

Compass Plans Provide Value and Choice

The three Compass Plans are designed to meet the different reasons our clients have for purchasing medical insurance. Each will meet all U.S. visa requirements and will exceed most school's insurance requirements (be sure to check your institution's policy).

Compass Plans offer a simple design. There are no hidden internal limits (beware of limited benefit plans that place low caps on standard medical care).

Compass Plans Coverage Summary

Compass Budget	80% to \$250,000
Compass Care	80% to \$10,000, then 100% to \$250,000
Compass Elite	100% to \$2,500, then 80% to \$250,000

All Compass plans provide:

Accident and Sickness Medical Maximums Lifetime	\$250,000 Primary Insured \$50,000 Spouse/Child
Deductible – Per Injury or Illness	\$50 if first treated by the Student Health Center \$100 if not first treated by the Student Health Center
Deductible – per Written Prescription of Medicine	\$10 for Generic and \$20 for Brand Name
Emergency Medical Evacuation	\$50,000

Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Accidental Death & Dismemberment	\$10,000 per Insured \$5,000 per Spouse/ Dependent Child
Assistance	24 hours – Worldwide

All Coverages and Benefits are in U.S. Dollar Amounts

What Compass plan should I select?

Compass Elite: The Elite plan insures covered medical expenses after the deductible at **100% to the first \$2,500, then 80% from there, to \$250,000**. Since most claims are less than \$2,500, this will provide the most comprehensive coverage for most claims. Note: covered claims in excess of \$2,500 will require you to pay 20% of the cost of medical care. A large claim could require significant out-of-pocket costs.

Compass Care: The Compass Care plan works in reverse. It provides the greatest protection against a large covered claim. After the deductible, **the first \$10,000 is covered at 80%, then it offers 100% from \$10,000 to \$250,000**. Thus, a covered claim up to \$250,000 will have a maximum out-of-pocket of \$2,000.

Compass Budget: The Economy Plan is designed for those looking for the lowest cost plan that offers decent, straightforward coverage. There are no hidden caps or limitations on standard medical care. Covered medical expenses are covered at **80% to \$250,000**. While this plan will meet most school requirements, you will be required to pay 20% of covered medical costs.

Description of Benefits for all Plans

Medical Expenses:

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by you due to a covered Injury or Illness which occurred during the Period of Coverage outside your Home Country (except as provided under the Home Country Coverage).

Only such expenses which are specifically enumerated in the following list of charges, are incurred within the Period of Coverage, and which are not excluded shall be considered Covered Expenses:

- Charges made by a Hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, Treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- Charges for physiotherapy, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.

- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Sports related injuries to \$10,000.
- Injuries from a motor vehicle accident to \$10,000
- **Mental Illness** Benefits are paid for treatment or medication for Mental Illness, which are not excluded under this policy shall be considered a Covered Expense: Inpatient Care – Shall be payable at 50% up to \$10,000, subject to a maximum of 40 days of inpatient care. Outpatient – Shall be payable at 80% up to a maximum of \$500.
- **Alcohol and Drug Abuse** Benefits are paid for treatment or medication for Alcohol and Drug Abuse, which are not excluded under this policy shall be considered a Covered Expense. Benefits shall be payable at 50% up to \$1,000.
- **Emergency Dental Treatment:** Benefits are paid for Reasonable and Customary expenses in excess of the chosen Deductible and Coinsurance up to \$250 per tooth up to a maximum of \$500, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.
- **Incidental Trips to the Home:** During an incidental trip home, the participant suffers an Injury or Illness, this Plan shall pay up to \$1,000 of Covered Expenses for that Injury or Illness. Treatment for this injury or illness must occur within the Participant's Home Country while on the incidental visit. Visits are limited to 30 days per 12 months of cover.
- **Home Country Extension of Benefits:** Benefits are paid up to a maximum of \$1,000 for Covered Expenses incurred in your Home Country related to an Injury or Illness, which occurred, was diagnosed and treated outside your Home Country during your period of coverage. Only those covered expenses incurred within 30 days of your return to your Home Country shall be considered eligible.
- **Emergency Medical Evacuation and Repatriation:** Benefits are paid for Covered Expenses incurred up to \$50,000, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with your local attending Physician.
- **Return of Mortal Remains:** Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$25,000, to return your remains to your Home Country, if you should die.
- **Emergency Medical Reunion:** When the Assistance Company and your attending Physician determine that it is necessary and prudent for you to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of your choice, from your current Home Country, to be at your side while you are hospitalized and then accompany you during your return to your current Home Country. Benefits will be paid up to \$5,000.
- **Accidental Death & Dismemberment:** Benefits shall be paid to you if you sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. A full description of Accidental Death Benefits is included in the Master Policy.

Assistance Services

Upon enrollment you are eligible to use any of the assistance services provided. Assistance Services are available 24 Hours a day, have multilingual personnel and include Physicians & Nurses on staff to help with emergency situations. Within the U.S and Canada call 800-683-1427, Outside the U.S and Canada call collect 317-818-2806.

24-Hour Nurse Help Line

Your wellness is important to Compass Benefits Group. The Nurse Help Line can be accessed by calling Assistance Services and presenting a current, valid ID number. The Line helps:

- Assess patient symptoms
- Identify urgency of situation
- Recommend a plan of care
- Educate customers regarding Physicians diagnosis
- Provide 1,200 pre-recorded health-related topics
- Provide prescription drug information

Selecting a physician or hospital

You are strongly encouraged to seek care at providers referred by health services or affiliated with Nationwide Insurance. For a referral to an affiliated provider, please go to the website www.compassbenefit.com/nationwideprovidernetwork, or call the Assistance Company.

Pre-Notification

For each scheduled hospital admission, emergency hospital confinement, surgeries, or hospital outpatient treatment, you or someone on your behalf should contact the Assistance Company for pre-notification as soon as possible.

Plan Definitions

Coinsurance shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

Deductible shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Home Country shall mean the country where you have your true, fixed and permanent home and principal establishment.

Pre-existing Condition shall mean any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which manifestations or symptoms would have caused a person to seek medical advice 24 months prior to the Effective Date of coverage under the Policy, except If the Injured Person is covered under the Policy for 24 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement;

Please refer to the policy for additional Plan Provisions and Definitions.

Exclusions and Limitations

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Company for payment within 3 months of receiving treatment;
3. Charges for treatment which is not Medically Necessary;
4. Charges provided at no cost to you;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;
9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in Amateur or Interscholastic Athletics (this exclusion does not apply to non-competitive, recreational, or intramural activities);
12. Routine physicals, immunizations 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 Disablement established by a prior call or attendance of a Physician;
13. Treatment of the Temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until you returns to your Home County, where the objective of the trip is to seek medical advice, treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction;
21. Congenital abnormalities and conditions arising out of or resulting there from;
22. Expenses which are non-medical in nature;
23. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness;
24. Expenses as a result or in connection with the commission of a felony offense;
25. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified, scuba diving, involving underwater breathing apparatus, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding;
26. 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 you;
27. Treatment of venereal disease;
28. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
29. Routine Dental Treatment;
30. For miscarriage resulting from Accident;
31. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
32. Treatment for human organ tissue transplants and their related treatment;
33. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
34. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
35. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
36. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
37. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
38. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
39. Weight reduction programs or the surgical treatment of obesity;

Excess Benefits: All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted.

Subrogation: If you are injured as the result of another person's negligence, the Company has the right to seek reimbursement against the negligent party for claims we have paid under the Policy, unless prohibited by state law.

Eligibility

International Students, visiting Faculty, Scholars, or other persons with a current passport or student visa who are temporarily residing outside their Home Country or regular residence. The Insured must be engaged in full time educational or research activities outside their Home Country of regular domicile.

Eligible individuals may also purchase coverage for their eligible dependents. An eligible spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child shall mean the Primary Insured Person's unmarried children over 30 days and under 19 years of age or under 25 years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or wholly dependent upon the Insured Person for maintenance and support.

Newborn Coverage: This plan will provide coverage to newborns for the first 31 days of life, provided; 1) coverage is in effect at the time the delivery takes place; and 2) the mother of the newborn is a covered participant under the plan at the time the delivery takes place; and 3) The pregnancy is a covered expense as defined hereunder.

PLEASE NOTE:

Eligible individuals can enroll prior to their departure, or within 31 days of arrival in the country of assignment. Eligible Dependents must be enrolled at the time the Eligible Person first enrolls, or within 31 days of their arrival in the country of assignment, marriage or birth. Coverage for dependents cannot begin earlier than or extend longer than the coverage of the Eligible Person. You may be required to provide a copy of your I-20, DS-2019 or I-94 for dependents at time of claim.

Period of Coverage

EFFECTIVE DATE OF COVERAGE:

For each Participant benefits will begin on the later of the following:

1. The Date the Company receives a completed application and premium for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment the Participant departs their Home Country airspace; or
4. The Date the Company approves the application
5. Coverage purchased through the internet or by fax will begin at 12:01 AM on the day following submission

TERMINATION DATE OF COVERAGE:

For each Participant benefits will terminate on the earlier of the following:

1. The moment the Participant returns to their Home Country (except as provided under the Home Country Coverage); or
2. The expiration of 12 months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued by the Company; or
4. The end of the period for which premium has been paid; or
5. The Date the Insured Person fails to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

Enrollment

Options: Individuals and their families can enroll:

- Through the website www.compassbenefit.com/individualplans
- Via mail by completing the attached form and sending it to the address indicated
- Via fax by completing the attached form and faxing it to the address indicated

Enrolling: Enrollments of less than three months will only be accepted if completion of the educational program is less than three months. When enrolling, please be certain to identify which plan design you wish. Also, make your choice carefully. You can not change plans within your Period of Coverage and changing your plan in the next policy year will require that a new pre-existing condition waiting period will apply

Premium Refunds: Unearned premiums will be refunded, less a \$20.00 administration fee, for the number of full months only. Premium refunds, less an administration fee, will be considered only for school withdrawal or entry into the armed forces. The refund request must be in writing and your ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to the approval of the Administrator.

For questions related to enrollment, contact:

Compass Administrators

303 Congressional Blvd.

Carmel, IN 46032

800-683-1468 FAX: 317-575-2659

www.compassbenefit.com/individualplans

Claims Procedure

In the event of Sickness or Injury, you should

- 1) Report to the Student Health Service, if available, or the nearest physician or hospital.
- 2) When treatment is received, a claim form must be completed and sent with the original itemized bills to the claim administrator within 90 days. You will receive a claim form along with your ID card in your fulfillment kit once you have enrolled in the plan.

Submit Claims to:

Seven Corners, Inc.

303 Congressional Blvd.

Carmel, IN 46032

Phone: 800-683-1427 FAX: 317-575-2659

Administrator Services

For more brochures, additional marketing services, or inquiries, please contact:

Compass Benefits, 26 Quincy Avenue, Suite 100, Braintree, MA 02184, 781-356-1999, or info@compassbenefit.com. More information can also be found at www.compassbenefit.com

Please keep this brochure as a general summary of the insurance. This plan is underwritten by Nationwide Life Insurance Company. The master policy, issued to the American Travel Services Trust of Illinois, contains complete details of the coverage, and is the governing document. A copy of the Policy is available for inspection at the Plan Administrator's office. The Master Policy shall control in the event of any conflict between this brochure and the Policy.

COMPASS ENROLLMENT FORM or enroll online at www.compassbenefit.com

Insured Information

Name: _____

Date of Birth: ___ / ___ / ___ Gender Female Male

U.S. Street Address: _____

AD&D Beneficiary: _____ Relationship: _____

U.S. Phone Number: _____

Email: _____

Social Security Number: (if applicable) _____

Student ID Number: (if applicable) _____

Home Country: _____

Host Country: _____

Name of School in Host Country: _____

Type of Visa F-1 J-1 M-1 R-1 Other _____

I wish to apply for (select one plan) Acceptance will be subject to the eligibility of the insured as listed in brochure

Compass Budget Plan

Age Band	Insured Rate Per Month	Spouse Rate Per Month	Child Rate Per Month
18 & less	\$ 33.00	\$ 80.00	\$ 79.00
19-23	\$ 37.00	\$ 89.00	\$ 79.00
24-30	\$ 63.00	\$151.00	\$ 79.00
31-40	\$ 99.00	\$238.00	\$ 79.00
41-50	\$186.00	\$372.00	\$ 79.00
51-64	\$265.00	\$372.00	\$ 79.00

Compass Care Plan

Age Band	Insured Rate Per Month	Spouse Rate Per Month	Child Rate Per Month
18 & less	\$ 37.00	\$ 89.00	\$ 88.00
19-23	\$ 41.00	\$ 98.00	\$ 88.00
24-30	\$ 70.00	\$168.00	\$ 88.00
31-40	\$110.00	\$264.00	\$ 88.00
41-50	\$199.00	\$398.00	\$ 88.00
51-64	\$294.00	\$398.00	\$ 88.00

Compass Elite Plan

Age Band	Insured Rate Per Month	Spouse Rate Per Month	Child Rate Per Month
18 & less	\$ 68.00	\$163.00	\$114.00
19-23	\$ 96.00	\$230.00	\$114.00
24-30	\$148.00	\$355.00	\$114.00
31-40	\$199.00	\$478.00	\$114.00
41-50	\$336.00	\$672.00	\$114.00
51-64	\$437.00	\$672.00	\$114.00

I want my insurance to begin on _____ and continue for a period of _____ months
 _____ Month _____ Day _____ Year

I wish to enroll for Insurance under the Terms of the Master Policy as Follows:

Please complete this section for Student, Spouse and Child(ren) to be Insured:

Name of Person to be Insured	Gender	Date of Birth	Monthly Premium
Student _____	M <input type="checkbox"/> F <input type="checkbox"/>	___/___/___	\$ _____
Spouse _____	M <input type="checkbox"/> F <input type="checkbox"/>	___/___/___	\$ _____
Child _____	M <input type="checkbox"/> F <input type="checkbox"/>	___/___/___	\$ _____
Child _____	M <input type="checkbox"/> F <input type="checkbox"/>	___/___/___	\$ _____
Child _____	M <input type="checkbox"/> F <input type="checkbox"/>	___/___/___	\$ _____

Total Monthly Premium (add lines): \$ _____

Multiply by Number of Months Requested: X _____

Premium Enclosed: X _____

Method of Payment

If credit card, MasterCard VISA Discover Card Number _____ Expiration Date _____

Name on Card _____

Cardholder signature _____

Check Money Order *Make checks payable to Compass Administrators.* Total Payment for the Full term of Coverage requested must be paid in U.S. dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in the brochure. I hereby subscribe to the American Travel Services Trust and for which I am eligible under the master policy issued by Nationwide Life Insurance Company.

Insured Signature _____ Date: _____

Mail to: Compass Administrators 303 Congressional Blvd.Carmel, IN 46032

Or: Fax to: 317-575-2659

