What is not covered?

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

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
3. 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.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility or fertility.
6. Expenses incurred in excess of Reasonable Expenses.
7. Organ or tissue transplant.
8. Expenses incurred from participating in an illegal occupation or committing or attempting to commit a felony.
9. 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.
10. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
11. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction’s of teeth, or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
12. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
13. Diagnosis and treatment of acne and sebaceous cyst.
14. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
15. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; participation in a riot or civil commotion.
16. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
17. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting, or bungee jumping.
18. 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.
19. 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.
20. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
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 effective date shown on the Insurance Identification Card, if any; 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. 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 and/or Eligible Dependent will automatically terminate on the earliest of the following dates:
1) The date the Policy terminates, 2) The Participating Organization’s or Institution’s Termination Date; 3) The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4) The date the Eligible Person leaves the Country of Assignment for his/her or her Home Country; 5) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 6) The premium due date for which the required premium has not been paid, subject to the Grace Period provision. 7) The end of any Period of Coverage.

Coverage will end at 11:59:59 p.m. on the last date of insurance. A Covered Person’s coverage will end without prejudice to any claim existing at the time of termination.

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.

Coordination of Benefits
The Coordination of Benefits (COB) provision applies when a person has health care coverage under more than one Plan. Plan is defined below. The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary plan. The Primary plan must pay benefits according to its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary plan is the Secondary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense.

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.

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?

<table>
<thead>
<tr>
<th>MEDICAL BENEFITS</th>
<th>Limits are per Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum Benefit</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Period of Coverage Maximum Benefits</td>
<td>$500,000</td>
</tr>
<tr>
<td>Maximum Benefit per Injury or Sickness</td>
<td>$500,000</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Hospital and Other Services</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Emergency Room and Outpatient Surgical Facilities</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Benefits listed below are subject to the Lifetime Maximum, Period of Coverage Maximum, Maximums per Injury and Sickness.</td>
<td></td>
</tr>
</tbody>
</table>

Pregnancy

Mental, Emotional or Functional Nervous Disorders

Chemical Dependency

Reasonable Expenses subject to the limits shown in Section 3, Description of Coverage

Treatment of specified therapies, including acupuncture and Physiotherapy

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

Therapeutic termination of pregnancy

Reasonable Expenses up to $500 maximum per Period of Coverage

Elective termination of pregnancy

Reasonable Expenses up to $300 maximum per Period of Coverage

Routine nursery care of a newborn child of a covered pregnancy

Reasonable Expenses up to $500 maximum per Period of Coverage

Annual cervical cytology screening

Reasonable Expenses

Mammography screening when screening for occult breast cancer is recommended by a Physician

Reasonable Expenses

Prostate screening tests

Reasonable Expenses

Dental anesthesia

Reasonable Expenses

Breast Reconstruction due to Mastectomy

Reasonable Expenses

Low Protein Modified Food Products

Reasonable Expenses

Second Opinion

Reasonable Expenses

Dental Care for an Accidental Injury

Reasonable Expenses up to $2,500 maximum per Period of Coverage maximum

Outpatient prescription drugs including oral contraceptives

Reasonable Expenses

Home Health Care and Hospice Care

Reasonable Expenses up to 130 home health care visits and up to 6 months for hospice care

Alternative Care

Reasonable Expenses

Diabetic Supplies/Education

Reasonable Expenses

Medical treatment received in the Home Country

Reasonable Expenses up to $5,000 maximum per lifetime and subject to the limits shown in Section 3, Description of Coverage

Other Coverages

Accidental Death & Dismemberment

Maximum Benefit: Principal Sum - Eligible Participant: up to $10,000 Partner: up to $5,000 Child: up to $1,000

Medical Evacuation

Maximum Lifetime Benefit for all Evacuations up to $200,000

Bedside Visit

Up to a maximum benefit of $5,000 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

Repatriation of Remains

Maximum Benefit up to $25,000