This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your school. The Policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

<table>
<thead>
<tr>
<th>Plan Benefits</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Maximum per Covered Accident or Sickness</td>
<td>$100,000</td>
</tr>
<tr>
<td>Deductible per Covered Accident &amp; Sickness</td>
<td>$0</td>
</tr>
<tr>
<td>Co-insurance Rate</td>
<td>100% of the Usual and Customary Charges</td>
</tr>
<tr>
<td>Emergency Medical Treatment of Pregnancy</td>
<td>100% of the Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Pre-existing Conditions</td>
<td>100% of the Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$50 per visit/$500 maximum</td>
</tr>
</tbody>
</table>
| Mental and Nervous Disorders                     | Inpatient: $2,500 (30 days maximum)  
Outpatient: $500 (10 visits maximum) |
| Prescription Drugs:                             | 100% of Covered Expenses    |
| Trip Cancellation                                | $10,000                    |
| Emergency Medical Evacuation                     | $250,000                   |
| Repatriation of Remains                          | $100,000                   |
| Emergency Reunion Benefit                        | $1,500                     |
| Security Evacuation                              | $100,000 Per Person         |
| Accidental Death & Dismemberment                 | Student $10,000            |

<table>
<thead>
<tr>
<th>Category</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>$11.25</td>
</tr>
<tr>
<td>Spouse</td>
<td>$31.80</td>
</tr>
<tr>
<td>Child</td>
<td>$16.40</td>
</tr>
<tr>
<td>Children</td>
<td>$32.75</td>
</tr>
</tbody>
</table>

Additional Information

Call International SOS 24/7 Travel Assistance:
- In an emergency
- For medical advice or referral to a doctor

Download ID Card

Online Plan Information

Download the Benefit Highlight Flyer

To learn more, visit
https://www.brown.edu/about/administration/insurance/international-travel-insurance/additional-health-insurance

Policy # GLM N06523705 – Brown University
**Exclusions & Limitations**

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- commission of or active participation in a riot or insurrection.
- an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured’s household. “Immediate Family Member” means a Covered Person’s spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization’s activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person’s Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in intercollegiate, interscholastic, professional or semi-professional sports.
- Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing;
- mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

To learn more, visit

https://www.brown.edu/about/administration/insurance/international-travel-insurance/additional-health-insurance

Policy # GLM N06523705 – Brown University