



GENERAL SUMMARY

Please keep this brochure as a summary of the insurance. The Master Policy on file at the College (University) contains all the provisions, exclusions and qualifications of your insurance benefits, some of which may not be included in this brochure. If any discrepancy exists between brochure and Master Policy, the Master Policy will govern and control the payment of benefits.

This brochure provides a brief description of the International Scholar and Study Abroad Accident & Sickness Program for eligible Participants in International Education. This Program is underwritten by The Insurance Company of the State of Pennsylvania. The Master Policy contains complete details of the coverage and is the governing document. Inspection of the Master Policy may be made during business hours at the office of the University/ College Administration.

ELIGIBILITY

PARTICIPANT

International Scholars and Study Abroad Participants engaged in full-time educational activities outside their home country or country of regular domicile as non-resident aliens are eligible for this Program. Permanent Residents, or those who have applied for Permanent Residency status, are not eligible for this Program.

All International Participants who are actively engaged in education or educational research activities at a participating Institution may elect to be insured under this Program. Enrollment must be made: 1) at the beginning of a scheduled enrollment period at your school or; 2) *within 45 days of arriving in the U.S. Please contact the International Student Office or Authorized Agent for details.

**Proof is required at the time the enrollment form is submitted.*

DEPENDENT SPOUSE AND CHILDREN

An Insured International Participant may also enroll his or her Eligible Dependents. Eligible Dependents are the Insured Participant's spouse and unmarried dependent children under 19 years of age, who reside with the Insured Participant. Dependents must be enrolled for the same period of coverage as the Insured International participant.

HOW TO ENROLL FOR THE INSURANCE

To enroll, you must complete the attached Enrollment Form and return it to the address on the Enrollment Form (or to the International Student Office if so directed by your International Advisor) together with a check or money order for the premium (in U.S. dollars and drawable on a U.S. bank or U.S. bank affiliate) payable to The Insurance Company of the State of Pennsylvania. The correct premium must be submitted for the full period of coverage requested on the Enrollment Form.

PROGRAM YEAR

This Program commences at 12:01 a.m. on September 1, 2009* and terminates at 11:59 p.m. on August 31, 2010* (*or the date requested by the College or University as shown on the Policy).

VALUE PROGRAM – SCHEDULE OF BENEFITS

After the deductible has been satisfied, payment will be made for Covered Medical Expenses incurred during the term insured as follows.
This program will pay:

	Coinsurance
First \$2,500 of Covered Medical Expenses	80%
Next \$7,500 of Covered Medical Expenses	90%
Additional Covered Medical Expenses until the Per Condition Aggregate Maximum has been paid, within the allocated limits shown below.	100%

The policy is rated on a single academic year basis. An insured must re-enroll each academic year. Any deductible and/or co-insurance will not be carried forward.

DEDUCTIBLE: (for each Injury or Sickness per policy year)

Scholars and Study Abroad Participants	\$100*/not to exceed \$500 per insured per policy
Dependents	\$200 /not to exceed \$500 per insured per policy year
*For scholars and study abroad participants only, the deductible amount will be waived for service or treatment received at an approved Student Health Service or for service received as a result of a referral from an approved Student Health Service Doctor.	

PER CONDITION AGGREGATE MAXIMUM

Scholars and Study Abroad Participants	\$100,000
Dependents	\$ 50,000

COVERED MEDICAL EXPENSES are as follows: (NOTE: R & C means Reasonable and Customary charges)

INPATIENT BENEFITS

Room & Board Expense	Including general nursing care, the lesser of the daily semi-private room rate or	R & C								
Hospital Miscellaneous Expenses For necessary services and supplies, such as:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating room</td> <td style="width: 50%;">4. Therapeutic services</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>5. Pre-admission testing</td> </tr> <tr> <td>3. Drugs or medicines (excluding take-home drugs)</td> <td>6. Surgical supplies</td> </tr> <tr> <td></td> <td>7. Anesthesia supplies</td> </tr> </table>	1. Operating room	4. Therapeutic services	2. Laboratory tests and X-ray examinations, including professional fees	5. Pre-admission testing	3. Drugs or medicines (excluding take-home drugs)	6. Surgical supplies		7. Anesthesia supplies	R & C
1. Operating room	4. Therapeutic services									
2. Laboratory tests and X-ray examinations, including professional fees	5. Pre-admission testing									
3. Drugs or medicines (excluding take-home drugs)	6. Surgical supplies									
	7. Anesthesia supplies									
Physical Therapy & Related Services	When prescribed by the attending doctor	R & C								
Surgery	Doctor's fees for a surgical procedure	R & C								
Anesthetist Services	In conjunction with surgery	25% of Surgery allowance								
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	R & C								
Mental and Nervous and Alcohol and Drug Abuse	Not to exceed 30 days of confinement	50% of R & C								

OUTPATIENT BENEFITS

Surgery	Doctor's fees for a surgical procedure	R & C						
Day Surgery Miscellaneous	When surgery is performed in a hospital emergency room, trauma center, Doctor's Office, outpatient surgical center or clinic, for services and supplies limited to: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Operating and recovery rooms</td> <td style="width: 50%;">3. Anesthesia supplies</td> </tr> <tr> <td>2. Laboratory tests and X-ray examinations, including professional fees</td> <td>4. Drugs or medicines (excluding take-home drugs)</td> </tr> <tr> <td></td> <td>5. Surgical trays and supplies</td> </tr> </table>	1. Operating and recovery rooms	3. Anesthesia supplies	2. Laboratory tests and X-ray examinations, including professional fees	4. Drugs or medicines (excluding take-home drugs)		5. Surgical trays and supplies	R & C
1. Operating and recovery rooms	3. Anesthesia supplies							
2. Laboratory tests and X-ray examinations, including professional fees	4. Drugs or medicines (excluding take-home drugs)							
	5. Surgical trays and supplies							
Anesthetist Services	In conjunction with day surgery (if required by the hospital)	25% of Surgery allowance						
Doctor's Visits	Not to exceed one visit per day and not available if a surgery benefit is payable	R & C						
Physical Therapy & Related Services	When prescribed by the attending Surgeon after a surgical procedure has been performed on an inpatient or day surgery basis; limited to one visit per day	\$2,000 Maximum per Accident or Sickness						
Medical Emergency Expenses	Incurred in a hospital emergency room (for Medical Emergencies only) - \$50 co-payment per visit.	R & C – after co-payment						
Diagnostic X-ray Services	When prescribed by the attending Doctor	R & C						
Radiation Therapy	When prescribed by the attending Doctor	R & C						
Laboratory Procedures	When prescribed by the attending Doctor	R & C						
Shots or Injections	Administered in an emergency room or Doctor's office and charged on the emergency room statement or Doctor's statement	R & C						
Chemotherapy	When prescribed by the attending Doctor	R & C						
Prescription Drugs	When prescribed by a licensed Doctor -- \$10 co-payment for each 30-day supply during a 20-day period. However obtained, all Outpatient Prescription Drugs are subject to the Outpatient Prescription Drug Maximum.	\$1,000 Maximum per policy year						
Mental and Nervous and Alcohol and Drug Abuse	Not to exceed \$50 per visit	\$250 Maximum per policy year						

OTHER BENEFITS

Ambulance Service	For emergency ground transportation to or from a Hospital	R & C
Acupuncture		No benefit
Braces & Appliances	When prescribed by the attending Doctor (orthotics are not covered)	R & C
Dental Treatment	For treatment of injury to sound, natural teeth. Not to exceed \$100 per tooth.	R & C
Consultant	When requested and approved by the attending Doctor	R & C

MATERNITY BENEFITS – see panel 5. **MEDICAL EVACUATION AND REPATRIATION OF MORTAL REMAINS** – see panel 11.

PREFERRED PROVIDER ORGANIZATION (PPO)

You are not required to utilize a PPO provider; however, in order to maximize the benefits offered under this plan, you should seek treatment from the provider network when possible. The PPO Network consists of Hospitals, Doctors, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates for Covered Medical Expenses will vary according to the source of care. PPO providers may be located by using the provider lookup at www.macori.com/OU

MATERNITY BENEFITS - For insured scholars/study abroad participants and insured spouse, maternity expenses are payable as any other Sickness for childbirth occurring while insured as a result of a pregnancy commencing while insured, including up to 48 hours Hospital Confinement following vaginal delivery and 96 hours for caesarean delivery.

ACCIDENTAL DEATH & DISMEMBERMENT
SCHOLARS/ STUDY ABROAD PARTICIPANTS ONLY
(Dependents not eligible)

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

For Loss Of:	Benefit Amount
Loss of Life	\$5,000
Loss of Both Hands	\$5,000
Loss of Both Feet	\$5,000
Loss of Entire Sight of Both Eyes	\$5,000
Loss of One Hand and One Foot	\$5,000
Loss of One Hand and Entire Sight of One Eye..	\$5,000
Loss of One Foot and Entire Sight of One Eye....	\$5,000
Loss of One Hand.....	\$2,500
Loss of One Foot.....	\$2,500
Loss of Entire Sight of One Eye	\$2,500
Loss of Thumb and Index Finger of the Same Hand	\$1,250

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest will be paid.

DEFINITIONS

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

"Elective Treatment" means medical treatment that is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage. Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; sexual reassignment surgery and related therapies; submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations; complications arising from cosmetic surgery; circumcision; sleep disorders; bunions; hammertoes, impacted toenails.

DEFINITIONS, Continued ...

“Injury” means caused solely and directly by violent, accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes of loss covered by the Policy.

“Medical Emergency” means the unexpected onset of an Injury or Sickness which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. A Medical Emergency does not include elective or routine care.

“Medically Necessary” means that a service, drug or supply is needed for the diagnosis or treatment of an Injury or Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply shall be considered “needed” if it: (a) is ordered by a licensed Doctor; and (b) is commonly and customarily recognized through the medical profession as appropriate for the particular Injury or Sickness for which it was ordered. A service, drug or supply shall not be considered as Medically Necessary if it is investigational, experimental, or educational.

“Per Condition Aggregate Maximum” means the total amount of benefits payable for each Injury or Sickness under the Policy and previous policies endorsed by the college/university.

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

“Reasonable and Customary Expenses” (R&C) means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature.

EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term “Covered Medical Expenses”, but only if they are incurred during the 31 day period following such termination of insurance, subject to the per condition aggregate maximum.

CONTINUOUS INSURANCE

Persons who have remained continuously insured under the policy and prior Student Health Insurance policies endorsed and issued to the College/University (Policyholder) will be covered for an injury sustained, or a sickness originating, **while continuously insured**, provided continuous insurance is maintained.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE

The Insurance will become effective on the later of:

- A) The Policy effective date;
- B) The date indicated on the Enrollment Form (if applicable) for which premium has been paid;
- C) The date the Insured Person departs his or her Home Country to travel to the United States, provided that the scheduled arrival in the United States is no more than 48 hours later than the departure from the Home Country; or

EFFECTIVE DATE OF INDIVIDUAL INSURANCE, Continued

- D) The date the Enrollment Form (if applicable) and premium are received by Macori Administration.

TERMINATION OF INDIVIDUAL INSURANCE

The Insurance will terminate on the earliest of:

- A) The last date for which premium has been paid;
- B) The date the Insured Person ceases to be eligible for the Insurance;
- C) The date the Insured Person departs the United States for his or her Home Country;
- D) The date the Insured Person enters military service, in which case a pro-rata refund of premium will be given upon request; or
- E) The Termination Date of the Policy.

IMPORTANT INFORMATION

1. **Withdrawals:** Except for medical withdrawal due to a covered injury or sickness, any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the policy and a full refund of the premium will be made. Students withdrawing after such 31 days will remain covered under the policy for the full period for which premium has been paid and no refund will be available.

In the case of a medical withdrawal due to a covered Injury or Sickness, coverage will remain in effect for the insured for the remaining period for which premium was paid.

2. **Refund of Premium:** Premiums received by the Company will be considered fully earned and nonrefundable. Refund of premium will be considered only if the Insured Person ceases to be eligible for the insurance.
3. **Subrogation And Recovery Rights**
This Program has a Subrogation and Recovery Rights Provision outlined in the Master Policy. A complete description of the Subrogation and Recovery Rights provision is included in the Master Policy on file with the University or College.
4. **Conformity with State Statutes:** Any provision of the Policy or this brochure which is in conflict with the statutes of the state in which the Policy is delivered or issued for delivery will be administered to conform with the requirements of those state statutes.

EXCESS PROVISION

No benefit under this Program is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or accident insurance; or (2) under an automobile insurance policy. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover loss nor provide benefits for:

1. Pre-existing Conditions as defined in "Pre-existing Conditions Limitation" (see panel 9);
2. Expenses incurred within the Insured Person's Home Country or Country of regular domicile, except as specifically provided;
3. For dental care, except as the result of injury to natural teeth caused by an accident;

EXCLUSIONS AND LIMITATIONS, Continued

4. Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
5. Expense incurred for eye examinations, eyeglasses, and contact lenses or for eye surgery such as radial keratotomy, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring);
6. Foot care only to improve comfort or appearance such as care for flat feet, subluxation, corns, calluses, routine care of toenails, and the like, except for care and treatment of Injury;
7. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
8. Oral contraceptives and other forms of contraception, except as mandated by State laws;
9. Elective treatment/elective surgery or complications therefrom, except specifically provided herein;
10. Expenses incurred in connection with a voluntary sterilization procedure or any sterilization reversal process;
11. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
12. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
13. Treatment of mental or nervous disorders except as specifically provided;
14. An amount of a charge in excess of the Reasonable and Customary Expense;
15. Treatment of alcohol and substance abuse except as specifically provided;
16. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
17. Sickness, Injury, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, club sports, and professional sports;
18. Suicide or any attempt thereat while sane or self-destruction or any attempt thereat while sane;
19. Expenses as a result of or in connection with intentionally self-inflicted injury;
20. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
21. Expense covered by any other valid and collectible medical, health or accident insurance;
22. Expenses for emergency room treatment for an Injury or Sickness not a Medical Emergency as defined in the Policy, including emergency "follow-up" visits;
23. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
24. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided under the "Extension of Benefits" section;
25. For treatment of an injury received while participating in a riot or civil disorder, commission of or attempt to commit a felony or fighting;
26. Injury sustained or Sickness contracted while in service of the Armed Forces of any country;
27. For cosmetic surgery or complications resulting therefrom; including surgery to improve or restore your appearance, unless needed to repair conditions resulting from an accidental injury which occurs after your effective date, provided treatment begins within three months from the date of accident;

EXCLUSIONS AND LIMITATIONS, Continued

28. Injury occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
29. Sickness, injury, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungee cord jumping; or riding on a snowmobile;
30. Injuries sustained as the result of an Accident involving a two or three-wheeled motorized vehicle and/or off-road four wheeled vehicle;
31. For treatment of obesity, regardless of the history or diagnosis, including, but not limited to the following: weight reduction or dietary control programs; prescription or nonprescription drugs or medications such as vitamins (whether to be taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complications resulting from weight loss treatments or procedures;
32. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain;
33. Services rendered for detection and correction by manual or mechanical means (including X-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference or the effects thereof where such interference is the result of or related to distortion or subluxation of or in the vertebral column;
34. Alternative health care, including (but not limited to) acupuncture, acupressure, biofeedback, reflexology, and rolfing type services;
35. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
36. Expense incurred for tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery and related therapies, impotence (organic or otherwise); deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; alopecia; and learning disabilities or disorders or Attention Deficit Disorder;
37. Routine physical or other examinations where there are no objective indications of impairment of normal health;
38. Prosthetic Appliances, orthotic devices, and durable medical equipment except as specifically provided;
39. Congenital conditions, except as required for newborn infants;
40. Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
41. Duplicative services actually provided by both a certified nurse-midwife and a Physician;
42. For the cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided.
43. Home health care.

PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" is a Sickness or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within 12 months prior to the Effective Date of the Insured Person's coverage under this Program.

The Pre-existing Condition Waiting Period is 12 months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) the Company will not pay benefits for such condition until the day after a 12 consecutive month period has passed from the Insured Student's effective date, and

PRE-EXISTING CONDITIONS LIMITATION, Continued

(b) the Company will pay only for eligible or covered expenses incurred after such 12 consecutive month period except as stated under "Continuous Insurance", panel 6.

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

TRAVEL GUARD

TRAVEL ASSIST AND STUDENT ASSIST SERVICES

Procedures on How to Access Travel Guard's

24-Hour Assistance Call Center

How to Contact Travel Guard:

- Inside the US and Canada, dial 1-877-249-5362 toll-free.
- Outside the US and Canada:
 - Request an international operator.
 - Ask the international operator to connect to an AT&T operator.
 - Request the AT&T operator to place a **collect call to the USA at 1-715-295-9625**.
 - Our fax number is 1-713-974-3422.

When to Contact Travel Guard:

- Before you incur expenses.
- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

Travel Guard is available 24-hours-a-day/ 7-days-a-week/365-days-a-year

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Medical Staff consists of full-time, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

What information will you need to provide Travel Guard when you call:

- Advise Travel Guard your TPA is Macori Administration
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

Travel Guard Description of Services

General Information: Services listed below include advice and information regarding travel documentation, immunization requirements, political/ environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Guard also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

TRAVEL GUARD, Continued

Technical: Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Enroute Travel Assistance
- Embassy/Consulate Information
- Claims-related Assistance
- Lost/Stolen Luggage & Personal Effects Assistance
- Legal Referral
- Telephone Interpretation
- Lost Document & Cash
- Transfer Assistance

Medical: These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

Medical Assistance:

- Medical Referral
- In-patient Assistance
- Out-patient Assistance

Medical Transport: as shown.

- Evacuation
- Repatriation of Mortal Remains

REPATRIATION AND MEDICAL EVACUATION

(Repatriation of Mortal Remains and Medical Evacuation are provided by The Insurance Company of the State of Pennsylvania.)

REPATRIATION OF MORTAL REMAINS

In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains. This benefit is not subject to the Exclusions and Limitations section.

MEDICAL EVACUATION

The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available.

Combined Maximum Limit of \$50,000

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

STUDENT ASSIST SERVICES

- **Concierge Services:** You receive the comforts, care, and attention of Travel Guard's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

TRAVEL GUARD, Continued

- **Personal Security Assistance:** You can feel safe and secure with Travel Guard's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: www.chartisinsurance.com/us/security For initial setup, your login is "9710003" and the password is "security".

For more details visit www.macori.com/studentassist

CLAIM PROCEDURES

In the event of Injury or Sickness, the Insured Participant should:

1. During the school term, report to the Student Health Service at once for assistance. If your campus does not have a Student Health Service, or if an emergency exists, proceed to step 2.
2. When away from school, consult a Doctor and follow his/her instructions. Notify the Claims Office as soon as possible. College Claim Forms are available on-line at www.macori.com/IV
3. Complete instructions for filing a claim are listed on the College Claim Form. Send the itemized hospital and medical bills to the address shown below.
4. The completed College Claim Form and all hospital and medical bills should be submitted for payment within 90 days of the date of treatment.

PREMIUMS AND CLAIMS ARE SENT TO:

Macori Administration

P. O. Box 2567

Spring, Texas 77383-2567

INQUIRING ABOUT CLAIMS/BENEFITS:

Providers: Houston Area: 281-528-8949

Toll Free: 877-266-7778

Scholars/Study Abroad Participants:

Houston Area: 281-651-8787


MACORI, INC.

Health Insurance for Students/Scholars

P.O. Box 2567, Spring, TX 77383-2567

Houston Metro: 281-651-8787

Outside Houston Metro: 800-285-8133

Website: www.macori.com / **E-mail:** macori@macori.com

We value the trust our customers have placed in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more privacy information, please go to www.macori.com

NON-RENEWABLE ONE-YEAR TERM INSURANCE

The policy is a non-renewable one-year term policy. Similar coverage may be available for the following academic year. It is the insured's responsibility to maintain continuity of coverage by inquiring about such coverage if he or she has not received the information for the new policy year.

2009-2010

INTERNATIONAL PROGRAM FOR:

University of Oklahoma - Norman

ENROLLMENT FORM FOR INTERNATIONAL SCHOLARS/STUDY ABROAD PARTICIPANTS HEALTH INSURANCE – Value Program Policy #AIH0092350

Underwritten by The Insurance Company of the State Of Pennsylvania

Email Address: _____

Scholar/Study Abroad Participant Name: _____
Last First Middle

ID#: _____

U.S. Address: _____
Number and Street City State Zip

Male Female
() _____
Telephone Number

Length of coverage applied for (total number of months): _____

Date of Birth: _____

(Coverage may not extend beyond the contract termination date for the College or University)

Requested effective date*: _____ *Effective date will be date requested or date proper premium and enrollment form(s) are received, whichever is later.

SCHOLAR/STUDY ABROAD PARTICIPANT MONTHLY RATES*	DEPENDENT MONTHLY RATES	Charge Card Authorization on back.
Up to age 25\$55.00	Spouse\$270.00	
Age 26 to 34\$80.00	Child(ren)\$68.00	
Age 35 to 49\$135.00		TOTAL PREMIUM PAID: _____
Age 50 to 64\$233.00	*Includes AD&D Coverage	
Age 65 and over\$430.00	(for scholars/study abroad participants only)	

Make checks payable to “**The Insurance Company of the State of Pennsylvania**” and mail to: Macori Administration, P.O. Box 2567, Spring, Texas 77383-2567.

I have read the brochure and elect to enroll myself and (if applicable) my dependents as shown on the reverse side.

Signature of Scholar/Study Abroad Participant: _____

Date: _____

-- See Reverse Side --

NAMES OF DEPENDENTS FOR WHICH PREMIUM IS ENCLOSED:

Dependent Names

Relationship to Scholar/
Study Abroad Participant

Sex

Date of Birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Scholar/Study Abroad Participant must be enrolled in order to enroll his or her eligible dependents.

COMPLETE THIS SECTION ONLY IF PAYING PREMIUM WITH A CREDIT CARD.

I authorize The Insurance Company of the State of Pennsylvania to charge my Scholar/Study Abroad Participant insurance premium totaling \$_____ to:

Visa MasterCard Account Number _____ Exp. Date _____

Name of Cardholder: _____

Signature of Cardholder: _____ Date: _____