

TRAVEL ASSISTANCE

The following TRAVEL ASSISTANCE, EMERGENCY MEDICAL EVACUATION/REPATRIATION, BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND and REPATRIATION OF MORTAL REMAINS benefits are not insured by BCS Insurance Company and are provided by **Europe Assistance**.

WHAT IS TRAVEL ASSISTANCE?

Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip when you are at least 100 miles away from home, emergency assistance is available to you any time of day. Information services (such as "Cultural Information" – details about a location you are planning to visit, visa or passport information, etc.) are available at any time, even if you don't travel.

ABOUT THE SERVICE PROVIDER

Founded in 1963 Europ Assistance (EA) was the first company to offer assistance services to travelers. Now, EA provides help to customers throughout the world utilizing 36 assistance centers operating around the clock. Further support comes from an extensive international provider network and local agents in over 200 countries and territories allowing EA to offer local support in virtually any location. Headquartered in Bethesda, Maryland just outside of Washington, DC. EA USA's International Assistance Coordinators, Case Managers, doctors and nurses are available 24 hours a day to take care of virtually any assistance need. **EA-USA may be reached by phone at 800-398-6922 (toll free) or 202-463-3979 (local/collect) or at their website, www.europassistance-usa.com**

KEY SERVICES:

EMERGENCY MEDICAL TRANSPORTS

Should the patient's conditions require a medical transport based on the evaluation and recommendation of one of EA-USA's physicians EA-USA will take care of all required arrangements to either move the patient to the needed level of medical care ("evacuation") or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care ("repatriation"). EA-USA will pay up to \$1,000,000 CSL ("Combined Single Limit" for all transport related eligible expenses). All services **must be arranged** by EA-USA.

REPATRIATION OF MORTAL REMAINS

In the event a Covered Person dies, EA-USA will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. EA will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. EA-USA will pay up to \$1,000,000 CSL for eligible transport expenses and ancillary services. All services **must be arranged** by EA-USA..

BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND

Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, EA-USA will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized. EA-USA will pay for eligible expenses up to \$1,000,000 CSL.

The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of \$150 per day while visiting the hospitalized Covered Person.

All services **must be arranged or approved** by EA-USA.

OTHER BENEFITS:

- Medical Provider Search and Referral
- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance (credit card guarantee required)
- Legal Assistance/Bail (credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements (credit card guarantee required)

In all cases, the medical professionals, medical facilities or legal counsel suggested by EA-USA to provide direct services to the eligible person are not employees or agents of EA-USA or BCS Insurance Group, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. Neither EA-USA nor BCS Insurance Group assumes any responsibility for the quality or content of any such medical or legal advice or services. Neither EA-USA nor BCS Insurance Group shall be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services pursuant to this Agreement. The Covered Person shall not have any recourse against EA-USA or BCS Insurance Group by reason of its suggestion of or contract with any medical professional or attorney.

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, EA-USA may not be able to respond in the usual manner.

Excess Provision: The Company's liability for benefits due to Covered Expenses incurred for Treatments and services resulting from a covered Injury or Sickness will be limited. When a Covered Expense is subject to this Excess Provision, the Company's liability is limited to that part of the Expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any other collectible policy or service contract, unless otherwise provided.

Accidental Death & Dismemberment - \$10,000 per Participant

If, within 365 days of an Accident covered under this Policy in accordance with the Coverage Description to which this benefit applies, bodily Injury results in any of the following losses, the Company will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

Table of Benefits

Covered Loss	Benefit Amount
Loss of Life	Principal Sum
Loss of two or more members	Principal Sum
Loss of one member	1/2 Principal Sum
Loss of Thumb and Index Finger of the Same Hand	1/4 Principal Sum

Member means loss of a hand, foot or eye.

Loss of hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). (In California, loss of a thumb and index finger means loss by complete Severance of at least one whole phalanx of each.)

"Severance" means the complete separation and dismemberment of the part from the body.

This benefit will be payable in addition to any other benefit payable under this Policy, subject to all the terms and conditions of this Policy.

Right of Subrogation (NOT applicable to California or Arizona residents)

If the covered person is injured or becomes ill through the act or commission of another person, and if benefits are paid under this Policy due to that Injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, his insurer, or the Covered Person's uninsured motorist insurance, BCS Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, BCS Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

General Policy Exclusions

Benefits are not payable under this Policy for any of the following or loss that results therefrom:

1. *Pre-existing Condition Limitation: the Policy does not pay benefits for loss due to a pre-existing condition during the first 6 months of coverage, except as provided below: The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's pre-existing condition during the first 6 months of coverage, subject to a maximum benefit of \$500. After the Covered Person has been covered under the Policy for 6 months, pre-existing conditions will be covered the same as any other Injury or Sickness.*
2. *Expenses incurred within the Covered Person's home country or country of regular domicile.*
3. *Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.*
4. *Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.*
5. *Elective Treatments and voluntary testing.*
5. *Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.*
6. *Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.*
7. *Routine foot care, including the treatment of corns, calluses and bunions.*
8. *The diagnosis and treatment of acne.*
9. *Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.*
10. *Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).*
11. *War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).*
12. *Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.*
13. *Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.*
14. *Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.*

15. *Birth control, including surgical procedures and devices.*
16. *Treatment that is not incurred by an Insured Person while insured hereunder.*
17. *Elective termination of pregnancy.*
18. *Injury, Sickness or death contributed to by the use of drugs or alcohol, unless administered by a Physician.*
19. *For treatment, services, supplies or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person or pay.)*
20. *Outpatient treatment for specified therapies including but not limited to: Physiotherapy and accupuncture.*
21. *Loss arising from participation in any professional sport, contest.*
22. *Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.*
23. *Outpatient Prescription Drugs.*

Claim Procedure

In the event of an injury or sickness:

1. Obtain a claim form from Collegiate Risk Management by calling 1-800-922-3420 or from www.collegiaterisk.com.
2. A Company claim form is required for filing a claim. No claim will be processed without the front side of the claim form filled out and returned by the Insured, along with a copy of the medical bills. The reverse side of the claim form does not need to be completed by the Physician. Mail to the address below.

Claim Adminsitrator

All claims and inquiries are to be directed to:

**ADMINISTRATIVE CONCEPTS, INC.
994 OLD EAGLE SCHOOL ROAD, SUITE 1005
WAYNE, PA 19087-1802
1-888-293-9229
WWW.VISIT-ACI.COM**

SERVICING AGENT

Collegiate Risk Management

1-800-922-3420
www.collegiaterisk.com

For policy holder questions or special needs or concerns please contact the above reference.

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EA-USA may be reached by phone at 800-398-6922 (toll free) or 202-463-3979 (local/collect) or at their website, www.europassistance-usa.com

2009 - 2010

STUDY ABROAD PROGRAM

*Designed Especially
For The Students of*

Florida International University

*Underwritten by:
BCS Insurance Company*

Serviced by:



*Collegiate Risk Management
1-800-922-3420*

Policy Number: BSA 00144

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the University. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Who is Eligible for Coverage

All regular, full-time Eligible Participants of the educational organization or institution who: 1. Are engaged in international education activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

Coverage begins at 12:01 AM on the effective date (please refer to the ID card). Thereafter, the insurance is effective 24 hours a day, worldwide, except whenever the Covered Person is in his home country or country of regular domicile. Coverage will terminate on the earliest of the following dates: (1) the date the Master Policy terminates; or (2) the premium due date for which the required premium has not been paid; or (3) the date on which the Covered Person ceases to meet the eligibility requirements; or (4) the date the Covered Person requests cancellation of coverage. Coverage will end 12:01 AM on the last date of insurance.

Description of Coverage

If a Covered Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$100,000. Additionally, not more than \$100,000 will be paid for all Injuries and Sicknesses in any one policy year. Benefits are subject to the Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the General Policy Exclusions, the Pre-Existing Condition Limitation and to all other limitations and provisions of the Policy.

The expenses must be incurred within 52 weeks after the date treatment was first rendered, following the effective date of the Covered Person's insurance, while coverage remains continuously in force under the Policy.

Description of Benefits

Lifetime Maximum Benefit	\$1,000,000
Policy Year Maximum Benefit	\$100,000
Maximum Benefit per Injury or Sickness	\$100,000

Deductible	\$0 per Injury or Sickness
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Mandated Benefits

- Annual mammogram
- Annual cervical cytologic screening
- Home health care
- Reconstructive Breast Surgery
- Osteoporosis Diagnosis and Treatment
- Maternity and Newborn Care
- Diabetes Treatment
- Medical Foods Benefit

Limitations on Covered Medical Expenses

- Expenses incurred for treatment of mental and nervous disorders including drug or alcohol abuse are limited to treatment for Inpatient or residential care in a Hospital or non-Hospital residential facility up to \$2,500 Maximum per Policy Year. Outpatient benefits up to \$500 Maximum per Policy Year.
- Dental Treatment: (a) when performed by a Physician and (b) made necessary by Injury to sound, natural teeth shall be limited to \$500 per Policy Year maximum. Routine dental care and treatment to the gums are not covered.

Covered Expenses will be limited to the Usual, Customary and Reasonable Charges incurred by the Covered Person for Medically Necessary care and Treatment.

Covered Expenses include:

1. Room and Board Expense: a) daily semi-private room rate when confined in a Hospital as an Inpatient; and b) general nursing care provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. Hospital Miscellaneous Expenses: a) while confined in a Hospital as an Inpatient; or b) as a precondition for being confined in a Hospital as an Inpatient. Benefits will be paid for services and supplies such as: the cost of an operating room; laboratory tests; X-ray examinations (not treatment); anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
3. Inpatient Physiotherapy.
4. Inpatient Surgery: Physician's fees for Inpatient surgery. 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 the benefit for the one of such procedures for which the largest benefit is payable. Covered Expenses for surgery will be paid under this Inpatient surgery benefit or under the outpatient surgery benefit, but not both.
5. Inpatient Anesthetist Services: in connection with Inpatient surgery.
6. Inpatient Registered Nurse's Services: a) private duty nursing care only; b) while confined in a Hospital as an Inpatient; c) ordered by a licensed Physician; and d) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
7. Inpatient Physician's Visits: when confined in a Hospital as an Inpatient, benefits are limited to one visit per day. Benefits do not apply when related to surgery. Covered Expenses for Physicians' visits will be paid under this Inpatient Physician's visits benefit or under the outpatient Physician's visits benefit, but not both on the same day.
8. Pre-admission Testing: limited to routine tests such as completed blood count; urinalysis; and chest X-rays. If otherwise payable under this Policy, major diagnostic procedures such as cat-scans and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. Pre-admission testing must occur within 3 working days prior to Hospital admission for this benefit to be payable.
9. Inpatient Psychotherapy: as noted on the Schedule of Benefits.
10. Outpatient Surgery: Physician's fees for outpatient surgery. 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 the benefit for the one of such procedures for which the largest benefit is payable. Covered Expenses for surgery will be paid under this outpatient surgery benefit or under the Inpatient surgery benefit, but not both.

10. Outpatient Surgery: Physician's fees for outpatient surgery. 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 the benefit for the one of such procedures for which the largest benefit is payable. Covered Expenses for surgery will be paid under this outpatient surgery benefit or under the Inpatient surgery benefit, but not both.
11. Scheduled Outpatient Surgery Miscellaneous: in connection with outpatient surgery that is scheduled prior to its being performed. Benefits will be paid for services and supplies such as: the cost of the operating room; anesthesia; drugs or medicines; therapeutic services; and supplies, for such surgery performed in a Hospital, an Outpatient Surgical Facility, or Physician's office. Non-scheduled surgery is not covered under this benefit.
12. Outpatient Anesthetist Services: in connection with scheduled outpatient surgery.
13. Outpatient Physician's Visits: benefits are limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.
14. Outpatient Medical Emergency Expenses: benefits will be paid for the use of the emergency room and supplies.
15. Outpatient Diagnostic X-ray Services: if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays. Diagnostic X-rays are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 70000 - 79999 inclusive.
16. Outpatient Radiation Therapy.
17. Outpatient Laboratory Procedures: laboratory procedures are only those procedures identified in Physicians' Current Procedural Terminology (CPT) as codes 80000 - 89999 inclusive.
18. Outpatient Test and Procedures: diagnostic services and medical procedures when performed by a Physician (excluding Physician's visits; physiotherapy; X-rays; and laboratory procedures).
19. Outpatient Injections: a) when administered in a Physician's office; and b) charged on the Physician's statement.
20. Outpatient Chemotherapy.
21. Outpatient Psychotherapy: as noted in the Schedule of Benefits. Benefits are limited to one visit per day.
22. Ambulance Services.
23. Outpatient Braces and Appliances: a) when prescribed by a Physician; and b) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment, which is equipment, that: a) is primarily and customarily used to serve a medical purpose; b) can withstand repeated use; and c) generally is not useful to the person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
24. Inpatient and outpatient Consultant Physician Fees: when requested and approved by the attending Physician.
25. Dental Treatment: a) when performed by a Physician and b) made necessary by Injury to sound, natural teeth. Routine dental care and treatment to the gums are not covered.
26. Other Expense: if applicable and as noted on the Schedule of Benefits.

Definitions

Unless specifically defined elsewhere, wherever used in the Policy:

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

BCS Insurance Company or The Company will be referred to as "We", "Our" or "Us".

Covered Person means any Eligible Person and, where applicable, Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's and Dependents' insurance is paid when due.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Inpatient means confinement for which the Covered Person is charged at least one full day's room and board.

Intensive Care Unit means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury (or Sickness) and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury (or Sickness); (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided.

When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient.

Outpatient Surgical Facility means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under that law.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

Pre-existing Conditions means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Policy.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Treatment means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

Usual, Customary, and Reasonable Charges - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.