Harvard Summer School

Study Abroad International Medical Insurance Plan

Summer 2017

For participants in Harvard Summer School programs outside of the US

This is not a contract of insurance. Coverage is governed by an insurance policy issued to President and Fellows of Harvard College acting through the Harvard Division of Continuing Education. The policy is underwritten by Inter Hannover and administered by On Call International. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this plan summary and the certificate wording, the certificate controls.
Your International Medical Insurance Plan

Eligibility

Eligible Participants are defined as all Students, Faculty, Staff, Employees and Accompanying Dependents who have been enrolled in this insurance, while traveling outside of the US to participate in a Harvard Summer School program.

What to do in the event of an emergency or if you need assistance while abroad

While abroad, Harvard Summer School students should contact Harvard Travel Assist (HTA), which is a separate vendor, for medical and security assistance at +1-617-998-0000 or travelassist@harvard.edu.

- Once you have contacted HTA, you can ask them to contact On-Call for your Medical Insurance Plan on your behalf
- On-Call will coordinate with HTA to facilitate guarantee of payment of your medical expenses
- If local emergency response (ambulance) is required, it is important to note that you should contact the local equivalent of 911, if appropriate, before any other actions are taken.

Inpatient medical expenses should be pre-certified by On-Call, however, if you are unable to contact them while you are hospitalized and you self-pay your inpatient medical expenses, you can submit a claim. Along with your completed claim form, an explanation of the emergency and what prevented you from notifying On-Call should be included.

If you need an outpatient medical appointment for an accident or illness

You can contact On-Call for your Medical Insurance Plan to make an appointment and arrange payment of your medical expenses prior to your visit, this means no out of pocket expenses for you. There is no specific network so if you choose to make your own appointment or arrange an appointment through Harvard Travel Assist (HTA) and self-pay for the medical expenses you can submit a claim for reimbursement consideration.

Medical Insurance Plan Contacts:

24/7 On-Call
For assistance with a guarantee of payment or arranging outpatient medical care:
+1 603–328-1570
1 866–816-1992
mail@oncallinternational.com

Customer Service (9AM-5PM M-F)
For Benefit Related Questions (not for assistance with appointments):
855-878-9590
Contact@oncallinternational.com

Self-Paid Expenses, Submit Claims to:
claims@oncallinternational.com

Download Claim Forms:
https://mysearchlightportal.com
Searchlight Group ID:100059MPPD17
SCHEDULE OF BENEFITS

These are your Services and Benefits. Full terms, conditions and exclusions to coverage apply; review the full plan description carefully.

<table>
<thead>
<tr>
<th>Study Abroad Participants</th>
<th>Travelers participating in programs outside of the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL BENEFIT TABLE</strong></td>
<td><strong>Covered / Not Covered</strong></td>
</tr>
<tr>
<td>Medical Expenses and Hospitalization</td>
<td>Covered</td>
</tr>
<tr>
<td>Deductible: All Cause / Co-Insurance</td>
<td>Covered</td>
</tr>
<tr>
<td>Emergency Pain relieving Dental Treatment</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescribed Medicines by a doctor or specialist</td>
<td>Covered</td>
</tr>
<tr>
<td>Maternity</td>
<td>Covered</td>
</tr>
<tr>
<td>Routine Nursery Care of a new born child of a covered pregnancy</td>
<td>Covered</td>
</tr>
<tr>
<td>Outpatient treatment by a doctor or specialist</td>
<td>Covered</td>
</tr>
<tr>
<td>Treatment by physiotherapists and chiropractors as prescribed by an authorized physician</td>
<td>Covered</td>
</tr>
<tr>
<td>Acute Onset of Pre-existing condition</td>
<td>Covered</td>
</tr>
<tr>
<td>Mental Health – Inpatient and outpatient treatment of mental and nervous disorders including drug or alcohol abuse for maximum period of 30 days per Period of Coverage</td>
<td>Covered</td>
</tr>
<tr>
<td>Ambulance transportation</td>
<td>Covered</td>
</tr>
<tr>
<td>Personal Accident Accidental death, loss of sight, loss of limb(s), permanent total disablement</td>
<td>Covered</td>
</tr>
</tbody>
</table>
Exclusions

We will not be liable for any expense arising directly or indirectly from:

a. Pregnancy other than Complications of Pregnancy.

b. Treatment for or related to any congenital condition as defined herein.

c. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.

d. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.

e. Treatment or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

f. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.

g. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.

h. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You

i. The supply of medications commonly available without prescription.

GENERAL POLICY EXCLUSIONS

The following exclusions apply to all sections, we will not be liable for any expense arising directly or indirectly from:

1. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.

2. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.

3. Your claim occurring because you act illegally or break any government prohibition, travel warning or regulation including visa requirements.

4. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance

5. Your claim occurring from You being in control of or a motor cycle or vehicle without a current motorcycle or vehicle license valid for the country you are travelling in or You being a passenger travelling on a motorcycle or in a motor vehicle that is in the control of a person that does not hold a current motorcycle or motor vehicle license valid for the country you are travelling in.

6. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body’s warning against travel to a particular country or parts of a country

7. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy
human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).

8. Your claim arising from any participation you may undertake in either a professional or semi-professional basis for any sport, activity or Athletics.

9. Your claim arising from any participation in Adventure Activities and Sports, Hazardous Activities and Sports or Winter Sports as defined herein unless this has been accepted by Us and the appropriate additional premium has been paid by You.

10. Your claim arising because you dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.

11. Your claims arising from Your participation in any team sport (other than for non-competitive leisure or recreational purposes) Amateur Athletics (but this exclusion does not apply to You solely participating for recreational, entertainment, fitness, or intra-mural or inter-collegiate purposes and not for wage, reward or profit), american football, contact sports, martial arts, rugby, hunting and racing other than racing on foot.

12. Your claim arising from treatment of drug, narcotic agents or Substance Abuse.

13. Your claim occurring out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.

14. Your claim arising from Your participation any other sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extraordinary risk of Injury.

15. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.

16. Your claim arising from Your engaging in any form of Physical Manual Work as defined herein.