

**Summary of Coverage
Accident and Sickness Insurance
for**



**Policy # 9028567
Plan 3**

Administered by



Underwritten by The Insurance Company of the State of Pennsylvania, which has its principal place of business at 175 Water Street, 17th Floor, New York, New York 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429.

All participants of U.S. Flight Academy whose names appear on file with the Company are insured under and subject to all definitions, exceptions, limitations, and provisions of the Master Policy on file with The Insurance Company of the State of Pennsylvania, USI Travel Insurance Services and the Policyholder.

Effective Date of Insurance: Coverage will begin on the later of the following: (a) Upon departure from the insured person's home country; or (b) Receipt of full premium by The Company.

Expiration Date of Insurance: Coverage will end on the earlier of the following: (a) The insured person's return to his/her home country; (b) Upon expiration of the coverage for which premium has been paid.

SCHEDULE OF MAXIMUM BENEFITS

\$50,000	Accident/Sickness Medical (\$50.00 deductible per incident)	\$50,000	Emergency Medical Evacuation
		\$ 7,500	Repatriation of Remains

DESCRIPTION OF COVERAGE

Accident/Sickness Medical - \$50,000 per Incident. When a covered Injury or Illness results, the Company will pay 100 percent of Covered Expenses for In Hospital Medical Services, In Hospital Surgical Services and Out of Hospital Medical Expenses (excess of a \$50.00 deductible per incident). In no event shall the Company's maximum liability exceed \$50,000 per incident as to covered expenses during any one period of individual coverage. The \$50.00 deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, for any one disablement. This expense must be borne by the Insured Person and consist of expenses which would otherwise be covered under the policy.

Covered Expenses – For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section shall be considered covered expenses:

- (1) Charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge made by the servicing Hospital if confinement to an intensive care unit is required, or the actual charge for intensive care unit made by the servicing Hospital, whichever is less;
- (2) Charges made for diagnosis, treatment and surgery by a Physician;
- (3) Charges made for the cost and administration of anesthetics;
- (4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;
- (5) Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
- (6) Hotel room charge, when the insured person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of insured;
- (7) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

Charges shall be excess of all other valid and collectible insurance indemnity. **The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges.**

Exclusions

With respect to Accident/Sickness Medical, no benefits shall be payable for medical expenses provided herein with respect to expenses incurred:

- (1) For Pre-existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within twelve (12) months prior to the effective date of this insurance;
- (2) For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician;
- (3) For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;

- (4) Declared or undeclared war or any act thereof;
- (5) For Injury sustained while participating in professional athletics;
- (6) For pregnancy, childbirth, or miscarriage;
- (7) For miscarriage resulting from accident;
- (8) For cosmetic or plastic surgery, except as the result of an accident;
- (9) For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician;
- (10) For elective surgery which can be postponed until the insured returns to his/her country of residence;
- (11) For any mental and nervous disorders or rest cures;
- (12) For dental care, except as the result of Injury to natural teeth caused by an accident;
- (13) For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- (14) In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
- (15) For congenital anomalies and conditions arising out of or resulting therefrom;
- (16) For expenses which are non-medical in nature;
- (17) For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
- (18) For expenses as a result of or in connection with intentionally self-inflicted injury;
- (19) For expenses as a result of or in connection with the commission of a felony offense;
- (20) For specific named hazards: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, professional or amateur racing, bungee jumping, whitewater rafting, surfing, parasailing and spelunking;
- (21) Treatment paid for or furnished under any other individual or group policy, 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 treatment without cost to any individual.
- (22) For treatment of sexually transmitted diseases; immune system disorders including, but not limited to AIDS, RC, or testing positive for the HIV Virus.

Emergency Medical Evacuation - \$50,000. The Company will pay benefits for covered expenses incurred up to a maximum of \$50,000 for the necessary emergency evacuation of the insured person. An emergency evacuation must be ordered by a legally licensed Physician who certifies that the severity of the insured person's Injury or Illness warrants the emergency evacuation. **Emergency Evacuation means:** (a) the insured person's medical condition warrants immediate transportation from the place where the insured person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local Hospital, the insured person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or (c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the insured person. All transportation arrangements made for evacuating the insured person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the insured person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the insured person during an emergency evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

Repatriation of Remains - \$7,500. The Company will pay the reasonable covered expenses incurred to prepare and return the insured person's body home (to his/her home country) if he or she dies, not to exceed the maximum of \$7,500.

All Emergency Medical Evacuations and Repatriations of Remains are to be organized through Travel Assist for any Benefits to be Payable.

With respect to Emergency Medical Evacuation and Repatriation of Remains, this policy does not cover any loss, fatal or non-fatal, caused by, or resulting from: 1) suicide or self destruction or any attempt thereat while sane or insane; 2) *disease of any kind; 3) *bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) *hernia of any kind; 5) injury sustained in consequence of riding as a pilot, operator, or member of crew of any aircraft, except as a passenger; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country. *With regard to Emergency Medical Evacuation and Repatriation of Remains, exclusions 2, 3, and 4 above shall be deleted.

How to File a Claim. For a claim form or instructions for filing a claim, please contact the administrator listed below:

Claims Administrator: Chartis Domestic Claims - Accident & Health
 Travel Insurance Services Claims Unit
 PO Box 25987
 Shawnee Mission, KS 66225-5987
 1-800-551-0824 or AHCustomerService@chartisinsurance.com

Emergency Medical Assistance Services: TO OBTAIN ASSISTANCE IN THE EVENT OF AN EXTREME EMERGENCY in which immediate emergency medical care is required, contact the insurance company's 24 hour assistance service, Travel Assist, located in Stevens Point, Wisconsin. Travel Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. Call toll free in the U.S. and Canada 1.800.626.2427 or collect from outside the U.S. and Canada 001.715.295.9817. When calling Travel Assist, identify yourself as a U.S. Flight Academy insured and refer to Policy No. 9028567 (Plan 3). **ALL EMERGENCY EVACUATIONS AND REPATRIATIONS MUST BE ORGANIZED THROUGH TRAVEL ASSIST FOR ANY BENEFITS TO BE PAYABLE.**

Policy terms and conditions are briefly outlined in this Summary of Coverage. Complete provisions pertaining to this insurance plan are contained in the master policy on file with The Insurance Company of the State of Pennsylvania, U.S. Flight Academy, and USI Travel Insurance Services. In the event of any conflict between this summary and the master policy, the master policy will govern.