

Introduction

This insurance plan is specially designed for international students, scholars and their dependents.

Who can enroll?

International students who 1) have valid F-1 visa, and, 2) are in a Bachelors, Masters, or PhD program, and, 3) are currently registered with no less than 6 credit hours; or International Visiting Scholars with J-1 visa, are eligible and qualified to enroll. Spouse and unmarried children under 19 years old may also enroll with the student/scholar.

How much does it cost?

\$576 per year for students under 30 years old, \$1066 for students and scholars age 30 and older.

What does it pay?

The insurance pays medical expenses resulting from sickness and injury to a maximum of \$350,000.00. It also covers repatriation and evacuation up to \$25,000.00. Co-payment differs when service received from in or Out of Network Providers, please refer Policy Brochure for details.

How to enroll?

Fill out the enrollment form. You may pay the premium by check or money order. Your cancelled check will serve as proof of insurance. Sign and detach the ID card and keep it in your possession.

How to use the insurance?

In the event of sickness or injury, first visit the campus Student Health Service. If you need further medical care, please call NHBC for a referral to a Network Provider: 1-888-621-7200 PIN # AMA411, or access via Internet (<http://providers.nhbc.com>), enter AMA411 and click "Go to Directories".

In the event of medical emergency (see definition of Emergency in the Brochure), a Network Provider is not required. Go to the nearest hospital to seek treatment. When visiting a doctor or a hospital, fill out the personal information part of the claim form, give the Claim Form and a copy of your ID card to the doctor or hospital; the doctor or hospital will send the bill(s) directly to the Claim Division, or you may pay the doctor or the hospital first, and mail the medical bill(s) along with the Claim Form to the Claim Division for reimbursement:

MCA ADMINISTRATORS INC.
P.O. Box 6540
Harrisburg, PA 17112

You may call the Claims Division at 1-800-427-9308 to check the status of your claim(s).

This is for Descriptive purposes only, please refer to the Policy Brochure for details.

Eligibility

International students with F-1 visas enrolled in a full time Bachelor, Master or Ph. D degree program who are currently registered with no less than 6 credit hours, and Visiting International Scholars with J-1 visas, who are eligible and qualified to enroll. Students and Scholars may also purchase dependent coverage. Eligible and qualified dependents are the spouse and unmarried children under 19 years of age who are not self supporting. Dependent eligibility expires concurrently with that of the Insured Student/ Scholar.

Effective Date Of Coverage

Coverage for an individual who makes a premium payment shall become effective on the latest of:

- 12:01 am Standard Time on the Policy Effective Date; or
 - 12:01 am Standard Time on the date that you indicate on the Enrollment Form; or
 - 12:01 am Standard Time on the day after the date the application and premium is received.
- The effective date of coverage for dependents will not precede, nor exceed that of the Insured Student/Scholar. Note: In no event may a person be insured for a period of more than 12 months. The plan is renewed annually.

Termination Date of Coverage

Coverage for an Insured Student/ Scholar shall terminate on the earliest of:

- The last day of the period for which premium has been paid; or
 - The time and date this policy terminates as set forth in the policy schedule.
 - One month after the date the Insured is no longer eligible, such as registering for less than 6 credit hours, or graduation.
- Coverage under this policy with respect to any dependent shall terminate on the earliest of:
- The last day of the period for which premium has been paid for; or
 - The time and date this policy terminates as set forth in the Policy schedule.
 - The time and date the Insured Student's insurance terminates.

Premium Rates

These rates are valid for coverage which has an effective date on or after August 15, 2008 and until August 14, 2009. Any rate change after these dates will be made public.

Student/ Scholar	12 months	6 months	3 months
Under age 30	\$ 576	\$ 288	\$ 144
Age 30 and older	1066	533	267
Spouse	2755	1378	689
Each Child	957	478	239

Coverage for all insureds will expire on August 14, 2009, regardless of when you enrolled.

Medical Expense Benefits Schedule

This policy provides worldwide coverage, except for treatment received in the Insured's home country. When an Insured receives medical treatment by a licensed physician, because of sickness or accidental bodily injury incurred while insured hereunder, the Company will pay the incurred usual, reasonable and medically necessary expenses up to an aggregate maximum of \$350,000 for each sickness or injury, subject to the limitations below.

Benefits provided by In Network Providers:

For the first \$25,000 of eligible expenses, claims will be paid at the lesser of the negotiated fee or the limitations in the schedule of covered medical expenses. When eligible expenses exceed \$25,000, claims will be paid at 80% of the negotiated fee to a maximum of \$350,000.

Benefits provided by Out of Network Providers:

For claims up to \$25,000, benefits will be paid in accordance with schedule of covered medical expenses. For claims over \$25,000 all claims will be subject to a \$100 deductible and benefits will be paid at 70% of the usual and reasonable expenses incurred to a maximum of \$350,000.

(Please refer to Preferred Provider Organization section for details).

Inpatient Benefits

Room & Board Expense, Average semi-private room rate, (included in hospital miscellaneous benefit maximum).

Intensive Care, including 24-hour nursing care, (included in hospital benefit maximum).

Hospital Miscellaneous Expenses for services and supplies such as: 1) the cost of the operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take home drugs); 6) therapeutic services; 7) pre-admission testing; 8) room and board and intensive care; and 9) miscellaneous supplies. All charges combined to \$2,000 per day maximum.

Surgery, Physician's fees for a surgical procedure will be paid in accordance with the Medical Data Research schedule, to a \$8,500 maximum.

Physiotherapy, when prescribed by the attending physician (accident only), up to \$25 per visit, one visit per day.

Anesthetist Services, 30% of surgical allowance.

Registered Graduate Nurse, when prescribed by the attending physician.

Physician's Visits, non-surgical, up to \$75 per visit, one visit per day.

Psychotherapy, the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, up to \$30 per visit, one visit per day up to 10 visits.

Outpatient Benefits

Surgery, Physician's fees for surgical procedure will be paid in accordance with the Medical Data Research schedule to a \$10,000 maximum.

Day Surgery Miscellaneous, when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies such as: a) operating room; b) laboratory tests; c) x-ray examinations; d) anesthesia; e) drugs or medicines; and f) therapeutic services (excluding physiotherapy); and miscellaneous supplies. All charges combined to a \$2,000 maximum.

Anesthetist services, 30% of surgical allowance.

Physician's visits, up to \$50 per visit, one visit per day when surgery benefit is not paid.

Physiotherapy, accident only, when prescribed by the attending physician, limited to one visit per day, \$25 per visit.

Prescription drugs, the usual and reasonable charges to a maximum of \$1,000, per person, per year.

Psychotherapy, the treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, up to \$30 per visit, one visit per day, to a maximum of \$3,500, all charges combined.

Outpatient miscellaneous expenses, including medical emergency room expenses, diagnostic x-ray and laboratory expenses, MRI's, CAT Scans, ultrasound, amniocentesis, AFP screening and fetal distress/non stress tests, or similar procedures, when prescribed the the attending physician, to a \$1,000 maximum.

Other benefits

Elective abortion, up to \$500.

Ambulance service, for transportation to or from a hospital, \$500 per trip (includes ground, sea, or air transportation).

Dental treatment, performed by a physician or treatment of injury to sound natural teeth, \$100 per tooth to a maximum of \$3,200. Extraction of impacted wisdom teeth, \$350 per tooth, all charges combined.

Organ transplants, bone marrow transplants, skin grafts, kidney dialysis, or similar treatment, chemotherapy or radiation therapy, maximum of \$5,000.

Motor vehicle accidents, excess of the motor vehicle insurance to a maximum or \$5,000.

ACCIDENTAL DEATH AND DISMEMBERMENT

For accidental death or dismemberment occurring within 180 days of date of accident, the plan will pay, in addition to the medical benefits provided herein, one of the following;

Accidental death	\$5,000
Accidental loss of;	
Both hands, feet or eyes	\$5,000
One hand and one foot	\$5,000
Hand or foot and one eye	\$5,000
Either hand or foot	\$2,500
Sight of one eye	\$2,500

Only one of the amounts shown above, the largest will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such an accident. Loss shall mean in regard to hand or hands or foot or feet, actual severance through or above the wrist or ankle, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

MEDICAL EVACUATION

If the insured prior to his/her termination date of coverage under the policy, had been hospital confined for a minimum of five consecutive days and can no longer continue as a registered student, benefits will be paid up to a maximum of \$25,000 for transportation to the insured's home country, upon recommendation by the attending physician and prior approval by the company. For approval, please call AIG assist at 1-800-626-2427.

REPATRIATION EXPENSE

If the insured dies prior to his/her termination of coverage under the policy, benefits will be paid to a maximum of \$25,000 for: a) cost of embalming; b) coffin; c) transportation of the body to the insured's home country. This benefit does not include the transportation expense of anyone accompanying the deceased.

NON-DUPLICATION OF INSURANCE WITH OTHER INSURERS

When total covered expenses exceed \$100, the company will pay all covered expenses up to the limits of the policy that are not paid or payable by other insurance.

DEFINITIONS

"INJURY" means accidental bodily injury which is the sole cause of the loss and is sustained while the policy is in force as to the insured person whose injury is the basis of the claim.

"SICKNESS" means illness or disease resulting in loss covered by the policy which is the sole cause of the loss and first manifests itself while the policy is in force as to the insured person whose sickness is the basis of the claim.

PREFERRED PROVIDER ORGANIZATION

Benefits as described herein are based upon and will be limited to an incurred loss for medical treatment received from a physician or hospital approved through a participating pre-

ferred provider organization (PPO). Benefits will be reduced to 70% of covered medical expenses shown within the benefits schedule for medical treatment or services received from a non-participating physician or hospital, and a \$100 deductible will apply. For referral to a participating physician or hospital, please call NHBC at 1-888-621-7200 or access via internet (<http://providers.nhbc.com>), enter AMA411 and click "Go to Directories".

* if treatment is received where a PPO provider is not available within 35 miles of the insured's residence, or in case of emergency, benefits will not be reduced.

EMERGENCY CONDITION means an accident, injury or sudden onset of a medical condition which firsts manifests itself while the insured is covered under the policy. Such a condition is evidenced by the sudden appearance of acute symptoms of severity which would cause a reasonable person to expect a serious impairment or dysfunction of a bodily part or organ.

PRE-EXISTING CONDITION WAIVER

Coverage for the pre-existing conditions, will be provided for medical treatment of an accidental bodily injury or sickness for an insured who has maintained 12 months of continuous and uninterrupted coverage under this insurance program.

*benefits for pre-existing conditions in the states of Pennsylvania, Florida, and New York will be provided in compliance with the state regulations.

"Pre-existing condition" means an injury or sickness which was contracted or first manifested itself or was treated or recommended for treatment by a licensed physician, or for which medication was prescribed, within 12 months prior to the effective date of the insured person's coverage under this policy.

COMPANY'S RIGHT OF RECOVERY

Payments made by the company which exceed the covered medical expenses (after allowance for deductible and coinsurance) payable hereunder shall be recoverable by the company from or among any persons, firms, corporations, or any insurance organization to or for whom such payments were made for any covered injury or sickness.

PREMIUM REFUND

No refunds are allowed unless the insured becomes ineligible for coverage. All refund requests must be in writing with proper documentation. If a claim has been filed (not necessary paid), no refund will be made. All approved refunds will be made on a pro-rata basis rounded to the month, less a processing fee.

CLAIM PROCEDURE

In the event of sickness or injury, the insured should:

- Report to student health service.

- If the student health service is not available or further treatment is required, for a referral to a participation doctor: 1-888-621-7200 PIN # AMA411, or access via Internet

(<http://providers.nhbc.com>), enter AMA411 and click "Go to Directories".

- Present your insurance ID card to the participating provider and follow their instruction.

- complete a claim form and attach all itemized bills, statements and receipts and mail to the claims department*

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*IMPORTANT

Should you have additional bills, receipts or other correspondence to send in, be sure to indicate your name, and I.D. #, on the material.

EXCLUSIONS

Unless otherwise provided within the schedule of benefits, the policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Any expenses for services rendered by any member or an insured's family or by employees or physicians or other persons employed or retained by the policyholder or for the use of the policyholder's facilities except those benefits specifically listed in the policy schedule for benefits as payable at the policyholder's health service, infirmary or hospital; or for ANY EXPENSES FOR SERVICES RENDERED ELSEWHERE WHICH ARE AVAILABLE AT THE POLICYHOLDER'S HEALTH SERVICE, INFIRMARY OR HOSPITAL EXCEPT IN CASES OF EMERGENCY NATURE; or

2. Treatment where no accidental bodily injury or sickness is involved; congenital conditions (does not apply to "newborn" children when benefits are provided as a dependent); pre-existing conditions; elective surgery or treatment (to include but not limited to breast or weight reduction), except cosmetic surgery made necessary by accidental bodily injury occurring while the insured's coverage is in force (does not apply to "newborn" children when benefits are provided as a dependent); or

3. Preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours); drugs (unless dispensed while hospital confined or dispensed when out-patient surgery is performed and taken in the dosage and for purpose prescribed by the insured's physician); or

4. Treatment or removal of non-malignant moles, warts or boils, acne, actinic or seborrheic keratosis, dermatofibrosis, or nevus of any description or form; halux valgus repair; hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, except when the direct result of an accidental bodily injury incurred while insured hereunder; TMJ (temporomandibular joint dysfunction); accidental bodily injury incurred while insured hereunder or a sickness first manifesting itself while insured hereunder; or

5. Routine physical examinations; any manner or type of diagnostic testing or evaluation; x-ray or laboratory testing or evaluation (to include routine hospital admission procedures when a general anesthetic is not required) which does not result

with or is not directly related to the medical diagnosis and treatment of the accidental bodily injury or sickness for which claim is made hereunder; allergy testing or treatment (does not apply with "newborn" children when benefits are provided as a dependent); diagnostic testing, evaluation or treatment in connection with infertility or birth control; or

6. The expense of crutches; wheelchairs; or braces and appliances except when directly applied to the area of injury during the initial treatment, and when directly applied to the area of injury during the initial treatment, and when medically necessary for healing purposes; hearing aids, eyeglasses, contact lenses, eye or hearing testing, examinations or prescriptions thereof; or

7. The consumption of alcohol; the uses of any agent classified as hallucinogenic, psychedelic, or having similar classifications or effects; venereal disease; or

8. Mental disorder; nervous or neurological disease or disorder, except as provided; or

9. Suicide or attempt thereat; intentional self-inflicted injuries; or

10. Violating or attempting to violate, any existing city, state or federal law; or

11. Committing or attempting to commit a felony; fighting or brawling, except in self defense; participating in a riot, civil disturbance or political insurrection; or

12. Pregnancy or childbirth (except when conception occurs while insured hereunder); elective caesarean section; pregnancy or childbirth for a dependent child of an insured student (except for complications arising therefrom); or

13. Dental treatment or dental x-rays except as specifically provided and then only when injury occurs to sound, natural teeth (does not apply to "newborn" children when benefits are provided as a dependent); or

14. Private air travel, to include ballooning or ultra-light aircraft; parachuting; para sailing; hang-gliding; bungee jumping; bob sledding; travel in or upon a snow-mobile or ATV (all terrain or similar type of vehicle); any two or three wheeled motor vehicle; or

15. Accidental bodily injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, intramural, semi-professional or professional sports or travel connected therewith; or

16. Accidental bodily injury or sickness for which the insured person is entitled to benefits under any worker's compensation or occupational disease act or law; or

17. War or any act of war or loss suffered by the insured person while in the military; naval or air service of any country; (any premium paid to the company for that period cannot be covered by the policy while the insured is in such service and will be returned pro-rata); or

18. Acupuncture; or

19. Treatment received in the insured's home country.

CLAIMS ADMINISTERED BY:

MCA ADMINISTRATORS INC
P.O. BOX 6540
HARRISBURG, PA 17112
1-800-427-9308

This Plan is Underwritten by:
Insurance Company of the State of Pennsylvania
member Company of American International Group (AIG)

Policy Number
GLB9123955

Coverage Arranged For By:

American Management Advisors
P.O. Box 366
Langhorne, PA 19047
1-888-533-7654 • Fax 1-215-752-9643

LA ROCHE COLLEGE

INTERNATIONAL STUDENT MEDICAL INSURANCE