2017–2018 International Student Injury and Sickness Insurance Plan for ***Garrison Forest School***

Available through Student Travel Protection, Limited.

Eligibility

All international students attending a private secondary school registered for credit courses are eligible and must be enrolled in the plan on a hard waiver basis. U.S citizens are not eligible for coverage. 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, 2017
This insurance Plan terminates at 11:59 pm on August 14, 2018

Highlights of the Coverage and Services offered by Student Resources (SPC) Ltd.	
Overall Plan Maximum	Unlimited
Plan Deductible	$0
Coinsurance *All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure.*	100% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs *$2,500 maximum (Per Policy Year)* *Prescriptions must be filled at a UHCP network pharmacy.*	$0 Copay for Tier 1 $0 Copay for Tier 2 $0 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)
Outpatient Physiotherapy *60 visits maximum (Per Policy Year)*	100% of Usual and Customary Charges
Surgeon's Fees *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.*	100% of Usual and Customary Charges
Assistant Surgeon	30% of surgery allowance
Preventive Care Services *Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.*	100% of Usual and Customary Charges No Deductible or Coinsurance will be applied to preventive care services.
The following services are also included *This list is not all inclusive. Please read the plan brochure for complete listing of benefits and any individual benefit maximums or limitations.*	►Physician's Visits ►Acne Treatment ►Diabetes Services ►Allergy Treatment ►Medical Emergency ►Interscholastic Sports Injuries ►Hospital Room and Board ►Out-Patient Lab and X-rays ►Urgent Care Fees ►Durable Medical Equipment ►In-Patient and Out-Patient Mental Illness Treatment ►Dental Treatment – Injury to Sound, Natural Teeth only
UnitedHealthcare Global Repatriation/Medical Evacuation	International Students are covered worldwide except in their home country.

This Plan is underwritten by Student Resources (SPC) Ltd. (A UnitedHealth Group Company) and is based on policy number 2017-202814-4.

The Policy is a Non-Renewable One Year Term Policy.

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 please contact Customer Service at 1-888-455-9402 or customerservice@uhcsr.com.

Exclusions and Limitations:

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn children;

2. Dental treatment, except for accidental Injury to Sound, Natural Teeth;

3. Elective Surgery or Elective Treatment;

4. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;

5. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;

6. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

7. Injury or Sickness inside the Insured's home country;

8. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;

9. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;

10. Prescription Drugs, services or supplies as follows;
    a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
    b. Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
    c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
    d. Products used for cosmetic purposes;
    e. Anabolic steroids used for body building;
    f. Anorectics - drugs used for the purpose of weight control;
    g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
    h. Growth hormones;
    i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

11. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;

12. Services provided normally without charge by the Health Service of the institution attended by the Insured; or services covered or provided by a student health fee;

13. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and

14. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).