PRE-EXISTING CONDITION LIMITATION
The Insurer does pay benefits for loss due to a Pre-Existing Condition.

WHAT IS NOT COVERED?
Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:
1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
8. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. 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.
12. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Plan.
13. Expenses incurred within the Covered Person’s Home Country.
14. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction’s of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
17. Loss due to an act of war; service in the armed forces of any country or international authority and participation in a: riot; or civil commotion.
18. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
19. Loss arising from
   a. participating in any professional sport, contest or competition.
20. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment or for arising from an Accident in the Covered Person’s Home Country.

CLAIMS SUBMISSION
Claims are to be submitted to HTH Worldwide, 1 Radnor Corporate Center, Suite 100, Radnor, PA 19087, USA. See the hthstudents.com website for claim forms and instructions on how to file.

CLAIMS AND BENEFIT QUESTIONS
If you have questions on your benefits or claims, call HTH at 1-888-243-2358. They will need the certificate number that is printed on your ID card to answer claims and benefits questions.

WHEN AM I COVERED AND WHAT ARE THE COSTS FOR THIS PLAN?
You are covered from the day you leave the U.S. until the day you return for treatment outside the U.S. The cost of the plan is $53.45 per month to age 74.

To Contact HTH Worldwide in case of an emergency, call 1-800-257-4823 or collect to +1-610-254-8771.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. BCS-3038-A-15. Coverage is governed by an insurance policy issued to University of Colorado Denver, underwritten by BCS Insurance Company, Oakbrook Terrace, IL, NAIC # 38245, under policy Form 28.302. Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.

University of Colorado
Denver | Anschutz Medical Campus

Study Abroad Program
2015-2016
Blanket Student Accident and Sickness Insurance

Questions on Enrollment and Eligibility?
Call:
ECI Services
toll-free 1-866-780-3824
or info@eciservices.com

Underwritten by: BCS Insurance Company
WHO IS ELIGIBLE FOR COVERAGE?
All regular, full-time Eligible Participants and Eligible Dependents of the educational organization or institution who:
1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

WHEN DOES COVERAGE START?
Coverage for an Eligible Participant and an Eligible Dependent starts at 12:00:01 a.m. on the latest of the following:
1. The effective date of the Policy; or 2. The Participating Organization’s or Institution’s Effective Date; 3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.

WHEN DOES COVERAGE END?
Coverage for an Eligible Participant and an Eligible Dependent will automatically terminate on the earliest of the following dates:
1. The date the Policy terminates; 2. The Participating Organization’s or Institution’s Termination Date; 3. The date of which the Eligible Participant or the Eligible Dependent ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant’s or Dependent’s enrollment form, if any, including any requested extension; 5. The date the Eligible Participant or Eligible Dependent leaves the Country of Assignment for his/her or her Home Country; 6. The date the Eligible Participant or Eligible Dependent requests cancellation of coverage (the request must be in writing); or 7. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

WHAT TO DO IN THE EVENT OF AN EMERGENCY
All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

COORDINATION OF BENEFITS
The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Covered Person is entitled, whether or not a claim is made for the benefits.

HTHSTUDENTS.COM
Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and treatment relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information. To Contact HTH Worldwide in case of an emergency, call 1.888.257.4823 or collect to +1.610.254.8771.

WHAT IS COVERED BY THE PLAN?

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits – Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of Coverage Maximum Benefits</td>
<td>$100,000</td>
</tr>
<tr>
<td>Maximum Benefit per Injury or Sicknesses</td>
<td>$100,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0 per Injury or Sickness</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>Maximum Benefit: Principal Sum up to $10,000 for Participant; up to $5,000 for Spouse; up to $1,000 for Dependent</td>
</tr>
<tr>
<td>Repatriation Of Remains</td>
<td>Maximum Benefit up to $25,000</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>Maximum Lifetime Benefit up to $75,000</td>
</tr>
<tr>
<td>Bedside Visit</td>
<td>Up to a maximum benefit of $1,500</td>
</tr>
</tbody>
</table>

Schedule of Benefits – Table 2 – Medical Expenses

<table>
<thead>
<tr>
<th>Indemnity Plan Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visits</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
</tr>
<tr>
<td>Hospital and Physician Outpatient Services</td>
</tr>
</tbody>
</table>

Schedule of Benefits – Medical Expense Benefits
Benefits listed below are subject to Table 1 Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance; and Table 2 Plan Type Limits

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits – Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care for a Covered Pregnancy</td>
<td>Reasonable Expenses, Conception must have occurred under the plan</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses up to $2,500 Maximum per lifetime for a maximum period of 30 days per lifetime</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses up to $500 Maximum per lifetime</td>
</tr>
<tr>
<td>Treatment of specified therapies, including acupuncture and Physiotherapy</td>
<td>Reasonable Expenses up to $5,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician’s release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage</td>
</tr>
<tr>
<td>Routine nursery care of a newborn child of a covered pregnancy</td>
<td>Reasonable Expenses up to $500 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Repairs to sound, natural teeth required due to an Injury</td>
<td>100% of Reasonable Expenses up to $500 per Period of Coverage maximum</td>
</tr>
<tr>
<td>Outpatient prescription drugs including oral contraceptives and devices</td>
<td>100% of actual charge</td>
</tr>
</tbody>
</table>

Schedule of Benefits – Additional Benefits

<table>
<thead>
<tr>
<th>Political Evacuation and Natural Disaster coverage (Non Medical)</th>
<th>$100,000 per incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In the event of a political emergency situation due to governmental or social upheaval at the Member’s location, DRUM will arrange for the evacuation of the Member from the area. Evacuation services are provided by DRUM security personnel to the nearest safe location and then to Member’s Resident Country for covered events.</td>
</tr>
<tr>
<td></td>
<td>Services provided by DRUM. In the event of an emergency access services through HTH Worldwide, call 1.800.257.4823 or collect to +1.610.254.8771.</td>
</tr>
</tbody>
</table>