Wake Forest University
2013 – 2014
Blanket Student Accident and Sickness Insurance

HTH Worldwide
100 Matsonford Road
One Radnor Corporate Center
Suite 100
Radnor, PA 19087 USA
Call: 610.254.8700
Fax: 610.293.3529
Email: customerservice@hthworldwide.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No.BCS-3419-A-13. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Wake Forest University. The policy is underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC # 38245, under policy Form 28.322. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.
How the Plan Works

Who is eligible for coverage?
All regular, full-time and part-time Eligible Participants and their Eligible Dependents of the educational organization or institution who:
1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

When does coverage start?
Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following:
1) The Coverage Start Date shown on the Insurance Identification Card; 2) The date the requirements in Section 1 – Eligible Classes are met; or 3) The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

When does coverage end?
Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates:
1) The date the Policy terminates; 2) The Organization’s or Institution’s Termination Date; 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4) The end of the term of coverage specified in the Eligible Participant’s enrollment form; 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her or her Home Country; 6) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 7) The premium due date for which the required premium has not been paid, subject to the Grace Period provision. 8) The end of any Period of Coverage.

What to do in the event of an emergency
All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

hthstudents.com
Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

Excess Coverage
The Insurer will reduce the amount payable under this Plan to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits. This Plan is secondary coverage to all Other Plans.

Claims Submission
Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor PA 19087, USA. See the hthstudents.com website for claim forms and instructions on how to file.
## What is covered by the plan?

### Schedule of Benefits – Table 1

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits – Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of Coverage Maximum Benefits</td>
<td>$250,000</td>
</tr>
<tr>
<td>Maximum Benefit per Injury or Sickness</td>
<td>$250,000</td>
</tr>
<tr>
<td>Period of Coverage Maximum Out-of-Pocket Limit</td>
<td>$0 per Injury or Sickness</td>
</tr>
<tr>
<td>ACCIDENTAL DEATH AND DISMEMBERMENT</td>
<td>Maximum Benefit: Principal Sum up to $10,000</td>
</tr>
<tr>
<td>REPATRIATION OF REMAINS</td>
<td>Maximum Benefit up to $25,000</td>
</tr>
<tr>
<td>MEDICAL EVACUATION</td>
<td>Maximum Lifetime Benefit for all Evacuations up to $100,000</td>
</tr>
<tr>
<td>BEDSIDE VISIT</td>
<td>Up to a maximum benefit of $1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person</td>
</tr>
</tbody>
</table>

### Schedule of Benefits – Table 2 – Medical Expenses

<table>
<thead>
<tr>
<th>COVERAGE A – MEDICAL EXPENSES</th>
<th>Plan Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visits</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Hospital and Physician Outpatient Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Emergency Hospital Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
</tbody>
</table>
## Schedule of Benefits – Table 3 – Medical Expense Benefits

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits per Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care for a Covered Pregnancy</td>
<td>Same as any Sickness</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders</td>
<td>Reasonable Expenses up to $5,000 Maximum per Period of Coverage for a maximum period of 30 days per Period of Coverage.</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders</td>
<td>Reasonable Expenses up to $1,000 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Treatment for Chemical Dependency</td>
<td>Same as any Sickness</td>
</tr>
<tr>
<td>Treatment of specified therapies, including acupuncture and Physiotherapy</td>
<td>Reasonable Expenses up to $10,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician’s release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage</td>
</tr>
<tr>
<td>Routine nursery care of a newborn child of a covered pregnancy</td>
<td>Reasonable Expenses up to $500 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Treatment of Congenital Conditions and conditions arising or resulting directly therefrom</td>
<td>Reasonable Expenses for benefits for congenital defects or anomalies shall specifically include, but not be limited to, all necessary treatment and care needed by individuals born with cleft lip or cleft palate.</td>
</tr>
<tr>
<td>Annual cervical cytology screening for women 18 and older</td>
<td>Same as any Sickness</td>
</tr>
<tr>
<td>Low dose mammography screening, one baseline mammogram and one mammogram per year.</td>
<td>Same as any Sickness</td>
</tr>
<tr>
<td>Repairs to sound, natural teeth required due to an Injury</td>
<td>100% of Reasonable Expenses up to $500 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Non-surgical Treatment of Temporomandibular Joint Disorder (TMJ)</td>
<td>Reasonable Expenses up to $3,500</td>
</tr>
<tr>
<td>Outpatient prescription drugs</td>
<td>100% of actual charge</td>
</tr>
<tr>
<td>Outpatient prescription contraceptives and devices</td>
<td>Covered under prescription drugs benefit above</td>
</tr>
</tbody>
</table>
GENERAL POLICY EXCLUSIONS

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
4. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident, except to correct a congenital defect.
6. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Plan.
7. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Plan is in effect.
8. For diagnostic investigation or medical treatment for infertility, fertility, or birth control. This does not apply to prescription coverage for contraceptive drugs or devices.
9. Reproductive and infertility services.
10. Expenses incurred for, or related to sex change surgery or to any treatment of gender identity disorders.
11. Organ or tissue transplant.
12. Participating in an illegal occupation or committing or attempting to commit a felony.
13. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
14. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
15. Expenses incurred within the Covered Person’s Home Country.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction’s of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne and sebaceous cyst.
19. Diagnosis and treatment of sleep disorders.
20. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
21. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
22. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. Expenses incurred for any services rendered by a family member or a Covered Person’s immediate family or a person who lives in the Covered Person’s home.
25. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a; riot; or civil commotion.
26. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
27. Loss arising from
   a. participating in any professional sport, contest or competition;
   b. while participating in any practice or condition program for such sport, contest or competition;
   c. skin/scuba diving, sky diving, parasailing, sail planning, hang gliding, parachuting, or bungee jumping
28. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
29. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
30. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
31. Hearing aids. Except as specifically covered under the Plan.
32. Routine hearing tests except as provided under Preventive and Primary Care and except as applied to newborns.
33. Outpatient speech therapy.
34. Non-FDA approved drugs provided or made available to a patient who received the drug during a covered clinical trial after the clinical trial has been discontinued.
35. Services or supplies that the Insurer considers to be Experimental or Investigative.

**Pre-Existing Condition**
The Insurer does pay benefits for loss due to a Pre-Existing Condition.
SUMMARY of Political Security and Natural Disaster Evacuation Services

As a Covered Member, your Program Sponsor has arranged to assist you in the event of certain emergencies while you are abroad. In the event of any of these emergencies, you should immediately seek shelter in the safest location and call:

- +1.610.254.8771 collect outside the U.S.
- 1.800.257.4823 toll free within the U.S.

HTH Worldwide will take your call and coordinate communications with your Program Sponsor and DRUM LTD. ("DRUM"). DRUM is the provider of covered services and will implement the plan to move you to the nearest safe haven or to your home country, if needed.

For questions about the services and what you need to know, please call Worldwide Insurance Services, LLC.

- +1.610.254.8769 collect outside the U.S.
- 1.888.243.2358 toll free within the U.S.

Covered Services are provided in conjunction with and are separate from Worldwide Insurance Services, LLC Study Abroad policies. This pamphlet contains a brief summary of the features and benefits for covered participants. This is not a contract of insurance. Complete information on covered services is contained in the Service Agreement executed by your Program Sponsor. If there is a difference between this program description and the Service Agreement wording, the Service Agreement controls.
Covered Event

Services will be provided should a Covered Event occur. A Covered Event is when:

1. The Appropriate Authority issues a travel advice for a particular country or region where your study program is being conducted, including travelling to or from the program, recommends that you, as a Covered Member, should leave that country or region.
   
   or

2. The recognized Government in the Host Country:
   a) declares a state of emergency necessitating immediate evacuation; or
   b) formally recommends or instructs that you should leave that country or region for safety; or
   c) seizes, confiscates or expropriates your property; or
   d) expels you or declares you “persona non grata”; or
   e) withdraws all scheduled international commercial flights for a period in excess of 24 hours as a result of political or military action intervention which has a direct impact on your safety and prevents you leaving the country.
   
   or

3. Natural disaster within the Host Country which has a direct impact on you and your safety.
   
   or

4. The political or military events in the country you are staying in represent an imminent threat to your safety.

Services Provided

Should a Covered Event occur, DRUM will arrange and pay for your evacuation while you are on a Covered Journey outside the United States at the time of the Covered Event to the nearest place of safety or your Country of Residence.

If you are in imminent peril, DRUM will arrange and pay for your emergency evacuation by any appropriate means consistent under the circumstances with your health and safety. Otherwise, DRUM will arrange transportation only at economy fares unless unavailable or manifestly impractical. Services during the evacuation may also include arrangement of food, lodging and other reasonable expenses required during the evacuation.

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What You Need to Do

1. You, as the Covered Member, or your Program Sponsor, must advise HTH Worldwide or DRUM immediately of any situation that may give rise to a Covered Event as soon as reasonably possible. If DRUM or HTH Worldwide are not contacted immediately, any obligation to assist the Covered Member will cease.

2. You and/or your Program Sponsor must provide DRUM with all assistance and information requested in a timely manner.

3. You must follow DRUM’s advice at all times.

4. Where you are entitled to any refund on unused tickets or returnable deposits or advanced payments, you or the Program Sponsor must pay the refund to DRUM. If at the time of an Event, giving rise to a claim, there is other insurance in place in your name which covers you for the same expense, loss or liability, DRUM will only be obliged to arrange for your evacuation to the extent DRUM is able to recover the cost of doing so under DRUM’s insurance.

5. You and/or the Program Sponsor must not make or attempt to make arrangements without DRUM’s agreement.

6. You must contact HTH Worldwide or DRUM as soon as possible after the Host Country issues the official disaster declaration, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure your safety. If evacuation becomes impractical due to hostile or dangerous conditions, DRUM will maintain contact with and advise you until evacuation becomes viable or the natural disaster situation has been resolved.

7. You shall take all reasonable and necessary steps to ensure that the existence of these Services remain confidential.

8. You must take all reasonable precautions to avoid accident, injury, or illness to any person, or loss, destruction, or damage to their property.

What is Not Covered?

DRUM will not be obliged to assist you in relation to a Covered Event if:

1. You and/or the Program Sponsor fail to follow DRUM’s advice.

2. The evidence available to DRUM does not reasonably prove that there is any threat to your safety.

3. You take part in any political activity or operations of any security or armed forces unless declared to and agreed by DRUM.

4. The Covered Event results from your actual or alleged violation of the laws of the Host Country.

5. The Covered Event results from the your failure to maintain and possess duly authorized and issued required immigration, work, residence or similar visas or permits or other relevant documentation for the country where you are on a Covered Journey.

6. DRUM considers that it will not be able to complete your evacuation within 30 days of the Covered Event.

7. The Covered Event results from a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.

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8. You are in your own Country of Residence or a country in which you hold a valid passport.

9. At inception of this your coverage, you or your Program Sponsor had prior knowledge of the Covered Event or had received information of any specific matter, fact or circumstance which would lead to the Covered Event.

10. You or your Program Sponsor have not complied with the obligations described in above.

11. The cost to DRUM of assisting you would exceed the Plan Payment Limits.

12. The cost to DRUM of assisting you, together with the aggregate cost of meeting all other obligations under this plan would exceed the aggregate limit(s) (see “Plan Limits”).

13. DRUM is not able to assist you without breaching any applicable law or regulation.

14. Assisting you would expose DRUM to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or if indemnifying DRUM for the cost of assisting you would expose its insurers to any such sanction, prohibition or restriction.

15. Any information which you or the Program Sponsor provides is knowingly fraudulent or exaggerated, whether ultimately material or not, or if a fraudulent device is used to claim a benefit from DRUM, or if there has been a failure to disclose a material fact.

16. Where your benefits are transferred to a Non-Covered Member.

17. Where there has been an alteration to your occupation or pursuits after the commencement of the Period of Coverage which increases the risk of loss, liability, destruction, damage, accident injury or illness, unless DRUM has accepted the alteration.

**Plan Payment Limits**

This plan’s obligation to pay for any one Covered Member’s evacuation will be limited to $100,000 subject to a combined $5,000,000 aggregate limit per any one Covered Event for all persons covered under the plan, and under no circumstances shall the obligation of DRUM under the Covered Services exceed $10 million in the aggregate per the duration of the Service Agreement.

Benefits are subject to the terms and conditions of the plan and as determined by DRUM security personnel, in accordance with local and U.S. authorities.

**Important Definitions**

**Appropriate Authorities**
The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Covered Member’s Country of Residence.

**Country of Residence**
The Country in which you have resided in for the last 12 months or more.
Host Country
The Country in which you are staying.

Covered Member/You/Your
Students, faculty, and staff participating in a Sponsored Program.

Covered Journey
A journey undertaken by a Covered Member not exceeding 12 months in duration outside their Country of Residence to an overseas sponsored program of study which begins during the Period of Coverage, and commences from the time the Covered Member leaves their home or place of study whichever is the later and continues during the entire period of the journey and terminating at the time of return to their home or place of study whichever is reached first.

Period of Coverage
Means, in relation to a Covered Member, the period in relation to which the fees have been paid for that Covered Member.

Program Sponsor
US universities, colleges and educational institutions who have executed the Service Agreement for these Political Security and Natural Disaster Evacuation Services and have paid the requisite fees.

War
Shall mean armed conflict between nations, invasion, act of an enemy foreign to the nationality of the Covered Member or the country in, or over, which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, explosions of war weapons, release of weapons of mass destruction that do not involve an explosive sequence, murder or assault subsequently proved in a legally constituted court to have been the act of agents foreign to the nationality of the Covered Member whether war be declared with that state or not.

Worldwide Destination Intelligence

Pre-Travel Information: Upon your request, we can provide continuously updated destination intelligence for more than 197 countries covering subject areas such as weather, currency and culture.

Travel and Health Information: Upon your request, we can provide you with continuous updates on travel and health information such as immunizations, vaccinations, regional health concerns, entry and exit requirements, and transportation information.

Real-time Security Intelligence: Upon your request, we will provide you with the latest authoritative information and security guidance for more than 197 countries. Our global security database is continuously updated and includes intelligence from thousands of worldwide sources.

COVERAGE AND SERVICE DECISIONS, INCLUDING ALL TRANSPORTATION SERVICES, PAYMENTS AND ARRANGEMENTS ARE MADE BY DC RMS LTD.