Plan Summary

To All ELS Language Centers,
All Students are required to have Accident and Sickness insurance and must enroll in this ELS-sponsored health plan, unless the student can provide evidence of similar coverage.
If students have any questions or need enrollment information, they should contact the Center Director or International Student Advisor at the Language Center.

Eligibility and Enrollment
All non-immigrant Visa students who are enrolled in an ELS Language Center Program are eligible to enroll in the Accident and Sickness Health Plan described in the Plan Document.
Students may also insure their eligible Dependents. See the Plan Document for further information.
The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If and whenever the Company discovers that eligibility requirements have not been met, its only obligation is refund of premium, less claims paid.

How to Enroll Dependents
Students may enroll their eligible Dependents by contacting their Program sponsor. Eligible Dependents must be enrolled with the student or within 31 days of birth, adoption, or marriage (proof of date of life event may be requested). Failure of the student to enroll for Dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. Dependents must be enrolled in the same term in which the student is enrolled.

Preferred Provider Organization
This plan utilizes a network of medical professionals, including Doctors and Hospitals, known as the Preferred Provider Organization (PPO). The Covered Person may receive care from any licensed provider, but utilizing a Preferred Provider may lower out-of-pocket costs.
This PPO network is available through the First Health Network. For a current listing of PPO network Hospitals, Doctors, and facilities, please visit www.myfirsthealth.com or call (800) 226-5116.

Using the Insurance and Getting your Bills Paid
In the event of Injury or Sickness:

1. Insured students and dependents should go to the nearest PPO Doctor’s office, urgent care, or Hospital. While you may choose any Doctor or Hospital, using the providers available through the PPO network may decrease your costs. For a complete listing of the PPO Doctor or Hospital facilities, visit www.myfirsthealth.com or call (800) 226-5116.
2. If you go to a Doctor’s office or to the Hospital, be sure to bring your insurance identification card. If the Doctor or Hospital needs to verify your coverage, they may call Summit America Insurance Services (an Ascension Company) at (877) 246-6997. Carry your insurance ID card with you at all times.
3. In the event of an Emergency, call 911 or go to the nearest Hospital Emergency Room (ER). If it is not an Emergency but you need to seek medical treatment right away, note that using an Urgent Care Center instead of a Hospital emergency room may decrease your out-of-pocket expenses. To locate a local urgent care clinic, visit www.myfirsthealth.com, and search for Urgent Care Centers.
4. After you receive treatment, complete the insurance company claim form, available from www.4studenthealth.com/els. Please complete one claim form per sickness or injury, within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
5. If you’re filing a paper claim, follow the instructions on the claim form. Send completed claim form along with itemized Hospital and medical bills and prescription drug receipts, and copies of any other insurance carrier’s Explanation of Benefits statements, to:
   Summit America Insurance Services
   P.O. Box 25936
   Overland Park, KS 66225
6. If you have questions about the status of your claim after it has been submitted, call (877) 246-6997 or email claim-related questions to: claims@summitamerica-ins.com. For customer service, you can e-mail customerservice@summitamerica-ins.com.
Always keep a copy of all documents submitted for claims.

NOTICE
Please keep this Evidence of Coverage as a general summary of the insurance as specified in the Plan Document issued to and on file at ELS Language Centers. The Plan Document contains a complete description of all of the terms and conditions including the benefits, provisions, and exclusions of the insurance plan as underwritten by Advent Underwriting Limited on behalf of Syndicate 780 at Lloyd’s. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.
Note: The insurance offered under the Plan Document is not subject to and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. The Plan Document and Evidence of Coverage are not subject to guaranteed issuance or renewal.
**Schedule of Benefits**

The Company will pay for the Eligible Expenses listed below, after the applicable Deductibles, up to the following limits.

<table>
<thead>
<tr>
<th></th>
<th>NON-IMMIGRANT VISA STUDENTS AND DEPENDENTS</th>
<th>J-1 STUDENTS AND DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Benefit</strong></td>
<td>$5,000 per Injury or Sickness</td>
<td>$5,000 per Injury or Sickness</td>
</tr>
<tr>
<td></td>
<td>After the appropriate per covered Injury or Sickness Deductible, 100% of PA for Eligible Expenses incurred, up to a maximum of $5,000 per covered Injury or Sickness, will be payable (PPO only). Non-PPO is 80% of URC.</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Benefit</strong></td>
<td>$25,000 maximum per Injury or Sickness</td>
<td>$100,000 maximum per Injury or Sickness</td>
</tr>
<tr>
<td></td>
<td>After $5,000 per covered Injury or Sickness has been paid under the Basic Accident and Sickness Benefits, the Company will pay 80% of PA for PPO or 80% of URC for Non-PPO, for Eligible Expenses incurred up to the Maximum Benefit.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Medical Evacuation</strong></td>
<td>100% of actual expense up to $10,000</td>
<td>100% of actual expense up to $50,000</td>
</tr>
<tr>
<td><strong>Emergency Repatriation of Remains</strong></td>
<td>100% of actual expense up to $7,500</td>
<td>100% of actual expense up to $25,000</td>
</tr>
</tbody>
</table>

**ADDITIONAL BENEFIT INFORMATION**

**Deductible Per Plan Participant Per Injury or Sickness:**
- $10 Outpatient Doctor Visits
- $250 All other Covered Expenses including Emergency Room (waived if admitted to Hospital)
- $250 Additional Emergency Room (waived if admitted to Hospital)
- $50 Prescription Drugs

**Initial Treatment Period:** 30 Days from the date of Injury or Sickness

**Coinsurance:**
- **PPO**
  - 100% of Preferred Allowance (PA) for first $5,000 of Eligible Expenses, then 80% of PA per Injury or Sickness
- **NON-PPO**
  - 80% of Usual, Reasonable, and Customary (URC) for Eligible Expenses per Injury or Sickness

**BENEFIT**

<table>
<thead>
<tr>
<th></th>
<th><strong>COVERAGE</strong></th>
</tr>
</thead>
</table>
| **Accident and Sickness Medical Benefits** | **Non-immigrant Visa Students and Dependents:** After the per Injury or Sickness Deductible, 100% of PA for Eligible Expenses incurred, up to a maximum of $5,000 per covered Injury or Sickness, then 80% of PA for Eligible Expenses up to $25,000 Maximum Benefit (PPO only). Non-PPO is 80% of URC.  
**J-1 Visa Holders and their Dependents:** After the per Injury or Sickness Deductible, 100% of PA for Eligible Expenses incurred, up to a maximum of $5,000 per covered Injury or Sickness, then 80% of PA for Eligible Expenses up to $100,000 Maximum Benefit (PPO only). Non-PPO is 80% of URC. |
| **Hospital Room & Board** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Intensive Care/Cardiac Care Unit** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Hospital Miscellaneous Expense** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Surgeon (Inpatient or Outpatient)** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Assistant Surgeon Benefit** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Immunization Required for Admittance to Educational Institution** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Pre-Admission Testing** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Anesthesia** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Day Surgery Miscellaneous** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Diagnostic X-Ray and Lab** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Ambulance** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Physician Visit (Inpatient)** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Physician Visit (Outpatient)** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Consultant Physician** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Radiation/Chemotherapy** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Emergency Room** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
| **Durable Medical Equipment** | 100% of PA up to $5,000, then 80% of PA  
80% of URC |
Schedule of Benefits

<table>
<thead>
<tr>
<th>WELLNESS MEDICAL BENEFIT</th>
<th>PPO</th>
<th>NON-PPO</th>
</tr>
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<tbody>
<tr>
<td>Up to $136 per Policy Year for covered persons age 20-39; up to $158 per Policy Year for covered male persons age 40 and over; up to $257 per Policy Year for covered female persons age 40 and over; and up to $164 per Policy Year for covered persons age 45 or older for the cost of a left-sided colon examination</td>
<td>100% of PA up to $5,000, then 80% of PA</td>
<td>80% of URC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL BENEFITS</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Expense</td>
<td>100% of URC up to $5,000, then 80% of URC</td>
</tr>
<tr>
<td>Maternity and Pre-Natal Care Expense</td>
<td>Covered as any other Sickness</td>
</tr>
<tr>
<td>Emergency Dental Expense</td>
<td>URC; up to $500 maximum benefit, subject to a $250 deductible</td>
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</table>

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<thead>
<tr>
<th>ALCOHOL &amp; DRUG ABUSE EXPENSE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Covered as any other Sickness</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Covered as any other Sickness</td>
</tr>
</tbody>
</table>

Coordination of Benefits

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for Eligible Expenses.

Pre-Existing Conditions

Pre-Existing Conditions are not covered under this plan of insurance. However, a Pre-Existing Condition will be covered after the Plan Participant has been continuously insured for 6 months under the same insurance plan. Please see Pre-Existing Condition definition in the Plan Brochure.

Emergency Medical Evacuation

“Medical Evacuation” means an Injury or Sickness commencing during the period of coverage that results in the necessary emergency evacuation of the Plan Participant. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Plan Participant’s Injury or Sickness warrants the emergency evacuation, and it must be authorized by On Call International, the travel assistance company.

On Call International must make all arrangements and must authorize all expenses in advance for any emergency evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact On Call International in advance.

For assistance in the U.S., call (866) 509-7715. For worldwide assistance outside the U.S., call collect (603) 328-1728.

Repatriation of Remains

In the event of death during a trip, the expense incurred within 30 days from the date of the covered loss will be paid, up to maximum amount shown in the Schedule of Benefits, for minimally necessary casket or air tray, preparation and transportation of the Plan Participant’s remains to their primary place of residence or to the place of burial.

On Call International must make all arrangements and must authorize all expenses in advance for any repatriation of remains benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact On Call International in advance.

For assistance in the U.S., call (866) 509-7715. For worldwide assistance outside the U.S., call collect (603) 328-1728.

Accidental Death and Dismemberment Benefits

If, within one year from the date of an Accident or Injury covered by the Plan Document, the Plan Participant suffers from a Covered Loss listed below, the Company will pay the percentage of the Principal Sum listed in the table below.

<table>
<thead>
<tr>
<th>Principal Sum: $10,000</th>
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<tbody>
<tr>
<td>For Loss of:</td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>One Hand</td>
</tr>
<tr>
<td>One Foot</td>
</tr>
<tr>
<td>Entire Sight of One Eye</td>
</tr>
</tbody>
</table>

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

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

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

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Voluntary, active participation in a riot or insurrection.
4. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
5. Organ transplants.
6. Treatment for an Injury or Sickness resulting from the Plan Participant’s intoxication or use of illegal drugs or any drugs or medication that are intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant’s Physician.
7. Charges provided at no cost to the Plan Participant.
9. Injuries paid under Workers’ Compensation, Employer’s liability laws, or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization.
10. Pre-Existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same insurance plan.
11. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident.
12. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
13. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
14. Treatment paid for or furnished under any other individual or group Plan Document, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual.
15. Travel in or upon: a) a snowmobile; b) a water jet ski; c) any two- or three-wheeled motor vehicle, other than a motorcycle registered for on-road travel; d) any off road motorized vehicle not requiring licensing as a motor vehicle, when used for recreation competition.
16. Injury sustained while taking part in: sky-diving; hang gliding; parachuting; bungee jumping; glider flying; parasailing; sail planing.
17. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional, or semi-professional sports contest or competition.
18. Rest cures or custodial care.
19. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness).
20. Services rendered for detection and correction by manual or mechanical means (including X-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
21. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting:
   a. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
   b. While being used for any test or experimental purpose;
   c. While piloting, operating, learning to operate, or serving as a member of the crew thereof;
   d. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Participating Organization of any subsidiary or affiliate of the Participating Organization, or by the Plan Participant or any member of his household;
   e. From a space craft or any craft designed for navigation above or beyond the earth’s atmosphere;
   f. From an ultra-light, hang gliding, parachuting, or bungee-cord jumping;
   g. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
22. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
23. Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.