



# **A Plan of Insurance**

*designed for*

## **2011 Summer Institute for the Gifted (SIG)**

### **International Resident Participants**

January 1, 2011 to December 31, 2011

**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 2011 Summer Institute for the Gifted International Participants.**

### **Policy # GLB9111597**

#### **Schedule of Benefits**

Coverage and Services	Maximum Limits
• Basic Medical expense (per Accident or Sickness)	\$500,000
• Deductible (per Accident or Sickness)	\$50
• Chiropractic Care & Therapeutic Services	
Outpatient Limit	Maximum of \$50/visit Maximum of 10 visits \$500 overall maximum
• Emergency Dental	\$500
• Accidental Death & Dismemberment	\$6,000
• Tuition Refund	\$4,000
• Session Interruption (prorated to)	\$4,000
Team Assist Package	Included
Team Assist ID #	GLB 9111597
• Evacuation/Repatriation of Mortal Remains	\$100,000/\$50,000
• Emergency Medical Reunion	\$1,000

#### **Personal Effects Upgrades**

(in addition to Basic Coverage)

• Personal Effects Loss	\$2,000
• Personal Effects Deductible	\$100
• Per Item Limit	\$100
• Electronic Devices	\$500
• Computers	\$1,000

#### **Period of Coverage**

The insurance package will commence on your outbound flight from your home country to the United States to participate in the SIG program. Your coverage ends upon your termination as a program participant as a result of your resignation, dismissal from the program, disembarkment from your Summer Institute for the Gifted return flight home or departure from the United States if you have provided your own transportation. The plan does not cover travel outside the U.S. and Canada. The only exception is travel to Mexico, where coverage is limited to a trip of no more than 48 hours.

#### **Description of Benefits**

##### **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
- 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.

## Tuition Refund/Session Interruption

Prior to Arrival at SIG:

The company shall pay benefits 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 benefits prorated 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.

**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.

**Personal Effects Upgrade Coverage**—This coverage provides you with \$2,000 in Personal Effects Coverage subject to a maximum \$100 per item (\$500 for electronic devices) and deductible of \$100 per incident for loss or theft of your personal items. Computers are covered up to \$1,000.

### *The following exclusions apply:*

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.

## 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.

### Emergency Medical Reunion

When an Insured Person is hospitalized for more than six days, the Company will arrange and pay for round trip economy-class transportation for a parent, spouse, sibling (over age 21) or legal guardian, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of \$100 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion;
- All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

### Emergency Medical Reunion

When an Insured Person is hospitalized for more than six days, the Company will arrange and pay for round trip economy-class transportation for a parent, spouse, sibling (over age 21) or legal guardian, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of \$100 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion;
- All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

**If you require Team Assist, your ID number is GLB 9111597  
Summer Institute for the Gifted-NSGT. In the U.S., call (800) 472-0906. Worldwide, outside the U.S., call collect (817) 826-7143 or  
email [teamassist@culturalinsurance.com](mailto:teamassist@culturalinsurance.com)**

## Exclusions

***For benefits listed in the Schedule of Benefits, except Accidental Death & Dismemberment, this insurance does not cover:***

- Pre-Existing conditions, defined as any condition for which a licensed Physician 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 in the 12 months prior to the Effective Date of coverage under the Policy, except as specified: a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies and is not under the care of a Physician 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 b) If the Injured 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; or c) Emergency Medical Evacuation/Repatriation and Return of Mortal Remains
- Charges for treatment which exceed Reasonable and Customary charges
- Expenses incurred while the Insured Person is in their Home Country
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane

- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war or b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power
  - Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician
  - Treatment of the Temporomandibular joint (TMJ)
  - Vocational, speech, recreational or music therapy
  - Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
  - The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
  - Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
  - Elective Surgery/Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
  - Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder
  - Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent
  - Injury or illness sustained while under the influence of or Disability due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder
  - Any Mental and Nervous disorders or rest cures, except as specified
  - Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
  - Congenital abnormalities and conditions arising out of or resulting therefrom
  - Expenses as a result or in connection with intentionally self-inflicted Injury or Illness
  - Expenses as a result or in connection with the commission of a felony offense
  - Hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, parasailing
  - Injuries for which benefits are payable under any no-fault automobile Insurance Policy
  - Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy
  - Routine Dental Treatment
  - For Pregnancy or Illness resulting from Pregnancy, childbirth or miscarriage
  - Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion
  - Treatment for human organ tissue transplants and their related treatment
  - Weak, strained or flat feet, corns, calluses, or toenails
  - Diagnosis and treatment of acne
  - Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:***
- disease of any kind
  - bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
  - neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.

## Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

## Definitions

**"Accident" or "Accidental"** shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**"Coinsurance"** shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits, under each stated benefit.

**"Company"** shall be The Insurance Company of the State of Pennsylvania.

**"Covered Expenses"** shall mean expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

**"Deductible"** shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

**"Disablement"** as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

**"Elective Surgery or Elective Treatment"** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

**"Eligible Benefits"** shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

**"Emergency"** shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**"Family Member"** shall mean a spouse, parent, sibling or Child of the Insured Person.

**"Home Country"** shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**"Hospital"** as used in this Policy shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

**"Illness"** wherever used in this Policy shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

**"Injury"** wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

**"Insured Person(s)"** shall mean a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

**"Medically Necessary" or "Medical Necessity"** shall mean services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

**"Mental and Nervous Disorder"** shall mean a Sickness that is a mental, emotional or behavioral disorder.

**"Permanent Residence"** shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

**"Physician"** as used in this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**"Reasonable and Customary"** shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

**"Relative"** shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.



## How to file a medical claim

- Attach originals of all bills and/or receipts for amounts being claimed. No refunds are made for expenses not accompanied by bills or receipts.
- Submit claims to: Cultural Insurance Services International (CISI), River Plaza, 9 West Broad Street, Stamford, CT 06902-3788, Toll-free: 1-(800)-303-8120; direct: (203) 399-5130; or email [claimhelp@culturalinsurance.com](mailto:claimhelp@culturalinsurance.com)
- Retain a copy for your files.
- If reimbursement of an expense is approved, it will be to the service provider unless the receipt or bill is noted as having been paid by you.