



WORLDWIDE EXCHANGE

Student Accident & Sickness Plan for the 2017-2018 School Year

Maximum of \$500,000 per accident or sickness. Protection for Students in Educational or Cultural Exchange Activities.



Arranged and Administered by:



Worldwide Exchange Student Accident & Sickness Plan

ELIGIBILITY FOR COVERAGE

All international participants with a current visa (if one is required), for your country of assignment who are temporarily residing outside their home country while actively engaged in educational or cultural exchange activities in the country of assignment through a sponsoring School or organization registered with the plan administrator, Myers-Stevens & Toohey & Co., Inc. are eligible to participate in this plan.

YOUR PERIOD OF COVERAGE

A. Effective Date of Insurance Coverage: Provided the required premium is paid, your insurance coverage will become effective at 11:59 p.m. at your temporary place of residence in the country of assignment on the latest of:

- The Master Policy Effective Date;
- The Requested Effective Date of coverage as indicated on the enrollment form; or
- The date the enrollment form and the required premium are received by The Company.

B. Termination of Insurance Coverage: Your insurance coverage will terminate at 11:59 p.m. at your temporary place of residence in the country of assignment on the earliest of:

- The last day of the month for which your premium has been paid;
- The date you cease to be eligible for this insurance;
- The date you depart your country of assignment for your home country; or
- The date the Policy terminates.

Description of Benefits

Accident or Sickness Maximum of \$500,000 Per Occurrence • \$0 Deductible

If a covered injury or sickness occurs during the period of coverage, and the Insured Person requires medical or surgical treatment, this Plan will pay 100% of the Usual, Customary and Reasonable Charges for Covered Expenses as listed below, up to 365 days from the first date of service. The covered person may go to any licensed provider of their choice however, seeking Treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs. To find participating First Choice medical providers nearest you, call 800-231-6935 or log on to www.fchn.com. Unless otherwise specified, the maximums below apply on a per covered accident or sickness basis:

Room & Board	Ground Ambulance (from site of an emergency directly to hospital)
Inpatient Hospital Miscellaneous Charges	Outpatient Physiotherapy/Chiropractic Services
Intensive Care Unit (ICU)	Diagnostic X-Rays
Hospital Emergency Room (room & supplies) incurred within 72 hours of an Injury	Diagnostic Imaging MRI, Cat Scan
Physician Visits	Laboratory Tests & Procedures
Surgery	Outpatient Prescription Drugs
Surgery Miscellaneous	Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)
Anesthesiologist	Outpatient Braces & Appliances
Dental (Injury to sound, natural teeth) 100% up to \$100/tooth, \$500 maximum	Inpatient Registered Nurse (RN)
Psychiatric/Psychological Counseling Benefit 100% up to \$5,000 maximum	

MEDICAL EVACUATION BENEFIT – \$50,000 Maximum Benefit

In the event an Insured requires Treatment as a result of a covered Injury and an appropriate medical facility is not locally available for Medically Necessary Treatment, or if during Treatment at a local medical facility, the Insured's condition changes so that the local facility no longer can provide the Medically Necessary Treatment, the Insured may be evacuated to the nearest appropriate medical facility. Expenses for evacuation, accompanying Physician or Nurse, services and supplies which are directly Medically Necessary for evacuation, and fees necessary to arrange for the evacuation, are covered up to \$50,000. The attending Physician must certify in writing that the evacuation is Medically Necessary. Any expenses with respect to the medical evacuation requires prior approval by Us. Initial air or ground ambulance to a medical facility are not included in this benefit.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. The Insured, or someone acting on behalf of the Insured, must contact the Administrator shown on the face page of the Policy, and on file with the Policyholder.

(Benefits cont.)

REMAINS REPATRIATION BENEFIT – \$25,000 Maximum Benefit

If the Insured dies while outside his or her home country, We will pay the actual charges up to \$25,000 for preparing and transporting the Insured's remains to his or her home country. This will be done in accord with all legal requirements in effect at the time the body remains are to be returned to the Insured's home. The death must occur while the person is insured for this benefit. This provision is subject to all of the terms of the Policy.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. The Insured, or someone acting on behalf of the Insured, must contact the Administrator shown on the face page of the Policy, and on file with the Policyholder.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If a covered injury incurred in the country of assignment results in any of the following losses within 365 days after the date of the accident, we will pay the following:

<i>For Loss of:</i>	<i>Benefit Paid</i>
Life	\$ 15,000
Both Hands or Both Feet or Sight of Both Eyes	\$ 15,000
One Hand and One Foot	\$ 15,000
Either Hand or Foot or Sight of One Eye	\$ 7,500
Paraplegia (Total Paralysis of both lower limbs)	\$ 11,250
Hemiplegia (Total Paralysis to left or right side of the body)	\$ 15,000
Quadriplegia (Total Paralysis of all four limbs)	\$ 15,000

We will pay only one benefit, the largest, for all losses due to the same Covered Accident.

Loss with regard to hand or foot means the actual and complete severance through or above the wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. **Severance** means the complete separation and dismemberment of the part from the body.

EMERGENCY REUNION BENEFIT

The Company will pay 100% of Usual, Customary and Reasonable Charges incurred if the Insured Person is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals.

In the event of death, or life-threatening accident or illness of a parent, sibling, or legal guardian, requiring the Insured Person to return home after arriving at their placement, The Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator and The Company must be advised and approve the flight which must be arranged through The Administrator. Retroactive claims will not be accepted.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. The Insured, or someone acting on behalf of the Insured, must contact the Administrator shown on the face page of the Policy, and on file with the Policyholder.

TRAVEL ASSISTANCE SERVICES

Chubb Travel Assistance Services provide worldwide 24-Hour travel assistance to students and other individuals covered under its global accident and sickness insurance plans. These services are provided by Europ Assistance USA and are not insured benefits. Europ Assistance USA is under contract with Chubb Insurance Company to provide certain international services in conjunction with insurance benefits. Security assistance and consultation services are provided by Drum Cussac through a strategic alliance with Europ Assistance USA.

The Chubb Travel Assistance Service will arrange for the following services. Any costs associated with these services are the responsibility of the covered person.

- 24 Hour multilingual telephone access via a toll free line to confirm coverage and access to available services.
- Arrange for escort transportation, return of dependent children or traveling companions following a medical emergency, replacement of medication or prescription eyeglasses.
- Arrange for transportation of a covered person to the nearest place of safety in the event of a covered security evacuation.
- Assist with the location of lost luggage, documents and personal items; foreign language and interpretation problems (over the phone); legal assistance/bail; emergency cash, emergency message relay and emergency travel arrangements.



Worldwide Exchange Student Accident & Sickness Plan

Duration of Coverage:

(Payment in U.S. Funds only)

- One Month Term \$ 64.00
 Additional Months @ \$64.00/month:
 # of Months _____ x \$64.00/month = \$ _____

TOTAL PREMIUM DUE: \$ _____

NOTE: \$25.00 service charge for Returned Checks and declined Credit Cards applies

If paying by Check or Money Order

Enclose payment with completed coverage request form and return to Myers-Stevens & Toohey & Co., Inc.

Check Number #	Name on Check:	Amount Enclosed: \$
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If paying by Credit Card

Please complete the payment form below.

Important: Incomplete information will cause a delay in coverage. Your amount of charge will appear as "M-S Student Insurance" on your statement.

I authorize Myers-Stevens & Toohey & Co., Inc. to deduct the premium payment, plus a 3% processing fee from my:



	-		-		-				
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Card Number EXP. DATE
MO. YR. 3 digit control #

\$ _____
 Amount

--

Print Name of Cardholder

--

Billing Address

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City State

--

Zip Code

X _____
 Signature of Cardholder

Worldwide Exchange Student Accident & Sickness Plan 2017-2018 Coverage Request Form

Underwritten By ACE American Insurance Company.

Student Information

Student Birthdate

	-		-	
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Student Name first m.i. last

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Host Address Apt. No.

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City State Zip

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Phone Grade Age

	-		-			
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Arrival Date Departure Date

	-		-			-		-	
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Requested Effective Date of Coverage

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Home Address Apt. No.

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City State Zip

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Country Phone

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Beneficiary Name

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Relationship

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Sponsoring School Information

Name of School

--

Phone FAX

--

School Address

--

City State Zip

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WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____
 Parent or Guardian Signature Date

Instructions

Incomplete Information Will Cause a Delay in Coverage.

1. Complete and detach coverage request form.
2. **IMPORTANT:** Print student's name on your check or money order and write check number and student's name on check and amount of check on the coverage request form.
3. Check or money order (U.S. Funds only) should be made payable to Myers-Stevens & Toohy & Co., Inc. or complete the Mastercard® / Visa® payment form. **DO NOT SEND CASH.**
4. Send us your coverage request form with payment. You may either scan/email to apply@myers-stevens.com, fax to (949) 348-2630, or mail to:

Myers-Stevens & Toohy & Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA 92692-3203
*Please note: If faxing or emailing checks, please do not mail original checks.
We cannot accept Money Orders by fax or email.*

5. Keep this folder for future reference.

PREMIUMS CANNOT BE REFUNDED OR CONVERTED

In Case of Accident or Sickness

1. Report related injuries within 72 hours to the School office. You may go to the provider or the facility of your choice, however, seeking treatment through a *First Choice* contracted provider may reduce your out-of-pocket costs. To find a *First Choice* provider nearest you, call 800-231-6935 or log on to www.fchn.com. The first treatment must occur within 365 days after the accident or sickness.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first treatment or as soon as reasonably possible.
3. Follow ALL claim form instructions, attach all itemized bills and send to:



Myers-Stevens & Toohy & Co., Inc.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
800-827-4695 - Fax 949-348-2630
CA License #0425842

The Insuring Company

CHUBB®

ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

2017 Best Rated A++ (Superior)
(A.M. Best rating ranges from A++ to D)

This rating is an indication of the company's financial strength and ability to meet obligations to its insureds

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

Travel assistance services are provided by Europ Assistance USA. These services are not insured benefits.

Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Exclusions & Limitations

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, declared or undeclared.
3. Commission of or active participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony; or other illegal activity.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Treatment by persons employed or retained by a School, or by any Immediate Family or member of the Insured's household; or covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports, semi-professional sports, or professional sports.
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to Accidental Death and Dismemberment Benefit only).
8. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of Injury.
9. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
10. Cosmetic surgery, except cosmetic surgery which the Insured needs as the result of an Accident which happens while the person is the Insured under the Policy.
11. Dental care or treatment. This exclusion does not apply to care of sound, natural teeth and gums resulting from an Accident while the Insured is insured under the Policy.
12. Pregnancy, normal maternity, C-section, and miscarriage, or any complications resulting from any of these.
13. Any expenses related to the treatment of tonsils, adenoids, or congenital weakness; or expenses for Treatment of congenital anomalies and conditions arising or resulting directly there from.
14. Benefits are not payable for a Sickness that is a "Pre-existing Condition" (a condition for which the Insured received medical treatment, care or advice within 3 months before being insured under the Policy). But, this exclusion does not apply after the Insured has been insured under the Policy for 3 straight months or was insured under prior creditable coverage.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the Company from providing insurance, including but not limited to, the payment of claims.

IMPORTANT NOTICE: This plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

Definitions

Accident means a sudden, unexpected and unintended incident. **"Covered Accident"** means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and that are: (1) consistent with the symptom or diagnosis and Treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charges** – "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "Area" means a county or larger geographically significant area as determined by The Company. **"School Activities"** means an event or activity that is sponsored, authorized, and supervised by the School and is an official part of the School's curriculum or program.