

BLANKET ACCIDENT INSURANCE

School for Field Studies
("the Policyholder")

National Union Fire Insurance Company of Pittsburgh, Pa.
("the Company")

Policy #: SRG 009138017-C



Who Is Eligible?

Class	Description of Class
I	All full-time employees assigned to the Policyholder Headquarters US. Location on International Business travel on behalf of the Policyholder.
II	All full-time employees and interns including accompanying dependents, who are employed by the Policyholder and based on assignment at International locations.
III	Spouse and children who accompany Class I Insureds on International business travel.
IV	All enrolled students of the Policyholder while traveling on behalf of the Policyholder outside of the United States.
V	All Study Abroad Advisors of the Policyholder while traveling on behalf of the Policyholder outside of the United States.

What Activities Are Covered?

While traveling on behalf of the Policyholder outside of the United States.

Benefit Schedule

Loss of	Maximum Amount
Accidental Death	\$25,000
Accidental Dismemberment	\$25,000
Accident Medical Expense Medical: Excess	\$250,000
Dental Maximum per tooth	\$250 per accident
Emergency Evacuation	\$1,000,000
Repatriation of Remains	\$100,000
Security Evacuation Excess	\$100,000 per Occurrence
Sickness Medical Expense: Excess	\$250,000
Dental Maximum per tooth	\$250 per Sickness

Benefits

Accidental Death

If Injury to the Insured results in death, within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount.

Accidental Dismemberment

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Percentage of the Accidental Dismemberment Maximum Amount shown below for that Loss:

Loss of	Percentage
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
One hand or one foot	50%
Sight of one eye	50%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye.

Reduction Schedule

The Maximum Amount for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to the following benefits: Accidental Death Benefit, Accidental Dismemberment Benefit according to the following schedule:

Age on Date of Accident	Percentage of Amount Otherwise Payable
70–74	65%
75–79	45%
80–84	30%
85 and older	15%

Accidental Medical Expense

If the Insured suffers an Injury that requires treatment by a Physician within 90 days of the date of the accident causing the Injury, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Accident Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Accident Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured’s other valid and collectible insurance. If the Insured has no other insurance in place, then covered Accident Medical Expense benefits are paid on a primary basis.

Covered Accident Medical Service(s) means: (a) hospital’s most common charge for semi-private room and board (or room and board in an intensive care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); (b) use of an ambulatory medical center; (c) ambulance service to or from a hospital; (d) services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); (e) laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; (f) physical therapy; (g) occupational therapy; (h) rental of durable medical equipment; (i) artificial limbs, artificial eyes or other prosthetic appliances; (j) medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription.

Medically Necessary means: a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charges means: a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation

If an Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her place of primary residence, the Company will pay for Covered Emergency Evacuation Expenses reasonably incurred up to the Maximum Amount per Insured for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

Covered Emergency Evacuation Expense(s) means: an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. Sickness Exclusions shall not apply to this Benefit.

Repatriation of Remains

If an Insured suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, but not exceeding the Maximum Amount per Insured.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. Sickness Exclusions shall not apply to this Benefit.

Security Evacuation

If, as a result of an Occurrence that takes place during an Insured's period of coverage and while traveling outside his or her Home Country, outside a 100 mile radius from his or her place of primary residence, an Insured requires a Security Evacuation, the Company will pay benefits for eligible expenses up to the Maximum Amount to transport the Insured to the Nearest Place of Safety. The determination that an Insured requires a Security Evacuation must be made by a designated security consultant and all arrangements must be made by Travel Guard Group, Inc. Security Evacuation benefits are payable only once per Occurrence.

Benefits will be payable for consulting services by a designated security consultant for seeking information on missing person or kidnapping cases if the Insured is deemed kidnapped or a missing person by local or international authorities. This benefit is subject to the overall Maximum Amount.

Security Evacuation Benefits are provided on an excess basis. Excess coverage means that covered Security Evacuation Expenses under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance. If the Insured has no other insurance in place, then covered Security Evacuation Expenses are paid on a primary basis.

Home Country means: the country of citizenship of the Insured. If the Insured has dual citizenship, for the purposes of this Benefit, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Host Country means: any country, other than an excluded country, in which an Insured is traveling while covered under the Policy.

Natural Disaster means: a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: (1) is due to natural causes; and (2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means: a location determined by the designated security consultant where: (1) the Insured can be presumed safe from the Occurrence that precipitated the Insured's Security Evacuation; and (2) the Insured has access to transportation; and (3) the Insured has the availability of temporary lodging, if needed.

Occurrence means: any of the following situations in which an Insured finds him or her self while covered by the Policy: (1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; (2) political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the Insured's Home Country or citizens of the Host Country should leave the Host Country; (3) Natural Disaster; (4) verified physical attack or a verified threat of physical attack from a third party; (5)

the Insured had been deemed kidnapped or a missing person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

Security Evacuation means: the extrication of an Insured from the Host Country due to an Occurrence which results in the Insured being placed in imminent physical danger.

Sickness Medical Expense

If the Insured suffers a Sickness and requires initial treatment by a Physician within 30 days of the date of the onset of the Sickness, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Sickness Medical Services received due to that Sickness up to the Sickness Medical Expense Maximum Amount. The benefit is payable only for such charges incurred and within 52 weeks from the date of the onset of the Sickness.

Sickness Medical Expense Benefits are provided on an excess basis. Excess coverage means that covered Sickness Medical Expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance.

If the Insured has no other insurance in place, then covered Sickness Medical Expense benefits are paid on a primary basis.

Covered Sickness Medical Service(s) means: (a) hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); (b) use of an ambulatory medical center; (c) ambulance service to or from a hospital; (d) services of a Physician; private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN); (e) laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products, and the transfusion thereof; (f) physical therapy; (g) occupational therapy; (h) rental of durable medical equipment; (i) artificial limbs, artificial eyes or other prosthetic appliances; (j) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Medically Necessary means: a Covered Sickness Medical Service that: (1) is essential for diagnosis, treatment or care of the Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Pre-existing Condition means: a condition for which an Insured received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured's coverage under this Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Sickness means: an illness or disease which is diagnosed or treated by a Physician after the Insured's effective date of coverage under the Policy. The illness or disease must manifest itself during a Covered Activity.

Usual and Customary Charges means: (1) a charge that: is made for a Covered Sickness Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

General Exclusions

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism.
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3. the Insured's commission of or attempt to commit a felony.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes

is not excluded.)

7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:

- a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
- b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
- c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.

8. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;

9. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.

10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.

11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

12. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

13. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.

Accident Medical Expense Benefit Exclusions

In addition to the General Exclusions, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.
10. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit;
11. elective treatment or surgery;
12. experimental or investigative treatment or procedures;
13. treatment for temporomandibular joint dysfunction;
14. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
15. educational or vocational testing or training;
16. treatment of Osgood-Schlatter's disease;
17. detached retina unless due to an Injury;

18. plastic or cosmetic surgery;
19. charges that are payable under motor vehicle medical benefits;
20. hernia;
21. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Security Evacuation Benefit Exclusions

In addition to the General Exclusions, no benefits are payable under the Security Evacuation Benefit for charges, fees or expenses:

1. payable under any other provision of the Policy;
2. that are recoverable through the Insured's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured, acting alone or in collusion with others;
4. arising from or attributable to an alleged: a. violation of the laws of the Host Country by an Insured; or b. violation of the laws of the Insured's Home Country; unless the designated security consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured;
5. due to the Insured's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an excluded country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services; or
10. for monies payable in the form of a ransom if a missing person case evolves into a kidnapping; or
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; or
12. arising from or attributable, in whole or in part to non-compliance by the Insured with regard to any obligation specified in a contract or license.

Sickness Medical Expense Benefit Exclusions

In addition to the General Exclusions, Sickness Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Sickness Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless for the purpose of modifying the item because a Sickness has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of a Sickness up to the Dental Maximum in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless for the purpose of modifying the item because a Sickness has caused further impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because a Sickness has caused further impairment of sight;
4. new hearing aids or hearing examinations unless a Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Sickness has caused further impairment of hearing;
5. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Sickness Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Sickness Medical Expense in lieu of such rental expense);
6. Injury of any kind;
7. any charge for medical care for which the Insured is not legally obligated to pay;
8. care, treatment or services provided by an Insured or by an Immediate Family Member;
9. routine physical exam and related medical services;

10. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment.

11. Pre-existing Conditions;

12. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit;

13. elective treatment or surgery;

14. experimental or investigative treatment or procedures;

15. treatment for temporomandibular joint dysfunction;

16. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;

17. educational or vocational testing or training;

18. treatment of Osgood-Schlatter's disease;

19. detached retina;

20. plastic or cosmetic surgery;

21. alcohol and substance abuse;

22. normal pregnancy, child birth, miscarriage or elective abortions;

23. venereal disease or syphilis;

24. hernia.

25. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

The Sickness exclusions under General Exclusions shall not apply with respect to benefits payable under the Sickness Medical Expense Benefit.

Definitions

Immediate Family Member means: a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury means: bodily injury (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity, or any other cause) causes a covered loss.

Insured means: a person (1) who is a member of an eligible class of persons as described in the Who is Eligible section of this Summary of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.

Physician means: a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Claims Procedure

Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person, is deemed notice to the Company.

Mail the Claims form, along with any other applicable correspondence to:

AIG Accident & Health Claims Department

P.O. Box 25987

Shawnee Mission, KS 66225

800-551-0824

IMPORTANT: The Policy provides accident insurance only. It does not provide comprehensive/major medical coverage and does not satisfy the 'minimum essential coverage' requirements of the Patient Protection and Affordable Care Act.

This is only a brief description of the insurance coverage(s) included in the Policy under Policy Series C11695DBG-MA. The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. It is currently authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19445.

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