

**PINNACLE STUDENT INSURANCE**

**ACCIDENT & SICKNESS  
INSURANCE  
PROGRAM**

**Designed for International Students and Scholars**

**PINNACLE PLUS PLAN**

**\$50,000 Maximum Benefit  
13 Week Benefit Period**

**2013 - 2014**

## ELIGIBILITY

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All international Students and Scholars under the age of 65 with a current passport or student visa and temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities on campus at a U.S. College/University are eligible to enroll in this insurance Plan.

Insured Students/Scholars may also purchase dependent coverage. Eligible dependents are the lawful spouse (residing with the Insured Student/Scholar) and unmarried children from the moment of birth to age 25 who are not self-supporting and reside with the Insured Student/Scholar. A child includes an Insured's natural child; adopted child, beginning with the date the Insured Student/Scholar is a party to a suit in which the Insured seeks to adopt the child; or a stepchild. A Dependent also includes a child of any age who is medically certified as disabled and is dependent on the Insured Student/Scholar; or a child incapable of self support due to mental retardation or physical handicap and is dependent upon the Insured Student/Scholar. Dependent eligibility expires concurrently with that of the Insured Student/Scholar.

**Please note:** On-line students/scholars and distance learning students/scholars solely taking off-campus home study, correspondence, or television courses are not eligible to enroll in the insurance plan. Students/Scholars must physically and actively attend classes or engage in educational activities on campus for 31 consecutive days following the date of enrollment to be covered under this Plan.

## EFFECTIVE DATE OF COVERAGE

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Coverage for an eligible Student/Scholar who makes the required premium payment will become effective on the latest of the following dates:

- 1) 12:01 a.m., Standard Time on August 1, 2013; or
- 2) the date the eligible Student/Scholar enters the Host Country; or
- 3) the date the eligible Student/Scholar is listed as an Insured on the census provided by the College/University; or
- 4) the date requested in the enrollment for the eligible Student's/Scholar's coverage; or
- 5) the day after the date the premium is received by the Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. A Dependent who meets the eligibility requirements shall have an effective date the latest of: 1) the Insured Student's/Scholar's Effective Date of Coverage, 2) the date requested in the enrollment form for Dependent coverage, or 3) the day after date of postmark when premium is received by the Company Agent or Administrator.

The individual's coverage is effective 24 hours a day on a worldwide basis except when in his/her Home Country.

## TERMINATION DATE OF COVERAGE

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Coverage for an Insured Student/Scholar shall terminate on the earliest of the following dates:

- 1) the last day of the period for which premium has been paid; or
- 2) the date the Insured Student/Scholar is no longer participating in international educational activities; or
- 3) the date the Insured Student/Scholar returns to his/her Home Country; or
- 4) 12:01 a.m., Standard Time on August 1, 2014, the Policy Termination date.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student's/Scholar's insurance terminates, whichever is earlier.

A pro-rated refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

**Please note: Coverage is not automatically renewed. Students/Scholars are responsible for keeping their coverage in force.**

## CONTINUOUS COVERAGE

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Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, Summer, etc.) when premium payment is received by the Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

## EXTENSION OF BENEFITS

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Termination of coverage will not affect any claim that began while the coverage was in force. If the Insured Person is Totally Disabled on the date coverage would otherwise terminate, benefits will be continued until:

1. 90 days elapse; or
2. the date that the maximum amount of benefits has been paid; or
3. the date that the Insured Person ceases to be Totally Disabled; or
4. the effective date of replacement coverage or equivalent or greater benefits provided by a succeeding carrier, but only if the replacement coverage covers the Injury or Illness causing the Total Disability without limitation due to the Injury or Illness having commenced prior to the effective date of the replacement coverage;

whichever first occurs. Only benefits for the Injury or Illness causing the Total Disability are continued. No benefits are payable with respect to any other Injury or Illness.

## DEFINITIONS

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**Accidental Bodily Injury** – an injury which is of such severity to necessitate medical treatment, and which is caused by an accidental event (independent of all other causes) during the Insured Person's term of coverage under the Policy, and is unrelated to any pathological, functional or structural disorder. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries, will be considered one injury.

**Co-insurance** - the percentage amount of an incurred loss for which the Insured Person is responsible. The co-insurance is exclusive of any Deductible or Co-payment.

**Co-payment** - the dollar amount of an Eligible Medical Expense that an Insured Person must pay prior to receiving benefits. A co-payment is exclusive of any Deductible and/or Co-insurance.

**Deductible** - the dollar amount for which the Insured Person is responsible and after which the policy benefits will be paid.

**Home Country** - The country of which the Insured Person is a citizen or national; including any country where the Insured Person maintains his/her primary residence or usual place of abode and any country of which the Insured Person is the possessor of a validly issued passport.

**Medical Emergency** - a medical condition of a recent onset and severity, including, but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that his or her condition or Injury is of such a nature that failure to get immediate medical care could result in: 1) placing the patient's health in serious jeopardy; 2) serious impairment of bodily functions; 3) serious dysfunction of any bodily organ or part; 4) serious disfigurement; or 5) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

**Medically Necessary** - a treatment, service, medicine or supply which is necessary and appropriate for the diagnosis or treatment of an Sickness or Injury based on generally accepted standards of current medical practice, as determined by the Company. A service, treatment, medicine or supply will not be considered Medically Necessary if it is provided or obtained only as a convenience to the Insured Person or his/her provider; and/or if it is not necessary or appropriate for the Insured Person's treatment, diagnosis or symptoms; and/or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or Treatment.

**Licensed Physician** – a person who is a duly licensed practitioner of the medical arts in the state or country in which the services are provided. He or she must be acting within the scope of his/her license and not be related to the Insured.

**Sickness** - illness or disease which first manifests itself, is contracted or commences, and for which a Licensed Physician identified diagnosis is recorded during the period the Insured Person's coverage is in force.

**Usual and Customary Charges** - fees and prices generally charged in the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

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## PRIMARY INSURANCE

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The Company shall provide benefits without regard to any other insurance coverage the Insured Person may have.

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## COMPANY'S RIGHT OF SUBROGATION

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In the event you require medical treatment due to another person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

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## PREFERRED PROVIDER NETWORK

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If the Insured Person uses a physician from the Preferred Provider Network, the Company will reimburse covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **PHCS, a MultiPlan Preferred Provider Network**, that has contracted with numerous hospitals, physicians and other health care providers in order to administer care at a prearranged, preferred dollar amount. If the Insured Person chooses to use a Non-Network Provider, benefits will be **reduced as shown on the Benefits Schedule**. Prior to seeking care with a Network Provider, the Insured Person should always verify that the provider continues to be a Network Provider. For a listing of participating providers, the Insured Person may access MultiPlan's website at **www.multipan.com**, then **select PHCS Network**, or call their toll free number **1-800-922-4362**.

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## CATAMARAN RX PHARMACY NETWORK

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### \$1,500 Benefit

The pharmacy network provides prescription drug coverage for all covered conditions with the exception of preventive drugs. Prescriptions must be filled at a participating **Catamaran RX** pharmacy. The **Covered Person is responsible for a \$10 co-payment per generic prescription; \$15 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

Participating pharmacies include, but are not limited to: Walgreens, Wal-Mart, CVS, Kroger, Kmart, and Target. For specific locations or additional participating pharmacies, and for other member services information, please call **Catamaran RX** at **800-207-2568**, or access their website at **www.mycatamaranrx.com**. This service is available 24/7 after the issuance of the identification/prescription card.

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## PRE-EXISTING CONDITIONS

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Pre-existing Conditions, defined as a condition for which medical advice, diagnosis, care or treatment was recommended by a Licensed Physician or received from a Licensed Physician within the 6 month period immediately preceding the effective date of coverage, are not covered under this policy. However, after an Insured Person has maintained 12 months of continuous and uninterrupted coverage, pre-existing conditions are covered as any other condition for loss of expense incurred after such 12 consecutive months period.

Payment will be in accordance with the provisions of this Policy. If the Insured Person has a lapse in coverage, a period of 12 months of continuous and uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

# MEDICAL EXPENSE BENEFITS SCHEDULE

**Maximum Benefit: \$50,000 per Injury and Sickness**  
**Deductible: \$25 per Injury and Sickness**

The Company will pay benefits, as described below, for the Eligible Medical Expenses incurred while the Insured Person's coverage is in force for treatment by a Licensed Physician for: 1) Accidental Bodily Injury when first treatment commences within 90 days of the date of Injury, or 2) Sickness beginning with the date of first treatment, not to exceed the Maximum Benefit of \$50,000 per Injury and Sickness. **Benefits will be provided for a continuous period of 13 weeks from the date of Injury or date of first treatment for a Sickness.**

### IN PPO\* NETWORK

After the Deductible and any co-payments are satisfied, the Plan will pay 80% of the In-Network charges for covered medical expenses.

### OUT OF PPO\* NETWORK

After the Deductible and any co-payments are satisfied, the Plan will pay 60% of the Usual and Reasonable Charges for covered medical expenses (see Usual & Reasonable definition).

PPO\* - Preferred Provider Organization

<b><u>INPATIENT COVERED EXPENSES - \$100 Co-payment per Hospital Admission</u></b>	<b><u>IN-NETWORK BENEFIT</u></b>	<b><u>OUT-OF-NETWORK BENEFIT</u></b>
<b>Room and Board Expense:</b> semi private room, including general nursing care .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Intensive Care:</b> including 24-hour nursing care .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Hospital Miscellaneous Expenses:</b> for services and supplies such as: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) medicines (excluding take-home drugs); 6) therapeutic services; 7) miscellaneous supplies; and 8) pre-admission testing .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Physiotherapy:</b> when prescribed by the attending Physician and administered by a licensed physiotherapist .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Surgery:</b> Physician's fees for a surgical procedure .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Anesthetist Services:</b> in conjunction with surgery .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Assistant Surgeon:</b> in conjunction with surgery .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Registered Graduate Nurse:</b> when prescribed by the attending Physician .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b>Physician's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	80% of PPO Allowance ....	60% of Usual & Reasonable
<b><u>OUTPATIENT BENEFITS</u></b>		
<b>Surgery:</b> Physician's fees for a surgical procedure .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Day Surgery Miscellaneous:</b> when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies, such as: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) miscellaneous supplies .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Anesthetist Services:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Assistant Surgeon:</b> in conjunction with surgery .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Physician's Visits:</b> limited to one visit per day when a surgery benefit is not paid .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Physiotherapy:</b> when prescribed by the attending Physician and performed by a professional physical therapist, and necessary to continue recovery from a covered Injury or Sickness; limited to one visit per day .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Chiropractic Care:</b> covered as any condition; one visit per day .....	80% of PPO Allowance / \$50 per Visit / 10 Visits Maximum .....	60% of Usual & Reasonable / \$50 per Visit / 10 Visits Maximum
<b>Medical Emergency Expenses:</b> incurred in a hospital emergency room, surgical center or clinic .....	<b>\$250 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$250 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Diagnostic X-rays Services:</b> when prescribed by the attending Physician .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Radiation Therapy:</b> when prescribed by the attending Physician .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Laboratory Procedures:</b> when prescribed by the attending Physician .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Miscellaneous Tests and Procedures:</b> when prescribed by the attending Physician for an incurred loss for which no other policy benefit is provided .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Shots and Injections:</b> administered in an emergency room or Physician's office and charged on the emergency room statement or Physician statement .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Chemotherapy:</b> when prescribed by the attending Physician .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Prescription Drugs:</b> when prescribed for a covered Injury or Sickness .....	See Catamaran RX Drug Card herein	

## MEDICAL EXPENSE BENEFITS SCHEDULE (Continued)

	<u>IN-NETWORK BENEFIT</u>	<u>OUT-OF-NETWORK BENEFIT</u>
<b><u>OTHER BENEFITS</u></b>		
<b>Ambulance Service:</b> transportation to or from a hospital .....	\$500 Maximum .....	\$500 Maximum
<b>Braces and Appliances:</b> when prescribed by the attending Physician exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered) Dental braces, except when necessitated by accidental bodily Injury, are not covered.	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Durable Medical Equipment:</b> rental charge for a standard basic hospital bed and/or a standard basic wheelchair, or purchase of, whichever is less.	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Consultant Physician Services:</b> when requested and approved by the attending Physician .....	<b>\$25 Co-pay per Visit /</b> 80% of PPO Allowance .....	<b>\$25 Co-pay per Visit /</b> 60% of Usual & Reasonable
<b>Dental Treatment:</b> for treatment of Injury to sound, natural teeth; covered as any Injury	80% of PPO Allowance / \$250 per Tooth .....	60% of Usual & Reasonable / \$250 per Tooth
<b>Motor Vehicle Accidents:</b> covered as any Injury .....	80% of PPO Allowance / \$10,000 Maximum .....	60% of Usual & Reasonable / \$10,000 Maximum
<b>Pregnancy:</b> covered as any Sickness when conception occurs while insured hereunder	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Venereal Disease:</b> covered as any Sickness .....	80% of PPO Allowance .....	60% of Usual & Reasonable
<b>Therapeutic Abortion:</b> covered as any Sickness; per policy year .....	80% of PPO Allowance / \$500 Maximum .....	60% of Usual & Reasonable / \$500 Maximum

### PSYCHOTHERAPY

Benefits will be payable for treatment of Mental and Nervous Disorders, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. For treatment on an "Inpatient" basis, benefits will be the lesser of:
  - a. The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
  - b. The first \$7,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$6,300 per policy year; or
  - c. The difference between \$7,000 and the benefits paid for Outpatient services.
2. For treatment on an "Outpatient" basis, benefits will be the lesser of:
  - a. The first \$2,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$1,800 per policy year; or
  - b. The difference between \$7,000 and the benefits paid for Inpatient Hospital Services.

Benefits are reduced if treatment is received from a provider who is not in-network.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT**

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The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below, within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

<u>Loss</u>	<u>Benefit</u>
Life .....	\$10,000
Sight of one eye .....	\$ 5,000
One hand or one foot .....	\$ 5,000
One hand and the loss of sight of one eye .....	\$10,000
One foot and the loss of sight of one eye .....	\$10,000
One hand and one foot .....	\$10,000
Both hands or both feet .....	\$10,000
Sight of both eyes .....	\$10,000
Thumb or Index finger .....	\$ 2,500

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

**Disappearance**

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered loss of life within the meaning of the Policy.

**Beneficiary Designation and Change**

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company.

Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change. Such change shall become effective only upon receipt of such request at the Executive Office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.

**Accidental Death and Dismemberment Exclusions:** The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by the Policy.
3. Declared or undeclared war, or any act of declared or undeclared war.
4. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

## EXCLUSIONS, EXCEPTIONS AND LIMITATIONS

**Unless otherwise provided within the Schedule of Benefits**, the Policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Any expenses for services rendered by any member of an Insured Person's family or by employees or physicians or other persons employed or retained by the Policyholder or for the use of the Policyholder's facilities except those benefits specifically listed in the Policy Schedule for Benefits as payable at the Policyholder's Health Service, Infirmary or Hospital; or for **ANY EXPENSES FOR SERVICES RENDERED ELSEWHERE WHICH ARE AVAILABLE AT THE POLICYHOLDER'S HEALTH SERVICE, INFIRMARY OR HOSPITAL EXCEPT IN CASES OF MEDICAL EMERGENCY**; or
2. Treatment where no Accidental Bodily Injury or Sickness is involved; congenital anomalies and conditions arising out of or resulting therefrom; Pre Existing Conditions for a period of 12 months from the Insured Person's effective date of coverage; Investigational Treatment; elective surgery or treatment (to include but not limited to breast or weight reduction), except cosmetic surgery made necessary by Accidental Bodily Injury occurring while the Insured Person's coverage is in force; or
3. Preventive medicines, serums or vaccines, shots or injections (unless required as a result of Accidental Bodily Injury and administered within 24 hours); drugs (unless dispensed while Hospital Confined or dispensed on an outpatient basis and taken in the dosage and for the purpose prescribed by the Insured Person's Licensed Physician); vitamins; oral contraceptives; or
4. Treatment or removal of nonmalignant moles, warts, lesions, boils, acne, actinic or seborrheic keratosis, dermatofibrosis, or nevus of any description or form; corns, calluses and bunions; halux valgus repair; hernia of any kind; varicosity; sleep disorders, including the testing therefor; deviated nasal septum, except when the direct result of Accidental Bodily Injury incurred while insured hereunder; acupuncture; alopecia, alopecia areata; hair growth or removal; hyperhidrosis; obesity; weight reduction; or
5. Treatment by a licensed audiologist or speech pathologist of conditions or disorders of hearing or conditions or disorders of speech, voice or language, speech therapy, occupational therapy and any related diagnostic testing, except as provided by a Hospital or rehabilitation facility as part of a covered inpatient stay; recreational or music therapy; personal services such as television and telephone or transportation; orthopedic shoes or devices intended to be placed inside shoes or other footwear; or
6. Routine physical examinations; any manner or type of diagnostic testing or evaluation, Xray or laboratory testing or evaluation which does not result with or is not directly related to the medical diagnosis and treatment of an Accidental Bodily Injury or Sickness for which claim is made hereunder; allergy testing or treatment; diagnostic testing, evaluation or treatment in connection with infertility, fertility or birth control; treatment that promotes, enhances or corrects impotency or sexual dysfunction or attempts thereat; or
7. Expense incurred within the Insured Person's Home Country or country of regular domicile; or
8. The expense of crutches; wheelchairs; braces and appliances except when directly applied to the area of an Accidental Bodily Injury during the initial treatment and when Medically Necessary for healing purposes; or
9. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a Sickness or Accidental Bodily Injury covered by the Policy; or
10. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an Accidental Bodily Injury covered by the Policy; or
11. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism; or
12. Treatment in the Hospital emergency room which is not due to a Medical Emergency as defined herein; or
13. Mental disorder; nervous or neurological disease or disorder; Substance Abuse; seizures of any kind; Attention Deficit Disorder, learning disabilities, attitudinal disorders or disciplinary problems; or
14. Suicide or attempt thereat; intentional selfinflicted injuries; or



## EXCLUSIONS (Continued)

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15. Pregnancy or childbirth (except when conception occurs while insured hereunder); elective abortion; elective caesarean section; pregnancy or childbirth for a Dependent child of an Insured Person (except for complications arising therefrom); or
16. Venereal disease; testing or treatment for HIV, AIDS virus, AIDS related illness, ARC Syndrome, AIDS, and/or any illness arising as complications from these conditions and/or charges for treatment which is incurred by Insured Persons who were HIV Positive at the time of enrollment in this Insurance whether or not the Insured Person had knowledge of his/her HIV status;
17. Dental treatment or dental Xrays except as specifically provided and then only when Accidental Bodily Injury occurs to sound, natural teeth; Accidental Bodily Injury to sound natural teeth does not include biting or chewing injuries; gum disease; or
18. Treatment for temporomandibular joint syndrome (TMJ) and/or craniomandibular syndrome except when the direct result of Accidental Bodily Injury incurred while insured hereunder; or
19. Private air travel, to include ballooning or ultralight aircraft; parachuting; parasailing; paragliding; parascending; hang gliding; bungee jumping; bobsledding; travel in or upon a snowmobile or ATV (all terrain or similar type vehicle); any two or three wheeled motor vehicle; high diving; skydiving; rappelling; rodeo; canyoning; spelunking; mountaineering; racing of any kind, including horse and any type of motor vehicle; luge; jet skiing; heli-skiing; BMX; BASE jumping; or
20. Accidental Bodily Injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith; or
21. Accidental Bodily Injury or Sickness for which the Insured Person is entitled to benefits under any Worker's Compensation or Occupational Disease Act or Law; or
22. War or any act of war or loss suffered by the Insured Person while in the military, naval or air service of any country (any premium paid to the Company for a period not covered by the Policy while the Insured Person is in such service will be returned prorata).

**ILLEGAL OCCUPATION:** The Company shall not be liable for any loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the Insured Person's being engaged in an illegal occupation.

**INTOXICANTS AND NARCOTICS:** The Company shall not be liable for any loss sustained or contracted in consequence of the Insured Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Licensed Physician.

## CLAIM PROCEDURE

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In the event of Injury or Sickness, the Insured Person should:

1. Report at once to the nearest doctor or hospital.
2. Secure a claim form from **website [www.amaofsa.com](http://www.amaofsa.com)** or from the address below. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of Injury/Sickness, and description and charge for each service provided. Mail or fax to the **Program Administrator**:

**AMA & ASSOCIATES**  
P. O. BOX 659570  
San Antonio, Texas 78265-9570  
1-800-456-7480  
FAX: 1-210-822-4113

**THE COMPANY MUST BE NOTIFIED WITHIN  
90 DAYS FROM DATE OF INJURY OR  
FIRST TREATMENT FOR SICKNESS**

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**For additional information on this insurance plan,  
please contact:**

**AGENT**

**Paul Fisher**  
**Pinnacle Student Insurance**  
Toll Free: 877-626-0360  
E-mail: [paul@psihealthplans.com](mailto:paul@psihealthplans.com)

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**UNDERWRITTEN BY:**

**AMERICAN SENTINEL INSURANCE COMPANY**  
Harrisburg, Pennsylvania

**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Master Certificate which is on file at Pinnacle Student Insurance. No individual Certificates will be issued. In the event of a claims dispute, the Master Certificate will prevail.

## WORLDWIDE MEDICAL ASSISTANCE

AMA & Associates is happy to provide worldwide travel and medical assistance services through an arrangement with FrontierMEDEX, a leader in the assistance industry. With a single phone call to the FrontierMEDEX Emergency Response Center (ERC), students can receive help with a number of travel or medical issues.

### Key Services of FrontierMEDEX Assistance

- Provides emergency medical evacuations and medically necessary repatriations\*
- Transportation to join a hospitalized participant\*
- Return of dependent children\*
- Repatriation of remains\*
- Online destination medical intelligence tool
- Provides passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Locates medical care providers, translation and interpreter services
- Facilitates emergency ticket, credit card and passport replacement, funds transfer assistance and missing baggage assistance
- Makes referrals for local legal services and bail bond services

\*Costs for these services are included within their limits. Please refer to your program description for further information. All other expenses are the responsibility of the insured.

**To contact FrontierMEDEX 24/7/365, call +1-410-453-6330.**