International Student Exchange Programs (the "Policyholder")
2020 - 2021 Injury & Sickness Insurance Plan (the "Plan")
Policy #: EXL-SA10003-20 (the "Policy")

Underwritten by: Administered by:

Insurance Underwritten By: Sirius America Insurance Company, with its principal place of business in New York, New York (the "Company")

Please keep this brochure as a general summary of the insurance. This brochure is a brief description of the coverage available under the Policy. The Policy contains full details of the coverage. If the contents of this brochure conflict with the Policy, please remember that the Policy governs.

PLAN ELIGIBILITY

Eligible Persons

International students, faculty and ISEP staff members, under age 70 at the time of enrollment, who (1) have become participants in a group engaged in international educational activities on a full time basis, and (2) are temporarily located outside their home country or country of regular domicile as non-resident aliens; and (3) have not obtained permanent residency status. This class does not include students and faculty members who are participating in such activities in Spain, Australia, Austria, Estonia, Finland, Germany, New Zealand, Ontario, Canada or Switzerland.

Eligible Dependents

Eligible persons include legal spouse or civil union partner and dependent children who are under age 26 of students, faculty and ISEP staff members for whom application is made. This includes the dependent children of a civil union partner.

Coverage of a Newborn Child:

A child of the Insured born while Sickness coverage under the Policy is in force as to the Covered Person will automatically be insured from the moment of birth until 31 days following the date of birth or placement for adoption. Such child will be insured, including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity, subject to the particular Coverages and amounts of insurance as specified in the Schedule of Benefits.

In order to continue coverage for the newborn child beyond the first 31 days, the Insured must, within 31 days after the date of birth, provide written notice of the birth to the Company and pay the required premium (if any). If this is not done, coverage for the newborn child will end 31 days after the date of birth.

POLICY EFFECTIVE & TERMINATION DATES

The Policy is effective at 12:01 a.m. on July 1, 2020. Thereafter, coverage for the insurance is effective 24 hours a day. Coverage will terminate on at 12:01 a.m. on the last date of the insurance; the last date of the insurance is the earliest of the three following dates: (1) the date on which the Policy terminates; *or* (2) the premium due date on which the required premium has not been paid; *or* (3) the date on which the Covered Person ceases to meet the eligibility requirements of the Plan.

MEDICAL EXPENSES: DESCRIPTION OF COVERAGE

If a Covered Person incurs expenses while insured under the Policy due to an Injury or Sickness, the Plan will pay the Covered Expenses for Medically Necessary Covered Medical Expenses listed in the Medical Expense Benefit section. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, will be considered as resulting from one Injury or Sickness. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Medical Expenses: Benefits, the limitations appearing under Medical Expenses: Benefit Limitations, the General Policy Exclusions, and to all other limitations and provisions of the Policy.

The expenses must be incurred after the effective date of the Covered Person's insurance while coverage remains continuously in force under the Policy.

MEDICAL EXPENSES: DESCRIPTION OF BENEFITS

The Covered Person must pay the $50 annual Deductible before benefits are paid.

The Plan pays a percentage of benefits equal to 100% of the first $25,000 of Covered Expenses, after which it is 80% (Coinsurance is 20%), until the Insured has reached their Out-of-Pocket[1] maximum. Once the insured has satisfied their out-of-pocket maximum, it will be 100%.

[1] The Out-of-Pocket expenses are the Deductible and Coinsurance amounts that the Covered Person is responsible to pay. (Limitations and Exclusions are NOT included in calculating Out-of-Pocket.) The Out-of-Pocket maximum is $5,000 per person per Policy year.

MEDICAL EXPENSES: BENEFITS

- Hospital room and board expense.
- Hospital miscellaneous expenses (operating room, lab tests, X-ray examinations, anesthesia, drugs, therapeutic services and supplies).
- Inpatient physiotherapy/occupational therapy and speech therapy.
- Inpatient and outpatient surgery (including oral surgery). Assistant surgeons are allowed at 20% of the surgery allowance.
- Inpatient and outpatient anesthetist services.
- Inpatient registered nurse's services and inpatient and outpatient physician's visits.
- Pre-admission testing.
- Inpatient and outpatient psychotherapy.
- Inpatient and outpatient consultant physician fees.
- Skilled Nursing Facility 60 days per admission.
- Outpatient surgery miscellaneous expenses (for example, operating room, anesthesia, drugs, therapeutic services and supplies).
- Outpatient physiotherapy/occupational therapy and speech therapy (limited to 30 visits during the Policy year).
- Outpatient medical emergency expenses.
- Outpatient diagnostic x-ray services and laboratory procedures.
- Outpatient radiation therapy.
- Outpatient physician tests and procedures.
- Outpatient injections and chemotherapy.
- Outpatient prescription drugs.
- Ambulance services.
- Outpatient braces, appliances, durable medical equipment, and Orthotic Devices.
- Dental treatment, subject to limitations discussed in the section of this brochure entitled, "Benefit Limitations: Medical Expenses."
- Clinical trials.
- Colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society.
- Diabetes treatment.
- Emergency Services.
- Habilitative services provided to a covered Dependent child less than age 21 (not including Habilitative Services actually delivered through early intervention or school services).
- One annual voluntary HIV screening test while receiving emergency medical services, whether or not the HIV screening test is necessary for the treatment of the medical emergency.

- Mammogram and Cytologic screening (Pap smear).
- Oral anti-cancer prescription drugs.
- Preventive and primary care provided to a covered Dependent child less than age 21.
- Prostate cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society.
- Reconstructive breast surgery.
- Home health care (must follow a hospital confinement of at least 3 days).
- Substance abuse services for the treatment of clinically significant substance abuse disorders identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits and benefit maximums are as follows:
  a) the process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum, shall be covered for up to 12 days annually.
  b) Inpatient or Outpatient Services or any combination of those certified as necessary by a physician, psychologist, advanced practice registered nurse, or social worker and provided by a hospital, a non-hospital residential facility, an outpatient treatment facility, or a physician, a psychologist, an advanced practice registered nurse or a social worker shall be covered as follows:
     1) up to 28 days per year for inpatient or residential care, in a hospital or non-hospital residential facility; and
     2) up to 30 outpatient visits per year.
  c) treatment regimens which include psychiatric, psychological, and other prescribed interventions shall be a covered benefit.
- Mental illness services for the treatment of clinically significant mental illness identified in the most recent edition of the International Classification of Diseases or of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits and benefit maximums are as follows:
  a) treatment for inpatient or residential or residential care in a hospital or non-hospital residential facility, for up to 45 days per year;
  b) outpatient benefits shall be 75% of covered expenses for the first 40 visits per year, and 60% of covered expenses for any outpatient visits thereafter for that year.
- Preventive Care without copayments, coinsurance or deductible as described under Federal law and regulation regarding preventive services. This includes:
  a) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
  b) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
  c) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
  d) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
- Pediatric dental care (applicable to Covered Persons under age of 19). This includes preventive, basic and restorative dental care. Also orthodontic treatment including braces (once per lifetime). Refer to your Policy for specific details.
- Pediatric vision care (applicable to Covered Persons under age of 19). This includes an annual eye exam and one (1) pair of glasses (frames and lenses) per year. Refer to your Policy for specific details.

MEDICAL EXPENSES: BENEFIT LIMITATIONS

- Payment for Hospital room and board, which includes all general nursing charges, will be limited to the Hospital's normal charge for semi-private accommodation. Intensive Care Unit charges will be limited to twice the semi-private room and board rate per day.
- Dental Treatment is limited to the following: (a) when performed by a Physician and (b) made necessary by Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered, except for pediatric dental care as described in the Medical Expense Benefits section of this brochure.

ACCIDENTAL DEATH & DISMEMBERMENT

$25,000 per Participant, $10,000 Spouse, $5,000 per Child

If, within 365 days of an Accident covered under the Policy in accordance with the Coverage Description to which this benefit applies, bodily Injury results in any of the following losses, the plan will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the plan will pay only the one largest benefit amount.

Table of Benefits

Covered Loss

Loss of Life.....Principal Sum
Loss of Two or More Hands/Feet.....Principal Sum
Loss of Entire Sight of Both Eyes.....Principal Sum
Loss of One Hand/Foot and Sight of One Eye.....Principal Sum
Loss of Speech and Hearing in Both Ears.....Principal Sum
Loss of One Hand/Foot or Sight of One Eye..... 1/2 Principal Sum
Loss of Speech..... 1/2 Principal Sum
Loss of Hearing in Both Ears..... 1/2 Principal Sum
Loss of Thumb and Index Finger of the Same Hand..... 1/4 Principal Sum

Loss of hand or foot means complete severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

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

EXCLUSIONS FOR ACCIDENTAL DEATH & DISMEMBERMENT

Benefits for Accidental Death and Dismemberment are not payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Attempted suicide or intentionally self-inflicted Injury, while sane or insane.
2. Bodily or mental infirmity; disease of any kind; or medical or surgical Treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.
3. The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; or intentional misuse of prescription drugs.
4. Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a chemical. This does not apply to the extent administered by a licensed Physician. The Physician must not be the Insured; their or her spouse; a child, sibling, or parent of the Insured or of the Insured's spouse; or a person who resides in the Insured's home.
5. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
7. The Insured's engaging in an illegal occupation.

8. Release of nuclear energy.
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.

FAMILY AIR FARE EXPENSE

The plan will pay, up to $2,500, if the Insured 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 hotel, and meals to a maximum of $75 per day.

In the event of death, or life-threatening Accident or Sickness of a parent, spouse, child, sibling, or legal guardian, requiring the Insured to return home after arriving at their placement, Sirius America Insurance Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. ASRM, LLC must be advised and approve the flight, which must be arranged through ASRM, LLC. Retroactive claims will not be accepted. This benefit is limited to $2,500.

QUARANTINE AND CONVALESCENT EXPENSE BENEFIT

The plan will pay the room and board expenses incurred in a Hotel or Convalescent Facility up to the maximum amounts shown below if the Insured is quarantined or requires a convalescent stay due to a Contagious Disease while outside his or her home country.

The following conditions apply to this benefit: 1.) a Physician or authorized regulatory entity must order in writing the Insured's quarantine or convalescent stay due to the Insured's direct exposure to a Contagious Disease; and 2.) the period of quarantine or convalescent stay is Medically Necessary; and 3.) any stay in a Convalescent Facility must immediately follow the Insured's Hospital Inpatient confinement due to that Contagious Disease; 4.) Closure of the school or termination of the program by the school, program sponsor and/or an authorized governmental agency alone doesn't constitute medical necessity.

Maximum Room Benefit: $175.00 per day
Maximum Meal Benefit: $75.00 per day
Overall Maximum Quarantine and Convalescent Expense Benefit: $3,500 per Insured

The Hotel and/or Convalescent Facility accommodations must be arranged through and approved by ASRM, LLC. Retroactive claims will not be accepted.

RIGHT OF SUBROGATION
(NOT applicable to California or Arizona residents)

If the Covered Person is injured or becomes ill through the act or commission of another person, and if benefits are paid under the Policy due to that Injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, the Covered Person's insurer, or the Covered Person's uninsured motorist insurance, Sirius America Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, Sirius America Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

EXCLUSIONS FOR MEDICAL EXPENSES

Benefits are not payable under the Medical Coverage in the following circumstances:

1. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness, except as otherwise provided by the Policy.
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision. Except for pediatric vision care.
3. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered Injury. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
4. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident. Except for pediatric dental care.
5. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
7. 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.
8. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while they are insured under the Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.
9. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
10. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
11. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
12. Treatment of congenital anomalies and conditions arising or resulting directly there from.
13. The diagnosis and treatment of acne.
14. The diagnosis and treatment of Infertility.
15. Expenses incurred within the Covered Person's home country or country of regular domicile.
16. Treatment that is not incurred by a Covered Person while insured hereunder.
17. Routine foot care, including the treatment of corns, calluses and bunions.

DEFINITIONS

Wherever used in the Policy:

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by the Policy.

Coinsurance means the portion of Covered Expenses that the Insured has to pay.

Contagious Disease means, but is not limited to, the following diseases: Cholera; Diphtheria; Infectious tuberculosis; Plague; Smallpox; Yellow fever; Viral hemorrhagic fevers (like Ebola); Severe Acute Respiratory Syndrome (SARS; MERS; COVID-19); Flu that can cause a pandemic. This also means a contagious disease included in a public health order or directive that mandates a person's quarantine made by any authorized government entity.

Convalescent Facility means a commercial establishment licensed to provide lodging, meals, and care from Physicians or Nurses. This does not include a Hospital or Skilled Nursing Facility.

Covered Person means any Eligible Person and, where applicable, Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's and Dependents' insurance is paid when due.

Deductible means the amount of Covered Expenses the Insured owes before We begin to pay for Covered Expenses.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

Hotel means a licensed commercial establishment that provides lodging and meals but not the Insured's normal place of lodging while outside of his or her home country.

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Inpatient means confinement for which the Covered Person is charged at least one full day's room and board.

Insured means the student/program participant who is a Covered Person under the Policy.

Intensive Care Unit means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

Medical Emergency means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could be reasonably expected by a prudent layperson, who possesses an average knowledge of health and medicine to result in: (a) placing the patient's health in serious jeopardy; or (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

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 which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

Nurse means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where they work, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

Orthotic Devices means rigid or semi-rigid devices supporting a weak or deformed leg, foot, arm, hand, back or neck or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck. Benefits for Orthotic Devices include orthopedic appliances or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. An Orthotic Device differs from a prosthetic in that, rather than replacing a body part, it supports and/or rehabilitates existing body parts. Orthotic Devices are usually customized for a Covered Person's use and are not appropriate for anyone else. Examples of Orthotic Devices include but are not limited to Ankle Foot Orthosis (AFO), Knee Ankle Foot Orthosis (KAFO), Lumbosacral Orthosis (LSO).

Outpatient Surgical Facility means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under that law.

Physician means a practitioner of the healing arts who is duly licensed in the state where they are practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

Prosthetic Devices (excluding dental) means artificial limb devices or appliances designed to replace in whole or in part an arm or a leg. Benefits for Prosthetic Devices include coverage of devices that replace all or part of a permanently inoperative or malfunctioning internal or external organ, and are furnished on a Physician's order. Examples of Prosthetic Devices include but are not limited to artificial limbs, cardiac pacemakers, prosthetic lenses, breast prosthesis (including mastectomy bras), hair prosthesis and maxillofacial devices.

Registered Nurse means a person who has received the designation of "Registered Nurse (R.N.)" and is registered and licensed to practice by the State Board of Nurse Examiners or other state authority in the state where they work, and who is practicing within the scope and limitation of that license. The term Registered Nurse will not include the Covered Person or their spouse, children, brothers, sisters, or parents, or any person residing in their household.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Skilled Nursing Facility means a facility which is licensed pursuant to state and local laws; is operated primarily for the purpose of providing skilled nursing care and Treatment for individuals convalescing from Injury or Sickness including room and board and provides 24 hour a day skilled nursing services under the full time supervision of a Physician or Registered Nurse and if full time supervision by a Physician is not provided, it has the services of a Physician available under a fixed agreement; it keeps adequate medical records and has organized facilities for medical Treatment. Skilled Nursing Facility does not include an institution or part of one that is used mainly as a place for rest or the aged.

Treatment means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

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 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.

CONFORMITY WITH STATE LAWS

Any provision that is in conflict with the requirements of state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

PREFERRED PROVIDER NETWORK
(Within the United States only)

The Policy utilizes the PHCS hospital and physician network for the purpose of delivering health care. Call 1-800-922-4362 or visit www.multiplan.com to find a PHCS provider, or if none are available, a MultiPlan provider.

For benefit and claim questions, or to request an ID Card please contact the claims' administrator:

ASRM, LLC
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

TOLL FREE 800-359-7475
FAX 856-231-7995
WEB ..... www.helpwithmyplan.com
EMAIL ..... customerservice@asrmllc.com