Meets school requirements

# Shield Plus

Dedicated Insurance for International Students attending University of North Florida

ISO Student Health Insurance + Berkshire Hathaway Specialty Insurance®

# TABLE OF CONTENTS

ELIGIBILITY ..... 4

BENEFITS ..... 4

DEFINITIONS ..... 7

EXCLUSIONS ..... 8

MEDICAL EVACUATION ..... 10

REPATRIATION OF REMAINS ..... 10

PPO – PREFERRED PROVIDER ORGANIZATION ..... 10

PERIOD OF COVERAGE ..... 10

CLAIM PROCEDURE ..... 11

REFUND OF PREMIUM ..... 11

PLAN MANAGER AND UNDERWRITER ..... 12

ASSISTANCE SERVICES ..... 12

SUBSCRIPTION AGREEMENT ..... 13

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## SUMMARY SCHEDULE OF BENEFITS

| | Shield Plus |
|---|---|
| Policy number | 47250153ION1012 |
| Medical expense benefit | $500,000 per injury or sickness |
| Maximum deductible per Policy Year | $500 |
| Deductible[1] at Student Health Center | $50 |
| Deductible[1] elsewhere | $100 |
| Copay per visit: | |
| Student Health Center | $0 |
| Primary care Physician | $30 |
| Specialist | $50 |
| Urgent Care | $50 |
| Coinsurance in-network | 80% of preferred allowance |
| Coinsurance out-of-network | 70% of usual & customary |
| Emergency room copay (waived if admitted) | $200 |
| Hospitalization copay | $300 |
| Maternity | Covered as any sickness |
| Pre-existing conditions | Covered after 6 months |
| Wellness & Preventive Care[2] | Covered at 80% in-network or 80% URC at SHC |
| Medical evacuation | $100,000 |
| Repatriation of remains | $50,000 |

[1] Per injury or sickness.
[2] Copay and deductible applies & must be delivered by network provider or at the Student Health Center (SHC).

## MONTHLY RATES

| Age | Shield Plus |
|---|---|
| 12 – 24 | $75 |
| 25 – 29 | $125 |
| 30 – 64 | $257 |
| Dependent | $654 |

## ELIGIBILITY

You are eligible for this plan if you are a non-U.S. citizen, have a current passport or visa and are temporarily residing outside your home country/country of permanent residence. You must also be actively engaged in educational activity and start your educational program within 30 days of plan effective date and maintain full time student status for the duration of the policy. You are "actively engaged" in educational activity if you are one of the following:

1. Students who are enrolled and attending an associate or bachelor's program at an educational institution on a full-time basis;
2. Students on J1 visa who are enrolled and attending classes at an educational institution on a full-time basis;
3. Students on F1/J1 visa who are enrolled in a master's or PhD degree.

The full-time requirement is waived for summer if the student was attending school as a full-time student in the preceding spring term.

Your dependent spouse and your dependent children are also eligible for coverage under your plan if they hold a valid visa to the U.S. and you pay the premiums due for each covered dependent. Permanent residents of the U.S. or persons who have applied for permanent residency in the U.S. are not eligible for coverage under this plan.

Students currently on medical leave or on OPT are not eligible for this plan.

## BENEFITS

When a covered injury or sickness requires treatment by a Physician, the coverage will provide benefits for the usual, reasonable and customary charges for medically necessary covered medical expenses, subject to the maximum benefit for all services as shown in the Schedule after the deductible and any required coinsurance and/or copayment are satisfied. Payment for any covered medical expense will be no more than the benefit limit shown for it. The total payable for all covered medical expenses will be no more than the maximum benefit limit per coverage maximum. Benefits are subject to the coordination of benefits provision.

Covered expenses are the preferred allowance for in-network providers or usual, reasonable and customary charges for out-of-network providers for medically necessary services and supplies. Please be aware that if you have a gap between policies or choose to change plans in any subsequent policy enrollment the plan benefits will be subjected to all plan exclusions, including a new pre-existing condition exclusion and waiting period.

For purposes of this insurance, if you or your covered dependents incur accident or sickness benefits in your, or their, home country (passport country) or in your, or their, country of permanent residence (location in which you or they permanently reside), such benefits are not covered under this plan.

**Covered medical expenses include:**

| | Shield Plus |
|---|---|
| Hospital room and board benefit: daily semi-private room rate when hospital confined. | 80% in-network, 70% URC out-of-network. |
| Intensive/cardiac care unit benefit: the daily room rate when a Plan Participant is hospital confined in a bed in the intensive/cardiac care unit and nursing services other than private duty nursing services | 80% in-network, 70% URC out-of-network |
| Hospital miscellaneous expense benefit: services and supplies including operating room, laboratory tests, anesthesia and medicines when hospital confined. Physician's surgical expenses are not covered under this expense | 80% in-network, 70% URC out-of-network |
| Surgeon benefit (inpatient or outpatient) | 80% in-network, 70% URC out-of-network |
| Assistant surgeon expenses when medically necessary | 80% in-network, 70% URC out-of-network |
| Day surgery benefit: room and supply expenses for use of the surgical facility | 80% in-network, 70% URC out-of-network |
| Anesthesia expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis | 80% in-network, 70% URC out-of-network |
| Diagnostic x-rays, laboratory procedures and tests, subject to $30 copay per visit<br><br>Expenses for MRI, PET and CT scans are subject to $100 copay per visit | 80% in-network, 70% URC out-of-network |
| Ambulance expenses for transportation from the emergency site to the hospital | 80% in-network, 70% URC out-of-network |
| Physician visit benefit (inpatient or outpatient) | 80% in-network, 70% URC out-of-network |
| Consultant Physician fees (inpatient or outpatient): when requested and approved by the attending Physician. | 80% in-network, 70% URC out-of-network |
| Emergency room benefit: including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies | 80% in-network, 70% URC out-of-network |
| Maternity: covered medical expenses include charges made by a Physician for pregnancy and childbirth services and supplies, including prenatal visits (non-preventive care), delivery and postnatal visits | 80% in-network, 70% URC out-of-network |

| | |
|---|---|
| Mental and nervous condition (outpatient), subject to $50 copay per session | 80% in-network, 70% URC out-of-network |
| Mental and nervous condition (inpatient) | 80% in-network, 70% URC out-of-network |
| Alcoholism/drug abuse treatment (inpatient or outpatient): the benefits and the maximum amounts are the same as any sickness | 80% in-network, 70% URC out-of-network |
| Emergency dental expense benefit: 1) performed by a Physician; and 2) made necessary by Injury to natural teeth. Routine dental care and treatment to the gums are not covered (see exclusion 18) | $500 per Policy Year |
| Physiotherapy, chiropractic and acupuncture benefit (inpatient or outpatient): expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy, subject to $30 copay per session | 80% in-network, 70% URC out-of-network.<br>Limited to 1 visit per day and maximum of 12 visits per event |
| Durable Medical Equipment - Braces and Appliances: rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. Includes medical equipment rental, blood and blood transfusions, oxygen and its administration. No benefits will be paid for rental charges in excess of the purchase price | 80% in-network, 70% URC out-of-network |
| Prescription drug expenses including dressings, drugs and medicines prescribed by a Physician and administered on an outpatient basis. | 80% of reasonable & customary, up to $2,000 per Policy Year |
| Therapeutic termination of pregnancy | 80% in-network, 70% URC out-of-network |
| Preventative care (only when performed by a network provider or at SHC) | Payable at 80% usual & customary charges |

Preventive Service:

1. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Plan Participant involved;
2. With respect to any Plan Participants who are infants, children and adolescents, informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

**Coordination of Benefits Provision:** When a Plan Participant is covered under more than one valid and collectible health insurance plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the coordination of benefits provision is included in the plan document on file with the plan manager.

## DEFINITIONS

**Annual Maximum** means the maximum payable limit per Policy Year.

**Child** means the Plan Participant's natural child, adopted child (or child placed in the Plan Participant's home for purposes of adoption), foster child, stepchild, or other child for whom the Plan Participant has legal guardianship (proof will be required). A child must reside with the Plan Participant in a parent-child relationship. NOTE: In the event the Plan Participant shares physical custody of the child with another parent, the requirement that the child reside with the Plan Participant will be waived.

**Dependent** means a Plan Participant's: Spouse; and each unmarried child under age 26.

The foregoing age limitation will not apply to a Plan Participant's unmarried child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the company immediately upon enrollment or within 31 days of the child reaching the age limitation. Thereafter, proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

**Eligible Expenses** means the usual, reasonable and customary charges for services or supplies which are incurred by the Plan Participant for the medically necessary treatment of an injury provided that they are incurred while this coverage is in force.

**Emergency** means a sickness or injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one that manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause: 1) their life or health to be in serious jeopardy (or, with respect to a Plan Participant that is a pregnant woman, serious jeopardy to the health of the woman or her unborn child); 2) their bodily functions to be seriously impaired; or 3) a body organ or part would be seriously damaged.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an accident after the effective date of a Plan Participant's coverage under the plan document, while this coverage is in force as to the person whose injury is the basis of the claim. All injuries to the same Plan Participant sustained in one accident, including all related conditions and recurring symptoms of the injuries will be considered one injury.

**Medical Expense Benefit** means the lifetime limit payable per injury or sickness for all consecutive terms of medical coverage.

**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 law of 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. However it shall not include a Plan Participant, a Plan Participant's spouse, son, daughter, father, mother, brother, sister or other relative (even if they are a qualified practitioner of medicine).

**Plan Participant** means a person and dependent eligible for coverage as identified in the enrollment/application who is a non-United States citizen traveling outside of their home country and has his or her true fixed or permanent home and

principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the policy.

**Policy Year** means the period of time between the start and end date for which insurance coverage is in effect as shown on the confirmation letter, up to a maximum of 12 months.

**Pre-existing Condition** means any illness, injury, or physical or mental condition, for which a Plan Participant, prior to the effective date:

1. received any diagnosis; or
2. received any medical advice; or
3. received any treatment; or
4. took any prescribed medications; or
5. experienced any distinct symptoms.

**Preferred Allowance** means the amount a network provider will accept as payment in full for eligible expenses.

**Sickness** means sickness or disease contracted and causing loss commencing while the coverage is in force as to the Plan Participant whose sickness is the basis of claim. Any complication or any condition arising out of a sickness for which the Plan Participant is being treated or has received treatment will be considered as part of the original sickness.

**Spouse** means lawful spouse (if not legally separated or divorced) or domestic partner or civil union partner.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

• The actual amount charged by the provider;

• The negotiated rate; or

• The charge which would have been made by the medical service provider for a comparable service or supply made by other providers in the same three digit zip code in which the service, treatment, procedure, drugs or supplies are provided (or a greater area if necessary to obtain a representative cross section of charge for a like treatment, service, procedure, device drug or supply), as reasonable determined by us for the same service or supply.

## EXCLUSIONS

**The policy does not cover any loss resulting from any of the following**:

1. War or any act of war, declared or undeclared;
2. Voluntary, active participation in a riot or insurrection;
3. Medical expenses resulting from a motor vehicle accident in excess of the coordination of benefits provision (however motorcycle/motor scooter riding is subject to a separate exclusion below);
4. Organ transplants;
5. Treatment for an injury or sickness caused or contributed by or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs that are intentionally taken in an amount that is different from the dosage recommended by the manufacturer or for the purpose prescribed by the Physician for the Plan Participant;
6. Expenses for which the Plan Participant would not be responsible in the absence of the policy;

7. Treatment of acne;
8. Charges which are in excess of usual, reasonable and customary charges;
9. Charges that are not medically necessary;
10. Charges provided at no cost to the Plan Participant;
11. Expenses incurred for treatment outside the US;
12. Services or treatment rendered by an immediate family member of the Plan Participant;
13. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
14. Pre-existing conditions (however a pre-existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same insurance plan);
15. Elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth of a dependent when dependent child of a Plan Participant (except for complications arising there from);
16. Reproductive/Infertility services, including but not limited to: infertility (male or female); impotence, organic or otherwise; sterilization or reversal thereof;
17. Dental treatment or care (other than dental treatment or care of sound, natural teeth and gums required on account of injury resulting from an accident while the Plan Participant is covered under the policy, and rendered within 6 months of the accident);
18. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
19. Weak, strained or flat feet, corns, calluses, or ingrown toenails;
20. Expenses incurred during an emergency room visit that is not of an emergency nature;
21. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
22. Injury sustained while taking part in any of the following: mountaineering or mountain climbing (where ropes or guides are used); hang gliding, glider flying, or flight in any kind of aircraft (except while riding as passenger on a regularly scheduled flight of a commercial airline); skydiving; parachuting; bungee jumping; base jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; jet skiing; snow skiing; spelunking; sail planning or parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding;
23. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest, competition or exhibition;
24. Elective or cosmetic surgery and elective treatment or treatment for congenital anomalies , 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);
25. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from or while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

## MEDICAL EVACUATION

Benefits will be paid for covered expenses up to the maximum stated in the summary schedule of benefits if an injury or sickness commencing during the period of coverage results in the necessary emergency medical evacuation of the Plan Participant. An emergency medical evacuation must be ordered by a Physician who certifies that the severity of the Plan Participant's injury or sickness warrants the emergency medical evacuation.

**Emergency Medical Evacuation means:**
If the local attending Physician and the authorized travel assistance company determine that transportation to a hospital or medical facility or your return to your primary place of residence is medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the transportation expense incurred will be paid for the usual and customary charges for transportation to the closest hospital or medical facility capable of providing that treatment. All expenses must be authorized in writing in advance. For authorization please contact On-Call International (866) 525-1959 or (603) 328-1959.

## REPATRIATION OF REMAINS

In the event of the Plan Participant's death during a trip, the expense incurred within 30 days from the date of the death resulting from a covered injury or sickness will be paid for minimally necessary casket or air tray, preparation and transportation of the Plan Participant's remains to their home country/country of permanent residence.

All expenses must be authorized in writing in advance. For authorization, contact On-Call International (866) 525-1959 or (603) 328-1959.

## PPO – PREFERRED PROVIDER ORGANIZATION

Plan Participants insured under this plan may choose to be treated within or outside of the **Aetna PPO network.**

Aetna – (833) 577-2586 / www.aetna.com

## PERIOD OF COVERAGE

Coverage will begin at 12:01 am on the latest of either the start date requested on the enrollment form or the date the participant enters the United States, provided that the enrollment form and premium are received by the underwriting company or its designated representative.

Coverage will terminate at 11:59 pm on the earliest of either the last date for which premium has been paid, or on the date you are no longer eligible or return to your home country/country of permanent residence. Coverage for your dependent spouse and/or your dependent children will terminate when your coverage terminates.
**Extension of Accident and Sickness Insurance Benefits**

Newborn children coverage: coverage for a newborn child will begin from the moment of birth provided your coverage is in effect at the moment of birth. Maximum coverage is $500. You must give us notice within 31 days of the birth of the child. If notice is not given and additional required premium not paid within 31 days, coverage for the newborn child will terminate upon the expiration of the initial 31 day period.

## CLAIM PROCEDURE

In the event of sickness or injury, you should report to the student health service, if available, or the nearest Physician or hospital. Persons insured under this plan may choose to be treated within or outside **Aetna PPO Network**. Reimbursement rates will vary according to the source of care as described under the summary schedule of benefits and medical expense benefits.

Please mail the completed claim form and accompanying documentation to the claims administrator, **SISCO Benefits, PO Box 3190, Dubuque, IA 52004**. The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss under the policy occurs or ends, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at 833-577-2586 between 8:00 A.M. and 8:00 P.M. EST Monday through Thursday and between 8:00 A.M. and 6:00 P.M. EST Friday or e-mail at ISOclaims@siscobenefits.com.

## REFUND OF PREMIUM

Refund of premium is not allowed, unless:

1) Your school, within 31 days of the plan's start date, does not accept the ISO policy benefits as meeting the school's minimum requirements for insurance and denies your waiver request in that regard. You must submit written proof to us that your school has denied your waiver request; or
2) You withdraw from school within 31 days of the plan's start date and you provide us with a copy of the school's written acknowledgment of your withdrawal.

Any premium refund request must be in writing. Premium refund requests will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager. **A $50 processing fee is applied to any approved refund.**

## PLAN MANAGER AND UNDERWRITER

This brochure provides you with a summary of the benefits of the ISO Shield Plus insurance plan. The Plan Manager is ISO, and the underwriter is Citadel International Reinsurance Company Limited on behalf and in respect of the segregated account entitled "Berkshire Hathaway Specialty Insurance Bermuda" ("Underwriter") for the purposes of section 11(3) of the Segregated Accounts Companies Act 2000 of Bermuda (the "Act"), and it is agreed and understood that all rights and obligations under the policy are subject to the provisions of the Act. **The Underwriter is reinsured 100% by Berkshire Hathaway Specialty Insurance Company, part of the National Indemnity group of insurance companies, which hold a financial strength ratings of A++ from AM Best and AA+ from Standard & Poor's.**

Please keep this brochure as a summary of the insurance plan as specified in the policy that is on file with ISO. The policy contains a complete description of all terms and conditions summarized in this brochure, including benefits, limitations, and exclusions. In the event of a discrepancy, the policy will prevail. You may request a full copy of the policy by emailing ISO.

## ASSISTANCE SERVICES

Assistance services are provided by On Call International. An outline of the assistance services appears below.

**Pre-Travel Assistance**

- Help in arranging special medical services needed while traveling

**Medical Emergency Services**

- Worldwide, 24-hour medical location service
- Medical case monitoring arrange communication between patient, family, Physicians, employer, consulate, etc...
- Medical transportation arrangements
- Emergency message service for medical situations

**Legal Assistance**

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

**Travel Assistance**

- Help with lost passports, tickets and documents

**On Call International**

- U.S. or Canada: (866) 525-1959
- International: Contact International Operator to place your call to (603) 328-1959
- E-mail for emergencies to mail@oncallinternational.com

## SUBSCRIPTION AGREEMENT

I hereby apply and agree to be a member of the group associated with the ISO Shield Plus insurance plan and to participate in the insurance coverage extended to members and participants thereof under the insurance plan and the policy (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the policy from the Plan Manager. I understand that the liability of the Underwriter of the coverage is as provided in the policy and subject to the Act. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, then such coverage will lapse (unless otherwise agreed in writing by the Underwriter).

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement (together "representations & warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Underwriter as provider of the coverage, and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto.

The Plan Participant hereby undertakes to inform the Plan Manager of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the Plan Manager against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the Plan Manager of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the Plan Manager shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Plan Manager against any loss or damage (including attorney's fees) occasioned by the Plan Manager acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the Underwriter (or its Third Party Administrator) to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The Plan Manager shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria. The policy provides limited benefit short duration coverage pursuant to all of its terms, conditions, limits and exclusions. 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." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. 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 this coverage meets any obligations you may have under PPACA. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.