\$500,000
First Covered Expenses must be Incurred within	365 days after the covered Accident or Sickness
Coinsurance	In-Network Provider: 100% of the Negotiated Rate Out-of-Network Provider: 80% of U&C
Out-of-Pocket Maximum per Policy Year	\$2,500
Benefit Period	per Policy Year
Deductible per Accident or Sickness	In-Network Provider: \$0 Out-of-Network Provider: \$0

**Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of Usual and Customary Charges.**

Payment of Covered Expenses for In-Network Providers is based on the Insurer's Negotiated Rate. In-Network Providers have agreed to accept the Negotiated Rate as payment in full.

If a Covered Person requires Emergency treatment of an Injury or Sickness and incurs Covered Expenses at an Out-of-Network Provider, Covered Expenses for the Emergency medical care rendered during the course of the Emergency will be treated as if they had been incurred at an In-Network Provider or the Recognized Student Health Center.

If a Covered Person incurs Covered Expenses for services or supplies that are not of the type provided by any In-Network Provider within a 25 mile radius of where the Covered Person is currently residing, these Covered Expenses will be treated as if they had been incurred at an In-Network Provider.

COVERED EXPENSES	IN-NETWORK PROVIDER	OUT OF NETWORK PROVIDER
<b>In-Patient Hospital Services</b>		
Room and Board Expenses	100% of the Negotiated Rate; subject to a \$100 Copay per visit	80% of U&C at the semi-private room rate; subject to a \$100 Copay per visit
Intensive Care Unit or Coronary Care Unit Expenses	100% of the Negotiated Rate	80% of U&C
Hospital Miscellaneous Expenses	100% of the Negotiated Rate	80% of U&C
<b>Emergency Room and Emergency Room Treatment</b>	100% of the Negotiated Rate subject to a \$100 Copay per visit	100% of U&C subject to a \$100 Copay per visit
<b>Out-Patient Hospital Miscellaneous Expenses</b>	100% of the Negotiated Rate subject to a \$100 Copay per visit	80% of U&C subject to \$100 Copay per visit

**ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS**  
**CONT'D**

COVERED EXPENSES	IN-NETWORK PROVIDER	OUT OF NETWORK PROVIDER
<b>Physician Services</b>		
Surgery	100% of the Negotiated Rate	80% of U&C
Assistant Surgeon	100% of the Negotiated Rate	80% of U&C
Physician Assistant	100% of the Negotiated Rate	80% of U&C
Second Opinion or Consultation	100% of the Negotiated Rate	80% of U&C
Anesthesia and its Administration	100% of the Negotiated Rate	80% of U&C
In-Hospital Visits	100% of the Negotiated Rate	80% of U&C
Out-Patient Office Visits	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Pre-Admission Testing</b>	100% of the Negotiated Rate	80% of U&C
<b>Out-Patient X-Rays</b>	100% of the Negotiated Rate	80% of U&C
<b>Out-Patient Laboratory Tests</b>	100% of the Negotiated Rate	80% of U&C
<b>Out-Patient Physical Therapy</b>	100% of the Negotiated Rate subject to a \$20 Copay per visit; 24 visit maximum per Policy Year	80% of U&C subject to a \$20 Copay per visit; 24 visit maximum per Policy Year
<b>In-Patient Physical Therapy</b>	100% of the Negotiated Rate	80% of U&C
<b>Nursing Services</b>	100% of the Negotiated Rate	80% of U&C
<b>Ambulance Services</b>	100% of the Negotiated Rate	100% of Actual Charges
<b>Medical Equipment Rental</b>	100% of the Negotiated Rate	80% of U&C
<b>Radiation/Chemotherapy Benefit</b>	100% of the Negotiated Rate	80% of U&C
<b>Dental Services per Accident</b>	100% of the Negotiated Rate up to \$500; subject to a \$20 Copay per visit;	80% of U&C up to \$500; subject to a \$20 Copay per visit;
Palliative Services	100% of the Negotiated Rate up to \$500; subject to a \$20 Copay per visit	80% of U&C up to \$500; subject to a \$20 Copay per visit
<b>Prescription Drugs –</b>		
Based on a 30-day supply per prescription.	50% of Actual Charges	50% of Actual Charges
Contraceptive Drugs & Devices – Based on a 30 day supply per prescription	100% of Actual Charges	100% of Actual Charges
<b>Eyeglasses, Contact Lenses, Hearing Aids (See Description of Benefit)</b>	100% of the Negotiated Rate	80% of U&C
<b>Amateur, Intramural, Club and Recreational Sports Conditions All Copays apply</b>	100% of the Negotiated Rate	80% of U&C
<b>Behavioral Health Services Expense Benefit Mental and Nervous Disorders</b>		
In-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$100 Copay per admission	80% of U&C; 30 day maximum subject to a \$100 Copay per admission
Out-Patient Expenses	100% of the Negotiated Rate; 30 visit maximum subject to a \$20 Copay per visit	80% of U&C; 30 visit maximum subject to a \$20 Copay per visit

**ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS**  
**CONT'D.**

<b>COVERED EXPENSES</b>	<b>IN-NETWORK PROVIDER</b>	<b>OUT OF NETWORK PROVIDER</b>
<b>Wellness Expense Benefit</b> Maximum Benefit is \$2,500 per Policy Year	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Pregnancy, Complications of Pregnancy, and Pre-Natal Expense Benefit</b> Maximum Benefit is \$25,000 per Policy Year. Conception must occur while continuously covered under the Participating Member's plan.	100% of the Negotiated Rate	80% of U&C
<b>Newborn Infant Sick Baby Care</b>	100% of the Negotiated Rate	80% of U&C
<b>Newborn Infant Well Baby Care</b>	100% of the Negotiated Rate	80% of U&C
<b>Behavioral Health Services Expense Benefit</b> <b>Alcohol &amp; Drug Abuse</b>		
In-Patient Expenses	100% of the Negotiated Rate; 30 day maximum subject to a \$100 Copay per admission	80% of U&C; 30 day maximum subject to a \$100 Copay per admission
Out-Patient Expenses	100% of the Negotiated Rate; 30 visit maximum subject to a \$20 Copay per visit	80% of U&C; 30 visit maximum subject to a \$20 Copay per visit
<b>Elective/Therapeutic Termination Of Covered Pregnancy Expense Benefit</b>	100% of the Negotiated Rate	80% of U&C
<b>Diabetic Supplies/Education</b>	100% of the Negotiated Rate	80% of U&C
<b>Skilled Nursing Facility</b> Must begin within 10 consecutive days after a Covered Person is Hospital Confined as a result of a covered Accident or Sickness.	100% of the Negotiated Rate; 30 days per Policy Year	80% of U&C; 30 days per Policy Year
<b>Walk-in Clinic or Urgent Care Facility</b>	100% of the Negotiated Rate subject to a \$20 Copay per visit	80% of U&C subject to a \$20 Copay per visit
<b>Self-Inflicted Injury</b> Maximum Benefit is \$10,000 per Policy Year	100% of the Negotiated Rate	80% of U&C
<b>HIV infection, HIV related illness and AIDS</b> Lifetime Maximum Benefit is \$7,500	100% of the Negotiated Rate	80% of U&C
<b>OTHER EXPENSE BENEFITS</b> Covered Expenses under this section are paid in addition to the Accident & Sickness Medical Expense Benefits. Any Coinsurance, Copayments, Deductibles, Benefit Periods, Out-of-Pocket Maximums, Benefit Limits and Benefit Maximums under the Accident or Sickness Medical Expense Benefits apply.		
<b>Home Country Expense Benefit</b>	100% of the Negotiated Rate	
Benefit Period	Up to 90 days per Policy Year	

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

**Covered Losses**

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Covered Losses, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a covered Accident within the applicable time period specified below.

If the Covered Person sustains more than one Covered Loss as a result of the same covered Accident, the total of Benefits We will pay will not exceed the Principal Sum.

If a covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Principal Sum	\$10,000
Loss must occur within	365 days of the Accident
Aggregate per Participating Member	\$500,000

**SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Both Hands or Both Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand and One Foot	100% of the Principal Sum
Loss of One Hand and Sight of One Eye	100% of the Principal Sum
Loss of One Foot and Sight of One Eye	100% of the Principal Sum

**Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint.

**Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

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

**Exclusions** Exclusions that apply to this benefit are in the *Exclusions* section. There is no coverage for loss of life or dismemberment due to Sickness, disease or infection or for arising from an Accident in the Covered Person's Home Country.

**AGGREGATE LIMIT**

The Aggregate per Participating Member is shown above. We will not be liable for any amount over such limit for any one Accident.

If the total amount of benefits to be paid for Accidental Death & Dismemberment under the Plan is more than the Aggregate per Participating Member shown above, the benefit amount payable for a Covered Person's loss will be determined as a proportionate share of the Aggregate Limit for all Covered Persons.

## ACCIDENT OR SICKNESS MEDICAL & OTHER EXPENSE BENEFITS

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Medically Necessary treatment of a covered Sickness or Injury that resulted directly and independently of all other causes from a covered Accident or Sickness.

Benefits will be paid:

1. when Covered Expenses incurred exceed any applicable Policy Aggregate, Coinsurance, Copayments, Out-of-Pocket Maximums and individual Deductible within the number of days from the date of the covered Accident or Sickness specified in the Schedule of Benefits; and
2. as long as the first Covered Expense has been incurred within the number of days specified in the Schedule of Benefits; and
3. until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits; and
5. until Benefits paid for all Covered Persons under the Plan equal the Total Maximum for Accident or Sickness Medical Expense Benefits shown in the Schedule of Benefits.

### **IN-PATIENT HOSPITAL SERVICES**

We will pay Covered Expenses for:

1. Confinement in an intensive care or coronary care unit, up to the maximum daily benefit shown in the Schedule of Benefits for each day of such Confinement;
2. any other Confinement, up to the maximum daily benefit shown in the Schedule of Benefits for each day of the Hospital Stay.
3. Room and Board Expenses;
4. The daily room rate for a private/semi-private room when a Covered Person is confined in a Hospital and general nursing care is provided and charged for by the Hospital.

### **HOSPITAL MISCELLANEOUS EXPENSES IN-PATIENT**

We will pay the miscellaneous expenses charged by a Hospital or an Ambulatory Medical or Surgical Center. Miscellaneous expenses include, but are not limited to operating room, X-rays, laboratory tests, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services, and all necessary charges other than room and board, for services received during a Hospital Stay.

Miscellaneous expenses do not include personal supplies and services, such as barber or beautician services, telephone charges, transportation, guest meals, radio or television, extra beds or cots, meals for guests, take home items or other convenience items when provided during a Hospital Stay.

### **EMERGENCY ROOM AND EMERGENCY ROOM TREATMENT**

We will pay Covered Expenses incurred for Out-Patient Emergency Room and Emergency Room Treatment performed in a Hospital, up to the Maximum Benefit shown in the Schedule of Benefits. Covered Expenses charged by the Emergency Room Physician and related x-ray/laboratory interpretations are included under this benefit.

### **HOSPITAL MISCELLANEOUS EXPENSES OUT-PATIENT**

We will pay the miscellaneous expenses charged by a Hospital or an Ambulatory Medical or Surgical Center. Miscellaneous expenses include, but are not limited to operating room, X-rays, laboratory tests, anesthesia, drugs or medicines, therapeutic services, and all necessary charges other than room and board, for services received during Out-Patient medical or surgical treatment.

Miscellaneous expenses do not include personal supplies and services, such as barber or beautician services, telephone charges, transportation, guest meals, radio or television, extra beds or cots, meals for guests, take home items or other convenience items.

## ACCIDENT OR SICKNESS MEDICAL & OTHER EXPENSE BENEFITS

cont'd.

### **PHYSICIAN SERVICES**

We will pay Covered Expenses incurred for physician services listed below.

#### **Surgery**

1. Covered Expenses charged for performing a Surgical Procedure. Two or more Surgical Procedures through the same incision will be considered as one procedure. If an Injury or Sickness requires multiple Surgical Procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. However, We will pay for the most expensive procedure and up to 50% of the benefit for a Surgical Procedure when more than one Surgical Procedure through different operating fields is performed during the same surgical session.
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a Surgical Procedure.
3. Surgeon fees for performing the surgery.

**Second Opinion or Consultation** – Covered Expenses charged by a Physician for a second or third surgical opinion or consultation.

**Physician's Assistant** – Covered Expenses charged by a Physician's assistant for other than pre- or post-operative care, second or third opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

**Anesthesia and its Administration** – Covered Expenses for pre-operative screening charged by a Physician for anesthesia and its administration during a Surgical Procedure whether on an In-Patient or Out-Patient basis.

**In-Hospital Visits or Out-Patient Office Visits** – Covered Expenses charged by a Physician for other than pre- or post-operative care, second or third opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

### **PRE-ADMISSION TESTING**

We will pay Covered Expenses charged for pre-admission testing. In-Patient Confinement must occur within 7 days of the testing.

### **OUT-PATIENT X-RAYS**

We will pay Covered Expenses incurred for X-rays, except dental X-rays, performed on an Out-Patient basis at a Hospital or other licensed facility.

### **OUT-PATIENT LABORATORY TESTS**

We will pay Covered Expenses incurred for laboratory tests performed on an Out-Patient basis at a Hospital or other licensed facility.

### **PHYSICAL THERAPY OR PHYSIOTHERAPY OUT-PATIENT**

means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

### **PHYSICAL THERAPY OR PHYSIOTHERAPY IN-PATIENT**

means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

**ACCIDENT OR SICKNESS MEDICAL & OTHER EXPENSE BENEFITS**

**cont'd.**

**NURSING SERVICES**

We will pay Covered Expenses incurred for services other than routine Hospital care, rendered by a registered nurse (RN) or licensed practical nurse (LPN).

**AMBULANCE SERVICES**

We will pay Covered Expenses incurred for ground or air ambulance service to transport the Covered Person from the place where the covered Accident or Sickness occurred to the nearest medically appropriate facility. We will pay Covered Expenses incurred for ground or air ambulance transportation from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat His covered Injury.

**MEDICAL EQUIPMENT RENTAL**

When prescribed by a Physician, We will pay Covered Expenses incurred for rental or, if less, purchase of:

1. a wheelchair or hospital bed;
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by the Covered Person. Permanent or temporary therapeutic value must be certified by the Covered Person's treating Physician. Examples of items that are not covered include, but are not limited to: computers, motor vehicles and modifications thereof, ramps and installation costs; or
3. Breast pumps and the process of how they acquire it

No benefits will be paid for rental charges in excess of the purchase price.

**RADIATION/ CHEMOTHERAPY THERAPY EXPENSE BENEFIT**

We will pay Covered Expenses incurred by a Covered Person, for drugs used in antineoplastic therapy and the cost of its administration. Coverage is provided for any drug approved by the Federal Food and Drug Administration (FDA), regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug was approved by the FDA, so long as:

1. the drug is ordered by a Physician for the treatment of a specific type of neoplasm;
2. the drug is approved by the FDA for use in antineoplastic therapy;
3. the drug is used as part of an antineoplastic drug regimen;
4. current medical literature substantiates its efficacy, and recognized oncology organizations generally accept the treatment; and
5. the Physician has obtained informed consent from the patient for the treatment regimen that includes FDA approved drugs for off-label indications.

**DENTAL SERVICES**

We will pay Covered Expenses incurred for dental treatment, including X-rays, for injury to a natural tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For benefit review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.
4. repair to sound, natural teeth

Covered Expenses include examinations, x-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of a covered Injury and treatment of gingivitis resulting from trauma.

Covered Expenses must be incurred within the Benefit Period shown in the Schedule of Benefits. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

**ACCIDENT OR SICKNESS MEDICAL & OTHER EXPENSE BENEFITS**

**cont'd.**

**PRESCRIPTION DRUGS**

We will pay the Covered Expenses incurred for drugs that:

1. can only be obtained through a Physician's written prescription; and
2. are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay Covered Expenses incurred for drugs that meet 1. above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA.

The Covered Expense for a prescription drug is limited to the cost of a generic drug unless substitution of a generic drug is prohibited by law; no generic drug is available; or the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person.

**CONTRACEPTIVE DRUGS AND DEVICES**

We will pay Covered Expenses incurred for all of the following services and contraceptive methods for women with NO cost sharing:

- a. All FDA-approved contraceptive drugs, devices and products available over the counter, as prescribed by the enrollee's provider;
- b. Voluntary sterilization procedures;
- c. Patient education and counseling on contraception;
- d. Follow-up services related to the drugs, devices, products and procedures covered under this benefit, including, but not limited to management of side effects, counseling for continued adherence, and device insertion and removal.

**EYEGASSES, CONTACT LENSES, HEARING AIDS**

We will pay Covered Expenses incurred for eyeglasses, contact lenses, hearing aids:

1. when purchased and fitting is necessary to treat a covered Injury or Sickness;
2. the repair or replacement, when damaged in a covered Accident or Sickness for which the Covered Person has incurred other Covered Expenses.

**COVERAGE FOR SPORTS RELATED INJURIES**

We will pay benefits provided by the Plan, subject to all applicable conditions and exclusions, when the Covered Person suffers a covered Injury resulting directly and independently of all other causes from a covered Accident that occurs while He is participating in one of the following Covered Activities relating to an Amateur, Intramural, Club or Recreational Sports:

**Amateur, Intramural Club or Recreational Sports Conditions** include: Baseball, Basketball, Cheerleading, Competitive Cycling (Road, Track, CX), Cross Country, Diving, Equestrian, Fencing, Field Hockey, Football (no Division One), Golf, Gymnastics, Ice Hockey, Lacrosse, Martial Arts, Polo Horse, Polo Water, Rugby, Skiing (Slalom, Giant Slalom, Downhill), Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling.

**Amateur, Intramural Club or Recreational Sports Conditions** exclude: any activity, including tryouts, practice of any competitions or games for any sport listed above unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purpose only.

**BEHAVIORAL HEALTH SERVICES EXPENSE BENEFIT**

Behavioral health services are the evaluation, management, and treatment of a Covered Person with a mental health or Substance Abuse disorder.

For the purposes of the Plan, mental health disorder shall be defined as mental illness. Mental illness means:

- Any mental disorder and substance use disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICD) published by the World Health Organization;
- Substance Use disorder does not include addiction to or abuse of tobacco and/or caffeine.

Mental disorders are covered under **Mental and Nervous Disorders** as stated within the Schedule of Benefits. Substance use disorders are covered under **Alcohol & Drug Abuse Expense Benefit** as stated within the Schedule of Benefits.

**A. Mental Health Services**

The Plan covers Medically Necessary services for the treatment of mental health disorders in a general or specialty Hospital or Out-Patient facilities that are:

- licensed under the laws by the state in which the facility is located as a general or specialty Hospital or Out-Patient facility.

**In-Patient**

If the Covered Person is an In-Patient in a general or specialty Hospital for mental health services, the Plan covers Medically Necessary Hospital services and the services of an attending Physician for the number of Hospital days shown in the Schedule of Benefits.

**Intermediate Care Services**

Intermediate Care Services are facility based programs used as a step down from a higher level of care or a step-up from standard care.

The Plan covers the following Medically Necessary Intermediate Care Services for mental health:

- **Partial Hospital Program (PHP)** – The Plan covers partial Hospital programs that for participation and program requirements.
- **Intensive Out-Patient Program (IOP)** – The Plan covers intensive Out-Patient programs that meet Our criteria for participation and program requirements.

**In a Provider's Office**

The Plan covers the following mental health specialists:

- Board certified psychiatrists;
- Licensed clinical psychologists;
- Clinical social workers (licensed or certified at the independent practice level)
- Licensed nurse clinicians (with a master's degree in nursing and certification by the ANA as a clinical specialist in psychiatric and mental health nursing)
- Licensed mental health counselor;

The above providers must be licensed and certified in the state where You receive the service and must meet Our credentialing criteria.

Covered mental health services include Medically Necessary individual psychotherapy, and group psychotherapy, when rendered by the appropriate mental health specialist, as listed above.

Psychological testing and neuropsychological testing are covered when Medically Necessary and rendered by a neuropsychologist, psychologist, or pediatric neurodevelopmental specialist.

The Plan covers medication visits when rendered by a psychiatrist or a clinical nurse specialist in behavioral health.

**B. Substance Use Disorder Treatment**

The Plan covers Medically Necessary services for the treatment of substance use disorder in a Hospital, substance use disorder treatment facility, or an acute substance use disorder Rehabilitation Facility or residential facility that is licensed under the laws by the state in which the facility is located as a Hospital, a substance use disorder treatment facility, or an acute substance use disorder residential/rehabilitative facility.

**In-Patient Hospital**

If the Covered Person is an acute In-Patient in a general or specialty Hospital for behavioral health services, We cover Medically Necessary acute Hospital services for detoxification.

**Substance Use Disorder Treatment/Intermediate Care Services**

The Plan covers services for the treatment of substance use disorder for individuals and family members covered under the Plan when rendered at a substance use disorder treatment facility or a state-licensed provider/program.

**Intermediate Care Services** are facility based programs used as a step down from a higher level of care or a step-up from standard Out-Patient care.

The Plan covers the following Medically Necessary Intermediate Care Services for substance use disorder:

- **Partial Hospital Program (PHP)** – The Plan covers partial Hospital programs that meet Our criteria for participation and program requirements.
- **Intensive Out-Patient Program (IOP)** – The Plan covers intensive Out-Patient programs that meet Our criteria for participation and program requirements.

**In a Provider's Office**

The Plan covers services for the treatment of substance use disorder for Covered Person's covered under the Plan. The services may be rendered in a provider's office.

The Plan covers the following behavioral health specialists:

- Psychiatrists;
- Licensed independent clinical psychologists;
- Clinical social workers (licensed or certified at the independent practice level);
- Licensed nurse clinicians (with a Master's degree in nursing and certification by the ANA as a clinical specialist in psychiatric and mental health nursing);
- Licensed mental health counselor

The above providers must be licensed and certified in the state where You receive the service. Covered substance use disorder services include Medically Necessary individual evaluation and psychotherapy, group psychotherapy, when rendered by a behavioral health specialist, as listed above.



**cont'd.**

**WELLNESS EXPENSE BENEFIT**

We will pay Covered Expenses as per the limits stated in the Schedule of Benefits. Medical Expense Benefits are limited to the following expenses incurred and are subject to the Exclusions. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to expenses during any one period of individual coverage. Covered Wellness Expenses Benefits include:

1. Routine physical or health examinations
2. Preventive Treatment
3. Annual cervical cytology screening for women 18 and older
4. Low dose mammography screening and one baseline mammogram per year
5. Colorectal cancer screenings
6. Immunizations
7. Prostate and/or colorectal examinations and related laboratory tests
8. Gynecologic health screenings

**PREGNANCY, COMPLICATIONS OF PREGNANCY, AND EXPENSE BENEFIT**

We will pay Covered Expenses incurred, to a Covered Person, as a result of maternity, Pregnancy, childbirth, miscarriage, or any Complications of Pregnancy resulting from any of these, to the extent shown in the Schedule of Benefits. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

Pregnancy which is conceived prior to the Insured's effective date under the Plan will be covered if the Insured was continuously covered under the Participating Member's plan.

Benefits will be payable for Covered Expenses a Covered Person incurs before, during, and after delivery of a child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the In-Patient postpartum stay for the Covered Person and her newborn child in a Hospital will cover a period of hospitalization for maternity and newborn infant care for:

- a. a minimum of 48 hours of In-Patient care following a vaginal delivery; or
- b. a minimum of 96 hours of In-Patient care following delivery by cesarean section.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Covered Person's attending Physician determines further In-Patient postpartum care is not necessary for the Covered Person or her newborn child provided the following are met:

- 1) In the opinion of the Covered Person's attending Physician, the newborn child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
  - a) The antepartum, intrapartum, postpartum course of the mother and infant;
  - b) The gestational stage, birth weight, and clinical condition of the infant;
  - c) The demonstrated ability of the mother to care for the infant after discharge; and
  - d) The availability of post discharge follow up to verify the condition of the infant after discharge; and
- 2) One (1) at-home post delivery care visit is provided to the Covered Person at her residence by a Physician or Registered Nurse performed no later than forty-eight (48) hours following discharge of the Covered Person and her newborn child from the Hospital. Coverage for this visit includes, but is not limited to:
  - a) Parent education;
  - b) Assistance in training in breast or bottle feeding; and
  - c) Performance of any maternal or neonatal tests routinely performed during the usual course of In-Patient care for the Covered Person or newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Covered Person's discretion, this visit may occur at the Physician's office.)

**cont'd.**

**COVERAGE OF NEWBORN INFANTS AND ADOPTED CHILDREN**

**Coverage of Newborn Infants** A newborn child of the Covered Person who is eligible for maternity benefits will automatically be a Covered Person for 31 days from the moment of His birth if the birth occurs while the Plan is in force, and subject to the particular coverages and amounts of benefits as specified in the Schedule of Benefits.

Sick Baby Care means Covered Expenses incurred which are due from an Injury or Sickness, premature birth, or birth abnormalities which exist at birth. We will pay Covered Expenses up to 31 days of birth, as shown in the Schedule of Benefits.

Well Baby Care means Covered Expenses incurred for:

1. Hospital room and board.
2. Routine Physician visits while Hospital Confined.
3. Circumcision while Hospital Confined.

**ELECTIVE/THERAPEUTIC TERMINATION OF COVERED PREGNANCY BENEFIT**

We will pay Covered Expenses incurred for the intentional termination of a Covered Pregnancy before the fetus can live independently.

**DIABETIC SUPPLIES/EDUCATION**

We will pay Covered Expenses incurred for equipment, supplies, and other Out-Patient self-management training and education, including medical nutritional therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a health care professional legally authorized to prescribe such item.

**SKILLED NURSING FACILITY**

We will pay Covered Expenses incurred for In-Patient services and supplies provided by a Skilled Nursing Facility if it begins within 10 consecutive days after a Covered Person is Hospital Confined as a result of a covered Accident or Sickness. The amount by which Your room charge exceeds the prevailing two-bed room rate of the Skilled Nursing Facility is not considered covered under the Plan.

**WALK-IN CLINIC OR URGENT CARE**

We will pay Covered Expenses incurred for treatment of short-term medical care for non-life threatening conditions.

**SELF-INFLICTED INJURY**

We will pay Covered Expenses incurred for treatment or services due to a Self-inflicted Injury as shown in the Schedule of Benefits.

**HOME COUNTRY EXPENSE BENEFIT**

We will pay up to the Benefit Amount shown in the Schedule of Benefits for Covered Expenses which are incurred within the Covered Person's Home Country during the Benefit Period as stated in the Schedule of Benefits, for a covered Injury or Sickness that occurred, was diagnosed, and treated INSIDE the Covered Person's Home Country during an Incidental Trip to the Covered Person's Home Country. Covered Expenses incurred within the Covered Person's Home Country while insured under the Plan will be considered as Covered Expenses up to the limits stated in the Schedule of Benefits.

We will not cover any medical expense incurred in the Home Country after the Home Country medical expense coverage limits have been exceeded.

## GENERAL EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Plan:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof, including drug overdose, self-destruction, attempted self-destruction, while sane or insane in excess of the amount as shown in the Schedule of Benefits.
2. Commission or attempt to commit a felony or an assault.
3. Commission of or active Participation in a Riot, Civil Commotion or insurrection.
4. Declared or undeclared War or acts of War.
5. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
6. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.
7. A covered Accident or Sickness that occurs while on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
8. Play or practice in any intercollegiate, interscholastic, professional or semi-professional sports contest or competition, including travel to and from the activity and practice.
9. Services or treatment rendered by any person who is:
  - a.) employed or retained by the Participating Member; b.) living in the Covered Person's household; c.) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or d.) the Covered Person.
10. Any service, treatment or supply that is not considered Medically Necessary as defined in the Plan.
11. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury or Sickness.
12. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or Complications therefrom. This exclusion does not apply to:
  - a. cosmetic surgery resulting from a covered Accident or Sickness, if initial treatment of the Covered Person began within 12 months of the date of the covered Accident or Sickness;
  - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness;
  - c. any unplanned and unintended adverse consequences that may result during the treatment of a covered Accident or Sickness.
13. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless directly resulting from an Injury while covered under The Plan .
14. Rest cures or Custodial Care.
15. Unless specifically provided for elsewhere in the Plan, the cost of treatment or services that are provided at no cost to the Covered Person.
16. Pre-Existing Conditions; however, a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under the Plan or the Participating Member's plan.
17. Organ transplants; medical treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, craniomandibular disorders (CMD), temporomandibular joint dysfunction (TMJ) or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. Diagnosis and treatment of learning disabilities or developmental delays.

## GENERAL EXCLUSIONS cont'd.

21. Diagnosis and treatment of sleep disorders.
22. Transgender / sexual reassignment services, including but not limited to therapy, hormone therapy and surgeries.
23. Covered Expenses for which the Covered Person would not be responsible for in the absence of the Plan.
24. Experimental or Investigational treatment or procedures and treatment not recognized and generally accepted medical practice in the United States unless otherwise noted in the Schedule of Benefits.
25. Expenses resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance.
26. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
27. Drug, treatment or procedure that promotes childbirth, including but not limited to artificial insemination, treatment for infertility or impotency or reversal sterilization.
28. Expenses incurred during a Hospital Emergency Room visit which is not of an Emergency nature.
29. Weight reduction programs or surgical treatment of obesity.
30. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or b) While being used for any test or experimental purpose; or c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Member of any subsidiary or affiliate of the Participating Member, or by the Plan Participant or any member of his household; or e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or f) An ultra light, hang gliding, parachuting or bungee-cord jumping. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
31. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
32. Covered Person being exposed to the utilization of nuclear, chemical or biological weapons of mass destruction.
33. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency.
34. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.

## GENERAL DEFINITIONS

Please note that certain words used in the Plan have specific meanings. Key terms used in the Plan are defined below. They are capitalized wherever they appear in the Plan.

**Accident** means a sudden, unforeseeable event that results, directly and independently of all other causes, in a covered Injury or Covered Loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under the Plan;
2. is not contributed to by disease, Sickness, or mental or bodily infirmity;
3. is not otherwise excluded under the terms of the Plan.

**AIDS** means Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

**Age** means the Covered Person's age, for purposes of initial premium calculations, attained on the later of the first day of the Policy Term and the date coverage becomes effective for Him under the Plan.

**Alcohol Abuse** means any pattern of pathological use of alcohol that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Ambulatory Medical or Surgical Center** means an establishment which may or may not be part of a Hospital and which meets the following requirements:

1. is in compliance with the licensing or other legal requirements in the jurisdiction where it is located;
2. is primarily engaged in performing surgery on its premises;
3. has a licensed medical staff, including Physicians and Registered Nurses;
4. has permanent operating room(s), recovery room(s) and equipment for Emergency medical care; and
5. has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the Ambulatory Surgical Facility

**Arrival** means entering your Country of Assignment's air space.

**Benefit Percentage** means the percentage of Covered Expenses We pay that are incurred by the Covered Person after He satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

**Benefit Period** means the period of time from the date of the Sickness or Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Child(ren)** means an Eligible Person who has not reached the age of 18 years of age or older. Children includes a legally adopted child, foster child or stepchild that must be placed with the Covered Person while covered under the Plan.

**Coinsurance** means the ratio by which the Covered Person and the Company share in the payment of Covered Expenses for Medically Necessary treatment after the Deductible, if any, has been met. The percentage the Company pays is stated in the Schedule of Benefits.

**Complications** means a secondary condition, an Injury or a Sickness, that develops or is in conjunction with an already existing Injury or Sickness.

**Complications of Pregnancy** means conditions when the Pregnancy is not terminated, whose diagnoses are distinct from the Pregnancy, but are adversely affected by the Pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of Pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, Physician prescribed rest during the period of Pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult Pregnancy not constituting a distinct complication of Pregnancy.

## GENERAL DEFINITIONS cont'd.

A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous Pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

**Confinement or Confined** means the continuous period a Covered Person spends as an In-Patient in a Hospital due to the same or related cause.

**Copayment or Copay** means a specified charge that the Covered Person is required to pay when a medical service is rendered.

**Cosmetic Surgery** means surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

**Country of Assignment** means where the Covered Person has a valid visa, if required.

**Covered Expenses** means the Usual and Customary Charges or the Negotiated Rate for In-Network Providers for services or supplies listed in the Schedule of Benefits, and described in the Accident or Sickness Medical Benefits section, that the Covered Person incurs during the Benefit Period for Medically Necessary treatment of a covered Injury or Sickness. A Physician must recommend and approve these services or supplies.

**Covered Loss** means a loss:

1. which is the result of a covered Injury or Sickness to a Covered Person;
2. for which benefits are payable under the Plan; and
3. which is not otherwise excluded under the terms of the Plan.

**Covered Person or Insured** means an Eligible Person, as defined under WHO IS ELIGIBLE TO ENROLL, for whom required premium has been paid when due, and for whom coverage under the Plan remains in force.

**Covered Pregnancy** means a Pregnancy which began after the effective date of the Plan or the Certificate of Coverage as applicable to the Covered Person. Pregnancy which is conceived prior to the Covered Person's effective date under the Plan will be covered if the Covered Person was continuously covered under the Participating Member's plan.

**Custodial Care** means services and supplies that are primarily intended to help You meet personal needs. Custodial Care must be prescribed by a Physician. It may involve artificial methods such as feeding tubes, ventilators or catheters.

Examples of Custodial Care include:

1. routine patient care such as changing dressings, periodic turning and positioning in bed, administering medications, supervising medication which can usually be self-administered;
2. care of a stable tracheostomy (including intermittent suctioning);
3. care of a stable colostomy/ileostomy;
4. care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
5. care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
6. watching or protecting You;
7. respite care, adult (or child) day care, or convalescent care;
8. institutional care, including room and board for rest cures, adult day care and convalescent care;
9. help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods, oral hygiene, ordinary skin and nail care; and
10. any service that can be performed by a person without any medical or paramedical training.

**Deductible** means the dollar amount of Covered Expenses which must be incurred, as applicable, and paid by the Covered Person before benefits are payable under the Plan. The Deductible may apply to each Covered Person, per Accident or Sickness, as shown in the Schedule of Benefits.

To be continued on next page...

## GENERAL DEFINITIONS cont'd.

**Departure or Departs** means leaving your Home Country air space as specified within the Plan.

**Drug Abuse** means any pattern of pathological use of a drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Eligible Dependent:** An Eligible Dependent may be the Covered Person's lawful spouse/partner up to age 65 and/or His unmarried Children under age 18 who are chiefly dependent upon the Covered Person for support and maintenance. The term "Child/Children" includes a natural Child, a legally adopted Child, a foster Child, a stepchild, and a Child who is dependent on the Covered Person during any waiting period prior to finalization of the Child's adoption. The Eligible Dependent is one who:

1. with a similar visa or passport, accompanies the Covered Person while that person is engaged in international educational activities; and
2. is temporarily located outside the Covered Person's Home Country as a non-resident alien; and
3. has not obtained permanent residency status.

As used above:

1. The term "spouse" means the Covered Person's lawful spouse as defined in the state or jurisdiction where the marriage occurred. This term includes a common law spouse if allowed by the jurisdiction where the Plan is issued.
2. The term "partner" means a Covered Person's spouse or domestic partner.
3. The term "domestic partner" means a person of the same or opposite sex who:
  - a. is not married or legally separated;
  - b. has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage;
  - c. is not currently registered as domestic partner with a different domestic partner and has not been in such a relationship for at least six months;
  - d. occupies the same residence as the Covered Person;
  - e. has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature; and
  - f. has entered into a domestic partnership arrangement with the Covered Person.
4. The term "domestic partnership arrangement" means the Covered Person and another person of the same sex has any three of the following in common:
  - a. joint lease, mortgage or deed;
  - b. joint ownership of a vehicle;
  - c. joint ownership of a checking account or credit account;
  - d. designation of the domestic partner as a beneficiary for the Covered Person's life insurance or retirement benefits;
  - e. designation of the domestic partner as a beneficiary of the employee's will;
  - f. designation of the domestic partner as holding power of attorney for health care; or
  - g. shared household expenses.

**Emergency** means hospitalization or medical care that is provided for an Injury or a Sickness condition manifesting itself by acute symptoms of sufficient severity including without limitation sudden and unexpected severe pain for which the absence of immediate medical attention could reasonably result in:

1. permanently placing the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in jeopardy, or
2. causing other serious medical consequences; or
3. causing serious impairment to bodily functions; or
4. causing serious and permanent dysfunction of any bodily organ or part.

To be continued on next page...

## GENERAL DEFINITIONS cont'd.

Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in this definition of a medical Emergency, unless symptoms suddenly become so severe that immediate medical aid is required.

**Emergency Room** means a specified area within a Hospital that is designated for Emergency healthcare. This area must:

1. be staffed and equipped to handle trauma;
2. be under the direct supervision of a Physician;
3. provide treatment by a Physician and/or medical professionals; and
4. provided care 24 hours per day, 7 days per week.

This definition does not include an Urgent Care Facility.

**Experimental or Investigational** means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any of those items requiring federal or other governmental agency approval not received at the time services are rendered. We will make the final determination as to what is Experimental or Investigative.

**He, His and Him** means the Covered Person who meets the eligibility requirements of the Plan and whose benefits under the Plan are in force.

**Health Care Plan** means any arrangement, whether individually or group purchased which provides benefits or services for: medical; accident; dental care; disability benefits; or repatriation of remains.

A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured or self-funded agreements or arrangements;
4. coverage provided through: Health Maintenance Organizations; Preferred Provider Organizations; State or Federal Exchanges; Insurance Cooperatives and other prepayment; group practice and individual practice plans;
5. medical benefits provided by any governmental plan or coverage or other benefit law, except:
  - a. a state-sponsored Medicaid or similar plan; or
  - b. a plan or law providing benefits only in excess of any private or non-governmental plan;
6. hospital or medical service organization;
7. labor-management plans;
8. employee benefit organization plans;
9. association plans; or
10. any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.
11. medical benefits provided under automobile "fault" and "no-fault"-type contracts;
12. other valid and collectible dental, medical or health care benefits or services.

**HIV** means Human Immunodeficiency Virus, as that term is defined by the United States Centers for Disease Control.

**Home Country** means the country where a Covered Person has His true, fixed and permanent home and principal establishment and holds a current and valid passport. However, the Home Country of an Eligible Dependent who is a Child is the same as that of the Covered Person.

## GENERAL DEFINITIONS cont'd.

**Hospital** means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay.

**Hospital Stay** means a Confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a covered Accident or Sickness.

**Immediate Family Member** means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, mother, mother-in-law, father, father-in-law, including stepparent, including stepbrother or stepsister, grandparent or grandchild(ren), aunts, uncles, Children, including legally adopted child or stepchild.

**Injury or Injuries** means any bodily harm that results, directly and independently of all other causes, from a covered Accident. To be covered, the Injury must first be treated while the Covered Person is insured under the Plan. A Sickness is not an Injury. All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered one Injury.

**Incidental Trip** means a trip to the Covered Person's Home Country for up to 90 days per 12 months of coverage.

**In-Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at a Negotiated Rate. The availability of specific providers is subject to change without notice. You should always confirm that an In-Network Provider is participating at the time services are provided by asking the provider when You make an appointment for services.

**In-Patient** means a Covered Person who is Confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to Confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "in-patient" shall mean a Covered Person who is required to be Confined for a period of at least a full day as determined by the Hospital.

**Intensive Care Unit** means an intensive care facility, cardiac care unit or other unit or area of a Hospital:

1. which is reserved for the critically ill requiring close observation; and
2. which is equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

**Intoxicated** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Covered Person is located at the time of an incident.

**Lifetime Maximum Benefit** means the total amount of Covered Expenses that the Company will pay for the Covered Person while covered under the Participating Member's plan.

**Maximum Benefit** means the total amount of Covered Expenses that the Company will pay for the Covered Person as shown in the Schedule of Benefits.

## GENERAL DEFINITIONS cont'd.

**Medically Necessary** services or supplies are those that We determine to be all of the following:

1. appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.
2. provided for the diagnosis or direct care and treatment of the medical condition.
3. within standards of good medical practice within the organized community.
4. not primarily for the patient's, the Physician's, or another provider's convenience.
5. the most appropriate supply or level of service that can safely be provided. For Hospital Stays, this means acute care as an In-Patient is necessary due to the kind of services the Covered Person is receiving or the severity of the Covered Person's condition and that safe and adequate care cannot be received as an Out-Patient or in a less intensified medical setting.
6. not Experimental or Investigational unless approved in writing by Us.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Plan.

**Negotiated Rate** means the compensation for medical services provided by an In-Network Provider which the In-Network Provider has agreed to accept as full compensation for medical services covered under the Plan.

**Out-of-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to a Negotiated Rate. A Covered Person may incur Out-of-Pocket expenses with these providers. Charges in excess of the Company's payment are the Covered Person's responsibility.

**Out-Patient** means a Covered Person who receives Medically Necessary treatment on an Out-Patient basis in a Hospital or another institution, including; Ambulatory Surgical Center; convalescent/Skilled Nursing Facility; or Physician's office, for an Injury or Sickness, but who is not Confined and is not charged for room and board.

**Out-of-Pocket Maximum** means the maximum dollar amount the Covered Person is responsible to pay during the Plan Term. After the Covered Person has reached the Out-of-Pocket Maximum, the Plan pays 100% of Covered Expenses for the remainder of the Plan. The Out-of-Pocket Maximum is not met by accumulated Deductible, Coinsurance and Copayments. Penalties and amounts above the Usual and Customary Charge do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Parachuting** means an activity involving the breaking of a free fall using a parachute or other device that slows free fall.

**Participation in Riot or Civil Commotion.** "Participation" means promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen. "Riot or Civil Commotion" means all forms of public violence, disorder, or disturbance, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or consequence of such disorder.

**Physician** means a person who is a qualified practitioner of medicine. As such, He must be acting within the scope of his license under the laws in the state in which he practices and providing only those medical services which are within the scope of his license or certificate. It does not include a Covered Person, an Immediate Family Member of either the Covered Person or the Covered Person's spouse.

**Physical Therapy or Physiotherapy In-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

**Physical Therapy or Physiotherapy Out-Patient** means any form of the following administered by a Physician: (1) physical or mechanical therapy; (2) diathermy, (3) ultra-sonic therapy; (4) heat treatment in any form; (5) acupuncture, (6) microthermy, (7) chiropractic adjustment, (8) whirlpool, or (9) manipulation or massage.

## GENERAL DEFINITIONS cont'd.

**Policyholder** means SMIC Trust.

**Policy Term or Policy Year** means the period of a year or less, and any subsequent period of a year or less, that an Eligible Person is covered under the Plan, in accordance with a Certificate of Coverage, provided premium is paid according to the agreed terms.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 3 month period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person:  
1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Pregnancy which is conceived prior to the Insured's effective date under the Plan will be covered if the Insured was continuously covered under the Participating Member's plan.

**Pregnancy** means the physical condition of being pregnant, including Complications of Pregnancy.

**Preventive Treatment** means treatment rendered to prevent disease or its recurrence.

**Recognized Student Health Center** means a health facility of an educational institution that provides basic health services for students during the school semester. Basic services must include staffing by a licensed medical provider (M.D., C.N.P. or R.N.) for the purpose of assessment and treatment of minor Sicknesses or Injuries and/or referral to an In-Network Provider and is approved as a Recognized Student Health Center by the Participating Member.

**Registered Nurse** means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." or "R. P.N." after His name.

**Rehabilitation Facility** means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:  
1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation In-Patient care; and  
2. is duly licensed by the appropriate government agency to provide such services; and  
3. is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, Custodial Care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.

**Sickness or Sicknesses** means an illness, disorder, pathology, abnormality, ailment, disease or any other medical physical or health condition of a Covered Person, which requires treatment by a Physician while covered by the Plan. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Skilled Nursing Facility** means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

**Substance Abuse** means the psychological or physical dependence on alcohol or other mind-altering drugs that requires diagnosis, care, and treatment. In determining Covered Expenses, charges made for the treatment of any physiological conditions related to rehabilitation services for Alcohol & Drug Abuse or addiction will not be considered charges made for treatment of Substance Abuse.

## GENERAL DEFINITIONS cont'd.

**Surgical Procedure** means:

1. a cutting procedure;
2. suturing a wound;
3. treatment of a fracture;
4. reduction of a dislocation;
5. electrocauterization;
6. diagnostic and therapeutic endoscopic procedures; and
7. an operation by means of laser beam.

**Third Party** means a person or entity other than the Covered Person, the Participating Member or the Company.

**United States (U.S.)** means the 50 states of the United States of America, and the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

**Usual and Customary Charge (U&C)** means the normal charge, in the absence of insurance, made by the provider of any Medically Necessary treatment, but not more than the prevailing charge in the area:  
1. for a like service by a provider with similar training or experience; or  
2. for a supply that is identical or substantially equivalent.

**War** means a state or period of declared or undeclared War whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties.

**We, Our, Us** means The Pan-American International Insurance Corporation, (A Stock Company) underwriting these benefits.

**You, Your** means the Covered Person who meets the eligibility requirements of the Plan and whose benefits under the Plan are in force.

## CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

- 1) Report to a **Doctor** or **Hospital**.
- 2) Obtain a claim form from [www.fiig-insurance.com](http://www.fiig-insurance.com). Please submit one claim form for each condition. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits to the address below.
- 3) File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. **Bills submitted after one year will not be considered for payment except in the absence of legal capacity.**
- 4) Claim status can be checked contacting Firebird International Insurance Group, LLC.

### **Submit All Claims to:**

**WebTPA**  
PO BOX 2415  
Grapevine, TX 76099-2415

### **For 24 hour, 7 days a week service, please contact:**

**FIREBIRD INTERNATIONAL INSURANCE GROUP, LLC**  
Phone: WA: 206.909.8550  
OR: 503.729.7447  
Toll-Free Fax: 1.800.346.9169  
E-mail: [admin@fiig-insurance.com](mailto:admin@fiig-insurance.com)

The Plan Document and Evidence of Coverage are not subject to guaranteed issuance or renewal. By purchasing this insurance you become a member of the SMIC Trust.

## IMPORTANT INFORMATION YOU SHOULD KNOW PRIVACY PRACTICES

Respecting your privacy is a priority for Pan-American International Insurance Corporation (PAIC). We take pride in keeping your personal information regarding insurance products and services you have with us private and confidential to assure we meet your financial needs.

To meet these objectives, we will collect, use and disclose your personal information only for purposes that include: underwriting, administration, claims adjudication, protecting against fraud, errors or misrepresentations, meeting legal, regulatory or contractual requirements. The only people who have access to your personal information are our employees, business partners such as insurance agents and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize.

This Notice has been provided to you in connection with a Certificate of Coverage which describes the benefits available to you under a student medical expense policy issued to the SMIC Trust. We will consider your utilization of coverage under the policy as evidence of your consent to Our processing of your sensitive information for the limited purpose of administering the coverage.

This notice serves as a summary of our privacy practices, and serves to briefly notify you of the information we collect about you, how we use it, how we protect it, and your rights.

For more information on our privacy practices, please visit [www.palig.com/privacy-policy](http://www.palig.com/privacy-policy).  
Information Collection, Protection, and Sharing

- We collect personal information in connection with the services offered. This may include information we receive on applications and other forms, contact information, medical and financial information, and information we receive from third-parties, including consumer reporting services.
- We process your personal information when necessary to provide the services set out in a contract, when it is in our or a third-party's legitimate interests, or when it is required or allowed by applicable law. When we process your sensitive personal data, it will be in line with applicable law, as necessary to provide you with our services, or with your permission.

To be continued on next page...

## IMPORTANT INFORMATION YOU SHOULD KNOW PRIVACY PRACTICES cont'd.

- We share your information as necessary within our Group, with relevant policyholders, and with our business partners who help us provide services to you. We will only share your information as allowed under applicable law.
- We may disclose certain information to your insurance agent for the purpose of servicing your policy. However, you can limit or withdraw consent to these types of disclosures at any time.
- Pan-American Life is a global company, and where necessary we may allow your information to be shared with our affiliates or third-party service providers based in the United States and other countries. We will take steps to make sure that appropriate protection is in place to protect your information when it is transferred internationally.
- We keep your personal information in line with appropriate retention periods. The length of these periods is determined by relevant regulations, the information collected, and our obligations to you as a customer.
- Protecting your information is of the utmost importance to us. We use technical and physical safeguards to protect the security of your personal information from unauthorized disclosure. We also take every step to ensure that only authorized employees and third-parties with legitimate business purposes have access to your personal information.

### Your Rights

- You have the right to access your information and request corrections to your data.
- You also have the right to object to our use of your information, to request the transfer of information you have provided, to withdraw permission for our use of your information, and to ask us not to use automated decision-making which will affect you.
- Rights are not absolute and may be subject to review.

If you have any questions or concerns about this notice or Pan-American Life's privacy practices, you can contact us via email at [privacy@palig.com](mailto:privacy@palig.com) or by telephone at 1-877-939-4550.

In addition, the Office of the Ombudsman provides oversight on data protection matters:

Office of the Ombudsman  
Anderson Square  
64 Shedden Road, PO 2252  
Grand Cayman KY1-1107  
Cayman Islands  
T +1-345-946-6283  
F +1-345-946-6222  
[info@ombudsman.ky](mailto:info@ombudsman.ky)

