

2021–2022 Domestic Student Injury and Sickness Insurance Plan for **ST. ANDREW'S SCHOOL**

Eligibility

All Domestic students attending a private secondary Prep School for this coverage and who are registered for credit courses are eligible to enroll in this insurance Plan. Students must actively attend classes for at least the first 31 days and/or actively attend a school sponsored camp or program after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Effective and Termination Dates

This insurance Plan becomes effective at 12:01 am on August 15, 2021

This insurance Plan terminates at 11:59 pm on August 14, 2022

Where can I get more information about the benefits available?

The plan brochure provides more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please contact the school for copies of the plan brochure.

Who can answer questions I have about the plan?

If you have questions or complaints, please contact the Plan Administrator

Gigi Warren
Clifford Allen Associates, Ltd.
PO Box 23615
Hilton Head Island, SC 29925
(888) 342-2224

For claims submission:

GBG Administrative Services
7600 Corporate Center Drive, Suite 500
Miami, FL 33126
(800) 730-2417

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). The PPO for this plan is UnitedHealthcare Options PPO.

GBG Assist

The Travel Assist Plan is a non-insurance service designed to provide individuals, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide, 24-hour emergency assistance services during the term of coverage. The assistance plan services are arranged by GBG Assist.

The arrangement of key services includes:

- Emergency Evacuation
- Medically Necessary Repatriation
- Repatriation of Remains

For Emergency Assistance call: 1 (800) 730-2417

Email for Emergencies to: CAA@gbg.com

GBG Assist is available 24 hours a day.



Highlights of the Coverage

This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations.

| | In-Network Provider | Out-of-Network Provider |
|---|---|---|
| Medical Expense Maximum | Unlimited | |
| Plan Deductible | \$0 | \$0 |
| Coinsurance <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure.</i> | 100% of the Preferred Allowance | 80% of Usual Reasonable & Customary Charges (URC) |
| Hospital Room & Board Benefit | 100% of the daily room rate Preferred Allowance | 80% of Semi-Private Daily Room Rate |
| Hospital Miscellaneous Expense Benefit | 100% of Preferred Allowance | 80% of URC |
| Physiotherapy <i>60 visits maximum (Per Policy Year)</i> | 100% of Preferred Allowance | 80% of URC |
| Surgeon's Fees <i>If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</i> | 100% of Preferred Allowance | 80% of URC |
| Assistant Surgeon | 100% of Preferred Allowance up to 30% of surgeon allowance | 80% of URC up to 30% of surgeon allowance |
| Outpatient Prescription Drug Benefit | \$0 co-pay per prescription, 30-day supply per prescription (when utilizing a CVS Caremark pharmacy) | 100% of Charges |
| Wellness Medical Expense Benefit: <i>Wellness includes, but not limited to, annual physicals, GYN exams, screenings and immunizations (see the policy on file with the school for complete details)</i> | 100% of Preferred Allowance (No Deductible, or Coinsurance will be applied when the services are received from an In-Network Provider.) | 80% of URC |
| The following benefits may also be included: <i>This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions or limitations.</i> | <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> ▶ Physician's Visits ▶ Diabetes Treatment ▶ Urgent Care ▶ Emergency Room ▶ In-Patient and Out-Patient Mental or Nervous Conditions ▶ Emergency Dental – Injury to Natural Teeth only </div> <div> <ul style="list-style-type: none"> ▶ Interscholastic Sports Benefit ▶ Laboratory and X-Ray ▶ Durable Medical Equipment </div> </div> | |
| Emergency Medical Evacuation/Return of Remains | 100% of actual expenses | |

State-Mandated Benefits include: Ambulance Benefit, Emergency Room & Services Benefit, Wellness Medical Expense Benefit, Contraceptives Benefit, Maternity and Pre-Natal Care Expense Benefit, Diabetes Treatment Expense Benefit, Telemedicine Benefit, Autism Spectrum Disorders Benefit, Phenylketonuria (PKU) and Inherited Metabolic Diseases Benefit, Scalp Hair Prosthesis Benefit, and Orthotic and Prosthetic Devices Benefit.

Exclusions and Limitations:

The plan does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits.

1. War or any act of war, declared or undeclared;
2. Charges which are in excess of Usual, Reasonable and Customary charges, if applicable;
3. Charges that are not Medically Necessary;
4. Charges provided at no cost to the Covered Person
5. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
6. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);

7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere.Except as a fare paying passenger on a regularly scheduled commercial airline.
8. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column, unless specifically covered by the Policy;
9. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
10. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
11. Eyeglasses, contact lenses, hearing aids, or examinations for prescriptions;
12. Rest cures or Custodial Care.
13. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident .
14. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
15. Voluntary, active participation in a riot or insurrection;
16. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
17. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.

DEFINITIONS

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

Accident means an unforeseeable event which: (1) Causes Injury to one or more Covered Person; and (2) Occurs while coverage is in effect for the Covered Person.

Physician means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, or a Covered Person's Immediate Family.

Sickness means illness or disease which requires treatment by a Physician while covered by the Policy. The Sickness would occur after the effective date of a Covered Person's coverage under the Policy and while the Policy is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Plan is underwritten by: United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. This is a brief summary of coverage and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Policy on file with the school for complete details

THE COMPANY HEREBY INSURES ELIGIBLE STUDENTS ATTENDING THE POLICYHOLDER PREP SCHOOL SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE ELIGIBILITY PROVISION FOR WHOM PREMIUM HAS BEEN TIMELY PAID. COMPANY AGREES TO PAY BENEFITS SET FORTH IN THE POLICY. BENEFIT PAYMENT IS GOVERNED BY THE TERMS OF THE POLICY.

THIS IS LIMITED BENEFIT COVERAGE. READ THE POLICY CAREFULLY. THE POLICY IS NOT RENEWABLE.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, a In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the Policy meets any obligations you may have under PPACA.

The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This is a brief description of coverage provided under form number BA-51000-DE, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Insurance is underwritten by United States Fire Insurance Company, with its principal place of business at 5 Christopher Way, Eatontown NJ.

Please keep this as a general summary of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of the accident and sickness coverage are set forth in the plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The issued policy contains a complete description of reductions, limitations, exclusions, definitions and termination provisions. If there is any conflict between this summary and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ.

Policy # US1393516