

Medical Summary

The following is a schedule of benefits for **CASS**. The plan covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts shown are in U.S. dollars. This is only a summary of proposed benefits and coverage. This is a summary and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Coverage Limit / Maximum Amount for Eligible Medical Expenses	
Period of Coverage	Maximum Limit: 365 days
Maximum Limit	\$5,000,000
Maximum Limit per Illness or Injury	\$500,000 per Insured Person
Area of Coverage	Worldwide excluding Country of Residence
Deductible for Eligible Medical Expenses	
Deductible <ul style="list-style-type: none"> Per Injury or Illness 	\$100 per Insured Person
Student Health Center Copayment <ul style="list-style-type: none"> Not subject to the per Illness/Injury Deductible 	\$5
Coinsurance for Eligible Medical Expenses	
Coinsurance <ul style="list-style-type: none"> In addition to Deductible 	Plan pays 100% Insured pays 0%
Pre-certification	
<ul style="list-style-type: none"> Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. All other Treatments & supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: \$1,000 Deductible is taken after reduction. Coinsurance is applied to remainder of the reduced amount. Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. 	
Pre-existing Conditions	
Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within thirty-six (36) months prior to the Effective Date are excluded until the Insured Person has maintained twelve (12) months of continuous coverage under this insurance. <ul style="list-style-type: none"> Period of Coverage Limit (after 12 months): \$500 Maximum Limit: \$1,500 	
Inpatient or Outpatient Services	
Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	Coverage
Eligible Medical Expenses	100%
Inpatient or Outpatient Services	

Subject to Deductible unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable and Customary
Limits per Period of Coverage unless stated as Maximum Limit

Benefit	Coverage
Physician / Specialist Visit <ul style="list-style-type: none"> Maximum Visits per day: 1 (unless visit is for a different medical/surgical specialty) 	100%
Urgent Care <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$50 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%
Walk-in Clinic <ul style="list-style-type: none"> Not subject to Deductible Copayment: \$20 Copayment is not applicable if the Declaration states a \$0 Deductible 	100%
Hospital Emergency Room <ul style="list-style-type: none"> Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission. 	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> Average semi-private room rate Includes nursing, miscellaneous and Ancillary Services 	100%
Intensive Care	100%
Bedside Visit <ul style="list-style-type: none"> Not subject to Deductible Maximum Limit: \$1,500 Hospitalized in an Intensive Care Unit Refer to the BEDSIDE VISIT provision for further details 	100%
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%
Radiology / X-ray	100%
Pre-admission Testing	100%
Surgery	100%
Reconstructive Surgery <ul style="list-style-type: none"> Surgery is incidental to or follows Surgery that was covered under the Plan 	100%
Assistant Surgeon <ul style="list-style-type: none"> 20% of the primary surgeon's eligible fee 	100%

Inpatient or Outpatient Services

Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Benefit	Coverage
Anesthesia	100%
Durable Medical Equipment	100%
Chiropractic Care <ul style="list-style-type: none"> • Medical order or Treatment plan required 	100%
Physical Therapy: United States <ul style="list-style-type: none"> • Maximum Visits per day: 1 • Medical order or Treatment plan required 	100%
Extended Care Facility <ul style="list-style-type: none"> • Upon direct transfer from acute care Hospital 	100%
Home Nursing Care <ul style="list-style-type: none"> • Provided by a Home Health Care Agency • Upon direct transfer from acute care Hospital 	100%

Prescriptions

Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Benefit	Coverage
Prescriptions <ul style="list-style-type: none"> • Dispensing Day Maximum: 90 	100%

Mental or Nervous / Substance Abuse

Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Inpatient Mental or Nervous / Substance Abuse <ul style="list-style-type: none"> • Maximum Limit: \$10,000 • Not covered if incurred at the Student Health Center 	100%
Outpatient Mental and Nervous / Substance Abuse <ul style="list-style-type: none"> • Maximum Limit per day: \$50 • Maximum Limit: \$500 • Not covered if incurred at the Student Health Center 	100%

Emergency Services

NOT Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Emergency Local Ambulance <ul style="list-style-type: none"> • Subject to Deductible • Injury • Illness resulting in a Hospitalization admission 	100%
---	------

Emergency Services

NOT Subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Emergency Medical Evacuation <ul style="list-style-type: none"> • Maximum Limit: \$50,000 • Must be approved in advance and coordinated by the Company 	100%
Emergency Reunion <ul style="list-style-type: none"> • Maximum Limit: \$15,000 • Maximum Days: 15 • Meal Maximum per day: \$25 • Reasonable and necessary travel costs and accommodations • Must be approved in advance by the Company 	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> • Services rendered in the United States • Transfer must be a result of an Inpatient Hospital admission 	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> • Maximum Limit: \$10,000 • Must be approved in advance by the Company 	100%
Return of Mortal Remains <ul style="list-style-type: none"> • Maximum Limit: \$25,000 • Local Burial / Cremation at place of death <ul style="list-style-type: none"> ○ Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Must be approved in advance by the Company 	100%

Other Services
 NOT subject to Deductible unless otherwise noted
 Eligible Medical Expenses are limited to Usual, Reasonable and Customary
 Limits per Period of Coverage unless stated as Maximum Limit

Accidental Death & Dismemberment <ul style="list-style-type: none"> • Principal Sum Maximum: \$25,000 • Death must occur within 90 days of the Accident 	Accidental Death: 100% of Principal Sum															
	Accidental Dismemberment: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Loss</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand or one foot</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand and loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One foot and loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One hand and one foot</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Both hands or both feet</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Sight of both eyes</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>	<u>Loss</u>	<u>Percent of Principal Sum</u>	Sight of one eye	50%	One hand or one foot	50%	One hand and loss of sight of one eye	100%	One foot and loss of sight of one eye	100%	One hand and one foot	100%	Both hands or both feet	100%	Sight of both eyes
<u>Loss</u>	<u>Percent of Principal Sum</u>															
Sight of one eye	50%															
One hand or one foot	50%															
One hand and loss of sight of one eye	100%															
One foot and loss of sight of one eye	100%															
One hand and one foot	100%															
Both hands or both feet	100%															
Sight of both eyes	100%															

Other Services
 NOT subject to Deductible unless otherwise noted

Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Dental Treatment <ul style="list-style-type: none"> • Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth) • Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment at a Dental Provider due to an Accident) 	100%
Traumatic Dental Injury <ul style="list-style-type: none"> • Subject to Deductible and Coinsurance • Up to the Maximum Limit • Treatment at a Hospital Facility due to an Accident • Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% 	100%
Incidental Trip <ul style="list-style-type: none"> • Maximum days: 14 • Country of Residence is outside the United States • Refer to the INCIDENTAL TRIP provision for further details 	100%
Terrorism <ul style="list-style-type: none"> • Maximum Limit: \$50,000 	100%

Add-On Rider

Limited High School and College Sports Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	Coverage
Interscholastic Athletics, Intramural Sports and College Club Sports <ul style="list-style-type: none"> • Up to the Maximum Limit • Non-contact and Recreational Sports • Refer to the EXCLUSIONS and DEFINITIONS provisions for further details and restrictions. 	100%
Baggage, Legal Assistance, and Personal Liability NOT Subject to Deductible unless otherwise noted Eligible Medical Expenses are subject to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Baggage <ul style="list-style-type: none"> • Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements. • Lost or Stolen Baggage <ul style="list-style-type: none"> ○ Period of Coverage Limit: \$250 • Lost or Stolen Valuables 	100%

<ul style="list-style-type: none"> ○ Period of Coverage Limit: \$250 ● Lost or Stolen Personal Papers <ul style="list-style-type: none"> ○ Period of Coverage Limit: \$250 	
<p>Legal Assistance</p> <ul style="list-style-type: none"> ● Attorney Binder Fee Period of Coverage Limit: \$500 ● When the Insured Person receives a legal summons, threat of lawsuit, or other notice of a third-party claim regarding a personal Injury or property damage liability ● For initial consultation ● Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements. 	100%
<p>Personal Liability</p> <ul style="list-style-type: none"> ● Secondary to any other insurance; refer to the OTHER INSURANCE provision in the Certificate ● Injury to a Third Person <ul style="list-style-type: none"> ○ Per Injury Deductible: \$100 ○ Period of Coverage Limit: \$2,000 ● Damage to Third Person's Property <ul style="list-style-type: none"> ○ Per damage Deductible: \$100 ○ Period of Coverage Limit: \$500 ● Not Eligible for Coverage: <ul style="list-style-type: none"> ○ Injury to a related third party ○ Damage to related third person's property ● Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements. 	100%