

# Medical Evacuation & Repatriation Only Plan



Student Health Insurance

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Berkshire Hathaway  
Specialty Insurance.

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## SUMMARY SCHEDULE OF BENEFITS

	Medical Evacuation and Repatriation Only Plan
Policy number	47250153ION1118
Medical evacuation	\$100,000
Repatriation of remains	\$100,000
Bedside Visit	\$1,500

## ANNUAL PREMIUM

	Medical Evacuation and Repatriation Only Plan
12 – 64	\$96
Dependent	\$96

## ELIGIBILITY

You are eligible for this plan if you are a non-US citizen, you must have a current passport or visa and are temporarily residing outside your home country/country of permanent residence.

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. 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. 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.

## MEDICAL EVACUATION

Benefits will be paid for covered expenses up to the maximum stated in the summary schedule of benefits if, as a result of an injury or sickness commencing during the period of coverage, the Plan Participant is hospitalized for at least seven (7) consecutive days, and as a result of such injury or sickness and following such hospitalization the Plan Participant requires emergency medical evacuation. An emergency medical evacuation must be ordered by a local attending physician who certifies that the severity of the Plan Participant's injury or sickness warrants the emergency medical evacuation.

### **Emergency Medical Evacuation:**

If the local attending physician and On Call International (including its designated physician) 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.

The Company will pay the actual expense incurred, but not to exceed the Maximum Aggregate Benefit of \$100,000.

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

## REPATRIATION OF REMAINS

In the event of a Plan Participant's death while covered under the policy, the Company will pay the actual expense incurred for preparation and transportation of their mortal remains back to the home country or country of permanent residence. If applicable, such action will be in accordance with any international requirements. On Call's assistance services include: locating a sending funeral home; coordination of consular services (in the case of death overseas); procuring death certificates; and assistance in transporting your remains to a funeral home nearest your permanent primary residence or to your permanent primary residence. Other assistance services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

The Company will pay the actual expenses incurred, but not to exceed the Maximum Aggregate Benefit of \$100,000.

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

## BEDSIDE VISIT

In the event of a Plan Participant's covered hospitalization for more than 7 consecutive days, the Company will pay the actual expense incurred for the cost of an economy round-trip air or ground transportation ticket (up to the Maximum Aggregate Benefit of \$1,500) for one relative to travel to where the Plan Participant is hospitalized.

## EXCESS BENEFITS

All coverages will be in excess of all other valid and collectible insurance, and will apply only when such benefits are exhausted.

Other valid and collectible insurance for which benefits may be payable include insurance programs provided by:

1. Individual, group or blanket insurance or coverage;
2. Other prepayment coverage provided on a group or individual basis;
3. Any coverage under labor management trusted plans, union welfare plans, employer organization plans, employee benefits organization plans, or other arrangements of benefits for individual or a group;
4. Any coverage required or provided by any statute, socialized insurance program;
5. Any no-fault automobile insurance; or
6. Any third-party liability insurance.

## DEFINITIONS

**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.

**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.

**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.

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

**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.

**Pre-existing Condition** means any illness or injury, physical or mental condition, for which a Plan Participant received any diagnosis, medical advice or treatment, or had taken any prescribed medications, or where distinct symptoms were evident prior to the effective date.

**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.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a sickness or injury;
2. Prescribed or ordered by a physician or furnished by a hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered medically necessary.

A service or supply may not be medically necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the eligible expense.

A treatment, drug, device, procedure, supply or service shall not be considered as medically necessary if it:

- Is experimental/investigational
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, physician, hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost-effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

## EXCLUSIONS

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

1. Treatment, services, or supplies which:
  - a) Are not medically necessary;
  - b) Are not prescribed by a doctor as necessary to treat a sickness or injury;
  - c) Are determined to be experimental/investigational in nature by the Company;
  - d) Are received without charge or legal obligation to pay;
  - e) Would not routinely be paid in the absence of insurance;
  - f) Are received from any family member;
  - g) Are in excess of the usual, reasonable and customary charges for evacuation;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
4. Injury or sickness arising out of or in the course of employment or which is compensable under any workers' compensation or occupational disease act or law;
5. Pregnancy or childbirth; elective abortion; elective cesarean section;
6. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or insurrection or engaging in an illegal occupation;
7. Plastic or cosmetic surgery, unless they result directly from an injury which necessitates medical treatment within 24 hours of the accident (correction of deviated nasal septum shall be considered as cosmetic surgery for the purpose of the policy);
8. Loss due to or arising from the influence of alcohol or intoxicants, or the use of drugs (including illegal drugs) except for those prescribed by a doctor to the Plan Participant (and which are taken in such prescribed amounts);
9. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Plan Participant could be eligible;
10. Expenses resulting from a motor vehicle accident if the Plan Participant is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place. This exclusion will not apply to passengers if they are a Plan Participant under the policy;
11. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest, competition or exhibition;
12. 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 a passenger on a regularly scheduled flight of a commercial airline); skydiving; parachuting; base jumping; bungee 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;
13. 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;
14. Congenital conditions.
15. Pre-existing conditions;
16. Any service performed primarily to improve physical appearance without correction or material improvement of a bodily malfunction;
17. Expenses incurred within the Plan Participant's home country or country of permanent residence.

## CLAIM PROCEDURE

All services must be arranged and provided by On Call International. No claims for reimbursement will be accepted. Please refer to the brochure for complete benefits. On Call International Global Response Center: 866-525-1959 (Toll-free within the United States) 603-328-1959 (Outside the United States) Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.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.

## REFUND OF PREMIUM

Refunds are not allowed for this plan.

## PLAN MANAGER AND UNDERWRITER

This brochure provides you with a summary of the benefits of the Medical Evacuation and Repatriation Only 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

**Family or Friend Transportation Arrangements:** If you are hospitalized for more than seven consecutive (7) days and are traveling alone, On Call will assist in arranging for a family member or friend of your choice to be by your bedside while hospitalized.

**Return of Minor Children:** If you are hospitalized for more than seven consecutive (7) days leaving your minor, dependent children unattended, On Call will assist with returning your children who are under 18 years of age to their home, with an attendant if necessary.

On Call cannot be held responsible for failure to provide services or for delays caused by strikes or conditions beyond its control including, but not limited to, flight conditions or where rendering of service is prohibited by local laws or regulatory agencies.

Plan Participant may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by you. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

**For Emergency Assistance call: 1-866-525-1959 Toll free in U.S. and Canada  
All other locations call collect: 1-603-328-1959.  
On Call International is available 24 hours a day.**

## SUBSCRIPTION AGREEMENT

I hereby apply and agree to be a member of the group associated with the Medical Evacuation and Repatriation only 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. 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.