



# A Plan of Insurance

*designed for*

## 2010 Summer Institute for the Gifted (SIG)

### Residential/Commuter Program Participants

January 1, 2010 to December 31, 2010

**administered by** Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788  
**This plan is underwritten** by The Insurance Company of the State of Pennsylvania, a member of Chartis, Inc.

**Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern. This policy brochure is for coverage provided to 2010 Summer Institute for the Gifted Residential and Commuter Participants.**

### Policy # GLB9111597

Schedule of Benefits Coverage and Services	Maximum Limits
• Excess Medical (payment of deductibles, co-payments or coinsurance fees, also out of network costs if applicable)	\$5,000
• Chiropractic Care & Therapeutic Services Outpatient Limit	Maximum of \$50/visit Maximum of 10 visits \$500 overall maximum
• Emergency Dental Coverage	\$500
• Accidental Death and Dismemberment	\$10,000
• Personal Effects Coverage	\$1,000
Deductible	\$100
Per Item Limit	\$100
Camera Limit	\$250
• Tuition Refund Commuter	\$1,800
• Tuition Refund Resident	\$4,000
• Session Interruption (prorated to)	\$4,000
Team Assist Package	Included
Team Assist ID #	GLB 9111597
• Emergency Medical Evacuation/Repatriation	\$25,000
• Return of Mortal Remains	\$25,000
• Emergency Medical Reunion	\$1,000

### Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Illness must occur within 30 days of the Accident or onset of the Illness.

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under the policy. These expenses must be borne by the Insured Person.

### Covered Accident and Sickness Medical Expenses

**Only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:**

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation
- Charges made for Intensive Care of Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Physician
- Charges made for an operating room

### Description of Benefits

- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations
- Charges made for the cost and administration of anesthetics
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only
- Chiropractic and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. The overall maximum coverage per injury or illness is \$500 which includes x-ray and evaluation charges
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to a limit of \$500.

## Accidental Death and Dismemberment

**Accidental Death Benefit:** If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit:** If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$1,000,000.

## Personal Effects Coverage

The Company shall pay benefits covering the loss or theft of personal effects up to \$1,000. A \$100 deductible per claim shall apply and there is a per item limit of \$100 (\$250 limit for cameras).

This coverage does not provide for loss of money, notes, securities, tickets and documents; jewelry, watches, computers, articles consisting in whole or in part of silver, gold or platinum and furs; motorcycles, skis, bicycles, boats, motor or other conveyances or their appurtenances; any kind of glasses (including sunglasses) and contact lenses; breakage of articles of a brittle

nature unless caused by thieves; loss or damage caused by, resulting from, declared or undeclared war; loss due to wear, tear, gradual deterioration or negligence on the part of the Insured.

## Tuition Refund/Session Interruption

### Prior to Arrival at SIG:

The company shall pay benefits for Commuter Participants up to \$1,800 and for Resident Participants up to \$4,000 in the event the Insured is unable to participate in the program for the following reasons:

- If the Insured or an immediate family member are seriously injured or become ill;
- If either parent of the Insured is laid-off (which must be documented with appropriate forms from the Social Security Administration) notification must be made to SIG within seven days of job termination for this benefit to be in force.

### After arrival at SIG:

The company shall pay prorated benefits for Commuter Participants up to \$1,800 and for Resident Participants up to \$4,000, for any unused portion of program fees in the event the Insured is unable to complete the program for reasons listed in "Prior to Arrival at SIG" section above.

**Note:** In relation to commuter participants at Emory University, Bryn Mawr College, Vassar, and University of Texas at Austin, the maximum benefit for Tuition Refund/Session Interruption shall be \$2,195. In relation to commuter participants at University of California at Berkeley and UCLA, the maximum benefit shall be \$2,495.

**Emergency Dental Treatment** shall be limited to the cost of initial emergency examination and initial treatment to alleviate pain resulting from infection of gums or sound natural teeth up to an overall maximum benefit of \$500.

## Team Assist Plan (TAP) as provided by Travel Assist

The Team Assist Plan (TAP) is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by The Insurance Company of the State of Pennsylvania. The Assistance Company will be Travel Assist.

## Emergency Medical Evacuation/Repatriation

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The decision for an Emergency Medical Evacuation or Repatriation must be ordered by the Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, Emergency Medical Evacuation/ Repatriation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

## Return of Mortal Remains or Cremation

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.