



**Exchange Program - Group
Plan of Benefits
Archbishop Riordan High School**

<u>Coverage Area</u>	Worldwide excluding the students home country.
<u>Maximum Limit</u>	\$500,000 per illness or injury \$5,000,000 Lifetime Maximum Combined
<u>Deductible</u>	\$100 – Additional \$250 Deductible for non-admitted treatment of an <u>illness</u> in the ER.
<u>Co-Insurance</u>	The company will pay 100% of Usual Reasonable and Customary (URC) for Eligible Medical Expenses, after the deductible
<u>Hospital Room & Board</u>	Up to the Average Semi-private room Rate, including nursing service
<u>Intensive Care Unit</u>	Usual Reasonable and Customary
<u>Physical Therapy</u>	Usual Reasonable and Customary: Outpatient Benefits are limited to 1 visit per day
<u>Physicians Visits</u>	Usual Reasonable and Customary: Benefits are limited to 1 visit per day, not applicable to Surgery
<u>Eligible Medical Expenses</u>	Usual Reasonable And Customary
<u>Prescription Drugs</u>	Up to Policy Maximum
<u>Student Health Center</u>	\$5 Co-pay per visit
<u>Dental Treatment</u>	Relief of sudden and unexpected pain to sound, natural teeth, including but not limited to fillings: Up to \$300 Maximum Injury: Up to \$500 per Accident maximum including fracture of the jaw

<u>Emergency Medical Evacuation Expenses</u>	Up to \$50,000 life time maximum Limit. Must be approved in advance and coordinated by the Company. Includes Return Home Benefit
<u>Emergency Reunion</u>	Up to \$15,000 lifetime maximum Limit. Must be approved in advance and coordinated by the Company.
<u>Return of Mortal Remains</u>	Up to \$25,000. Must be approved by the Company
<u>Political Evacuation</u>	Up to \$10,000
<u>Accidental Death And Dismemberment</u>	For Accidental Death \$10,000: for Dismemberment Scheduled amounts
<u>Interscholastic Sports</u>	Organized High School Sports coverage is available by taking the optional rider. It is not included in this plan.

Standard Short Term Travel Plan Rates – **Archbishop Riordan**, Non-US Citizens Under Age 25: Worldwide coverage Except home country

Amount	Monthly Rate
\$500,000 per illness	\$57.29

This contains only a consolidated and summary description of benefits. For Complete benefits terms, conditions limitations and exclusions, refer to the certificate of insurance.