



# Partners of the Americas Endorsed Insurance Program



Policy #: U-1018-06		Summary of Plan Benefits	
<b>Eligibility</b>	All regular, full-time Eligible Participants of the educational organization or institution.		
<b>Deductible</b>	\$50 per injury or sickness		
<b>Basic Medical Expense Benefit per Injury or Sickness</b>	<ul style="list-style-type: none"> <li>• Up to \$50,000 Maximum: 100% of Reasonable Expenses after Deductible.</li> <li>• Lifetime Maximum Benefit: \$500,000</li> </ul>		
<b>Accidental, Death and Dismemberment</b>	Maximum Benefit Principal Sum up to \$10,000		
<b>Repatriation of Remains</b>	Maximum Benefit up to \$15,000 (If a covered person dies, the Insurer will pay the necessary expenses actually incurred up to the Maximum Limit for the repatriation of the Covered Person's remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body or visitation or funeral expenses. Any expenses for repatriation of remains require the Insurer's or the Administrator's prior approval.)		
<b>Medical Evacuation</b>	Maximum Lifetime Benefit for all Evacuations up to \$25,000 (If a Covered Person sustains an Injury or suffers a sudden Sickness while traveling outside his/her Home Country, the Insurer will pay the Medically Necessary expenses incurred, up to the lifetime Maximum Limit for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the Covered Person's Home Country. Transportation must be by the most direct and economical route. Any expenses for medical evacuation require the Insurer's or the Administrator's prior approval.)		
<b>Maternity Care for a Covered Pregnancy</b>	Reasonable Expenses		
<b>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$5,000 lifetime		
<b>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</b>	Reasonable Expenses up to \$500 Maximum per lifetime		
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Repairs to sound, natural teeth required due to an Injury: 100% of Reasonable Expenses up to \$200 per tooth Maximum per Injury.</li> <li>• Dental Treatment (including extractions) to alleviate pain: 100% of Reasonable Expenses up to \$500 per Lifetime</li> </ul>		
<b>Outpatient Prescription Drugs</b>	50% of actual charge		
<b>Professional ground or air ambulance service to nearest hospital</b>	Reasonable Expenses up to \$500 per Injury or Sickness		
<b>Medical treatment received in the Home Country, if NOT covered by Other Plan</b>	100% of Reasonable Expenses up to \$50,000 lifetime maximum.		
<b>Pre-existing Conditions</b>	The insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. This limitation does not apply to the Medical Evacuation Benefit and the Repatriation of Remains Benefit.		
<b>Premium</b>	\$12.65 per week <b>(two (2) week minimum requirement) for all ages</b>		

This is only a summary of the benefits available under this policy.  
Please call ABCO 100 and request a certificate of coverage if additional information is required.



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## EXCLUSIONS

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or hearing aids, except when Medically Necessary for the Treatment of an injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident,
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses incurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit..
8. Voluntary using any drug, narcotic or controlled substance, unless as prescribed by a Physician is exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. 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 to pay.
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment .
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Expenses incurred within the Covered Person's Home Country.
15. Treatment of the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth TMJ dysfunction or skeletal irregularities one or both jaws including orthognathia and mandibular retrognathia.
16. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
17. Diagnosis and treatment of acne and sebaceous cyst.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an injury.
19. Self-inflicted injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion: or acts if terrorism.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Elective termination of pregnancy.
23. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
24. Medical Treatment Benefit provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
25. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
26. Expenses incurred for treatment of sports-related accidents resulting from interscholastic, intercollegiate, intramural, club or professional sports.
27. Expenses incurred as a result of pregnancy that is not covered.

## COORDINATION OF BENEFITS (COB)

Some people have health care coverage through more than one medical insurance plan at the same time. COB allows these plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any policy year. This helps to hold down the costs of health coverage. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

