



This is a Description of Coverage for:



2009 Western Kentucky University Multinational Study Abroad Plan

*Underwritten By: ACE American Insurance Company
(Herein referred to as "the Company")*



*You are entitled to the benefits outlined in this Description of Coverage if
you have enrolled for this insurance and paid the required premium.*

Eligibility

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Eligible participants must be US citizens or international students enrolled at Western Kentucky University who are temporarily residing outside their home country or country of regular residence and are engaged in full-time educational or research activities of Western Kentucky University outside of the United States. Each person in one of the Classes of Eligible Persons shown below is eligible to be insured on the Policy Effective Date, or the day after he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Your lawful and unmarried children including adopted children under age 19, who are traveling and residing with you, are insured provided they are dependent upon you for maintenance and support. Any children born to you and your spouse while you are covered under this plan will be insured from the moment of birth. Coverage for a newborn child will cease 31 days after the date of birth unless the Company receives notification of the birth.

Class 1

Faculty, staff, employees and invited guests of the participating organization under the age of 70.

Class 2

Registered Students or scholars of the participating organization under the age of 70.

Dependents

Dependents of Classes 1 and 2 are eligible for coverage.

Period of Coverage

Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) your departure from the United States; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin. Coverage will end on the earliest of the following: a) the date through which premium has been paid; or b) the coverage termination date under Policy provisions. Coverage is not available once you or any covered dependent has returned to the United States or your Home Country.

Definitions

Home Country means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to Us in writing as his or her Home Country. **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, and are considered a single Injury. **Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment is not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, consider the cost of the alternative to be the Covered Expense. **Sickness** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Medical Expense Benefits

If a covered Injury or Sickness occurs during the Period of Coverage and you or any covered dependent requires medical or surgical treatment, the Company will pay 100% of covered expenses up to \$250,000. The Covered Expenses shall in no event include any amount which is in excess of usual and customary charges for similar treatment, services or supplies in the locality where the expense is incurred. In no event shall the Company's liability for each insured person exceed \$250,000. The incurral period is 60 days after the date of the covered accident or sickness.

Covered Expenses

To be considered a covered expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of the United States during the Period of Coverage; b) not be excluded by the provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of charges:

1. Expenses made by a hospital for room and board, including general nursing services and any other medically necessary hospital services, but not including personal services of a non-medical nature. However, allowable expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.

2. Expenses for physical therapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physical therapist. For Chiropractic care, we will pay \$50 per visit, subject to a maximum of 10 visits and a \$500 maximum limit per Injury or Sickness.
3. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
4. Expenses for dental treatment resulting from an accident, up to \$100 per tooth for alleviation of pain only, up to \$500 maximum benefit per plan year.
5. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum.
6. Expenses for newborn nursery care.
7. Expenses incurred for treatment of nervous or mental disorders: up to \$1,000 lifetime maximum for outpatient treatment, up to \$5,000 lifetime maximum for inpatient treatment.
8. Expenses for medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports, up to \$100,000 maximum per plan year.
9. Expenses for medical treatment of injuries sustained as a result of a covered motor vehicle accident, up to \$100,000 maximum per plan year.
10. Treatment of specified therapies, including acupuncture and physiotherapy, on an Inpatient Basis; and for Outpatient Care if immediately following the attending Doctor's release for rehabilitation following a covered hospital confinement or surgery.
11. Expenses for Pre-Existing Conditions, up to \$15,000 per plan year.

Coma Benefit

The company will pay the coma benefit if a Covered Person becomes Comatose within 31 days of a Covered Accident or Sickness and remains in a Coma for least 31 days. The Company reserves the right, at the end of the first 31 days of Coma, to require additional proof that the Covered Person remains comatose. This proof may include, but is not limited to, requiring an independent medical examination at our expense. The Company will pay this benefit up to \$50,000 maximum. A person is deemed "Comatose" or in a "Coma" if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident or Sickness.

Felonious Assault

The Company will pay an additional benefit if a covered person is injured or dies as the direct result of a felonious assault of 25% of principal sum, up to a maximum of \$10,000. This benefit will not be paid if the covered person is assaulted by another covered person under the same Policy, a household member, or an immediate family member.

Home Country Benefit

The Company will pay benefits after a \$100 deductible per occurrence, up to \$10,000 maximum, up to 30 days maximum while the Covered Person is in his or her Home Country if the Covered Person obtains treatment for continuation of benefits for treatment that began during the course of a trip for which a benefit is otherwise payable under the Medical Expense Benefit. The covered person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable benefit maximums, Deductibles and Coinsurance Rates shown in the schedule. Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to the overseas study program. Benefits will cease 12:01 a.m. on the 31st day following termination of Insurance.

Accidental Death and Dismemberment Benefit

If Injury to the covered person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same covered accident.

Aggregate Limit

If two or more persons are injured as the result of the same Covered Accident, and the total of all amounts payable for all persons, in the absence of this provision, exceeds \$1,000,000, the amount for each person with a valid claim will be proportionately reduced so that the total benefit will equal \$1,000,000.

Principal Sum

Class 1: Insured: \$50,000 Spouse: \$5,000 Child: \$1,000

Class 2: Insured: \$15,000 Spouse: \$5,000 Child: \$1,000

Description of Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Exclusions & Limitations for Accidental Death & Dismemberment Benefit

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Intentionally self-inflicted injury; suicide or attempted suicide.
2. 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.
3. Piloting or serving as a crewmember in any aircraft.
4. War or any act of war, whether declared or not.
5. Commission of or active participation in a riot or insurrection.
6. Injury or death to which a contributing cause is the Covered Person's commission of or attempt to commit a felony, or that occurs while the Covered Person is engaged in an illegal occupation.

7. With respect to the Home Country Extension, Emergency Medical Evacuation and Repatriation of Remains Benefits, the cost of the Covered Person's unused ticket for the transportation back to the Covered Person's Home Country or Country of Residence..

Exclusions and Limitations

No benefits will be paid for any loss, treatment, or services resulting from, or contributed to by:

1. Except as specifically provided for in the Policy. Pre-Existing conditions, defined as any condition for which a licensed Doctor was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as follows: i. If the Covered Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or ii. If the Covered Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.
2. Services, supplies, or treatment including any period of Hospital confinement which are not recommended, approved and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
3. Any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
4. War or any act of war, whether declared or not.
5. Commission of or active participation in a riot or insurrection.
6. Injury sustained while participating in professional sports.
7. Routine physicals, preventive medicines, serums, vaccines.
8. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
9. Vocational, speech, recreational or music therapy.
10. Treatment by any Family Member or member of the Insured's household. “Family Member” means a Covered Person's spouse, child, brother, sister, parent, step-parent, step-child, step-sibling, grandparent, grandchild, in-laws, aunt, uncle, niece, nephew, legal guardian, ward or cousin.
11. Cosmetic or plastic surgery, except as a result of Injury.
12. A deviated nasal septum including submucous resection and surgical correction thereof.
13. Any elective treatment or surgery, health treatment, or examination which can be postponed until the Covered Person returns to his or her Home Country or Country of Residence, where the objective of the Trip is to seek medical advice, treatment or surgery.
14. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.
15. Expenses incurred for hearing aids.
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses and contact lenses, unless caused by a covered Injury.
17. Alcoholism, drug addiction or the use of any drug or narcotic, except as prescribed by a Doctor.
18. Mental and nervous disorders, except as provided by the Policy.
19. Rest cures or custodial care, educational or rehabilitative care.
20. Treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
21. The commission of, or attempt to commit a felony.
22. For specific named hazards: hang gliding, bungee jumping, racing (horse, motor vehicle or motorcycle) and scuba diving,
23. Any expense paid or payable by any other valid and collectible group insurance plan.

24. Any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
25. Medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
26. Dental care and treatment, except as provided by the Policy.
27. Organ or tissue transplants and related services.
28. Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
29. Treatment of acne.
30. Piloting or serving as a crewmember in any aircraft.
31. Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
32. Conditions that are not caused by a Covered Accident or Sickness.
33. Injury or sickness covered by Worker's Compensation, Employer's Liability Laws or similar occupational benefits.
34. Treatment of hernia.
35. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
36. Treatment or service provided by a private duty nurse.
37. Service in the military, naval or air service of any country.

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



Global Emergency Services (Provided by Scholastic Emergency Services)

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Scholastic Emergency Services. If you are a U.S. student studying in a U.S. location, you are eligible for all services when traveling more than 100 miles away from your permanent residence and for selected services at your campus location. If you are a U.S. student studying abroad, you are eligible for all assistance services at your campus location. If you are a foreign national student studying in the U.S., you are eligible for services, both on campus and while traveling outside of your home country for the duration of your studies. Foreign national students are not eligible for services in their home country of origin. The services include referrals to qualified, local medical providers, transportation to the nearest appropriate medical facility if it is not available locally (evacuation), critical care monitoring and, upon discharge from the hospital, if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Scholastic Emergency Services program also includes other services such as transportation of a family member to join the hospitalized patient, emergency counseling, prescription replacement assistance, pre-trip information, lost luggage and document assistance, as well as return of mortal remains. Scholastic Emergency Services completely arranges and pays for all of the assistance services it provides without limits on the covered cost. All services must be arranged and provided by Scholastic Emergency Services. No claims for reimbursement will be accepted. (Scholastic Emergency Services is not underwritten by or affiliated with ACE American Insurance Company.)

If you require medical assistance and are more than 100 miles from your permanent residence or abroad, call Scholastic Emergency Services Operations Center at:

(877) 488-9833
Inside the U.S. A.
or via e-mail: medservices@assistamerica.com

(609) 452-8570
Outside the U.S. A

Claim Procedure

Mail to the address below all medical and hospital bills along with patient's name and insured student's name, address, social security number and name of the College under which the student is Insured. A Company claim form is required for filing a claim. Claim forms are available by calling Academic HealthPlans at (888) 308-7320 or online at: www.AHPCare.com/wkustudyabroad. File claims within 30 days of Injury or first treatment for a Sickness or as soon as reasonably possible. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Claims Administrator

Klais & Company, Inc.
1867 West Market Street
Akron, OH 44313
(800) 331-1096
Email: KlaisClaims@Klais.com

Program Arranged By

Academic HealthPlans
P.O. Box 1605
Colleyville, TX 76034-1605
(888) 308-7320 · (817) 479-2100
www.AHPCare.com/wkustudyabroad

Policy Number

GLM N04849115 ACE American Insurance Company

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number GLM N04849115, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice write to Academic HealthPlans, P.O. Box 1605 Colleyville, TX 76034-1605 or call (817) 479-2100.