How long am I covered?

A: The plan sponsored by your academic institution is in effect for the period of international travel associated with the official dates of the scholastic program abroad and within the start and end dates of your group policy. You may purchase an individual policy to extend the dates of your coverage prior to the start date or after the end date of your scholastic program.

What are my coverage start and end dates?

A: The plan sponsored by your academic institution will start at the actual start of your semester or enrollment period trip, but not before the start date of your group policy. It will end on the first of the following dates to occur, but not later than the end date of your group policy:

1.) the date you return to your home  
2.) the date you return to your place of work.

Please check your ID card to ensure your coverage dates match the travel dates of your scholastic program. If you would like to extend your trip for personal reasons, you may do so by purchasing an individual policy. Call our Enrollment Center at 1.800.732.5309 or visit www.uhcsafetrip.com.

What information do I need when contacting UnitedHealthcare Global?

A: When contacting UnitedHealthcare Global, please identify yourself as a member enrolled with the Yale Scholastic SafeTrip policy. You should also have your member ID card available.

What if I lose my ID card?

A: Please call the Enrollment Center at 1.800.732.5309 to request a copy of your ID card. If you have an emergency, please proceed to the nearest facility for treatment and then call the UnitedHealthcare Global Emergency Response Center. A copy of your ID card is on file internally and can be accessed by the Emergency Response Center. Let the Emergency Response Center team know you are enrolled in the SafeTrip Scholastic program for Yale.
What is covered by the plan?

A: 100% of reasonable expenses for medically-necessary physician office visits, inpatient hospital services, physician and hospital outpatient services, and emergency hospital services up to a $500,000 maximum for outbound U.S. participants. Additional benefits for medically-necessary services are also payable at 100% of reasonable expenses, subject to certain limitations or maximums (please refer to Coverage Overview page).

How do I find a covered provider/make an appointment?

A: Contact UnitedHealthcare Global’s Emergency Response Center for help with scheduling an appointment. In many cases, we can arrange for direct payment to the doctor, minimizing your out-of-pocket expenses. To assist you with everything from routine requests to medical emergencies, the UnitedHealthcare Global Emergency Response Center is available 24/7 by phone (reverse charges accepted) +1.410.453.6330 or e-mail assistance@uhcglobal.com. Our guideline is to respond to e-mail inquiries within a one hour timeframe.

If you make your own appointment, contact the Emergency Response Center at least 24 hours prior to your appointment. In many cases can provide the doctor’s office with a “guarantee of payment.” In many countries, providers require this at the time of the visit. If this is not arranged prior to the visit, the doctor may require payment up-front from you.

What if I need a follow-up appointment?

A: If the physician recommends a follow-up consultation, please provide this information to the UnitedHealthcare Global Emergency Response Center in order to coordinate this appointment and arrange payment. To request these services, contact the Emergency Response Center by phone (reverse charges accepted) +1.410.453.6330 or e-mail assistance@uhcglobal.com. Our guideline is to respond to e-mail inquiries within a one hour timeframe.

What should I do in the event of a medical emergency?

A: Go immediately to the nearest physician or hospital, and then contact UnitedHealthcare Global’s Emergency Response Center by phone (reverse charges accepted) +1.410.453.6330 or e-mail assistance@uhcglobal.com. Our guideline is to respond to e-mail inquiries within a one hour timeframe.

UnitedHealthcare Global facilitates emergency services through the coordination of our clinical team and a worldwide network of Physician Advisors. UnitedHealthcare Global members in need of life-saving medical intervention are treated in Centers of Excellence around the world.
How will I get my membership ID card?

A: When you’re enrolled into the program you will receive an ID card delivered to the e-mail address provided. In addition, you may login to www.uhcglobal.com and set up an Intelligence Center account to view important information.

You can access UnitedHealthcare Global’s comprehensive online resources through uhcglobal.com.

Can I cancel my coverage after submitting my enrollment information but before my study trip or the coverage period begins?

A: Yes, if your plans change and you cannot travel, please contact your Yale administrator.

How do I extend my medical insurance coverage beyond my program date?

A: Medical insurance policies can be extended if changes are made prior to your program departure date. Please contact your Yale administrator.

How do I file a claim?

A: If you pay for covered expenses out-of-pocket, you can submit a claim for reimbursement.* Download and complete the claim form that can be found in the ‘Documents’ section of UnitedHealthcare Global’s Global Intelligence Center. Include all paid receipts with the completed claim form, and then mail to the address listed on the claim form.

Visit members.uhcglobal.com

- View plan benefits
- Search for local facilities and use the medical drug, term and phrase translation guides
- Access printable health and security intelligence, as well as profiles for cities and countries worldwide

*Subject to plan coverage limits, applicable deductible, and exclusions.
## Benefits Overview

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<tr>
<th>Benefits</th>
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<tr>
<td>Period of Coverage Maximum Benefits</td>
<td>$500,000</td>
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<td>Deductible</td>
<td>$0</td>
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<tr>
<td>Physician Office Visits</td>
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<td>Inpatient Hospital Services</td>
<td>100% of Reasonable Expenses</td>
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<tr>
<td>Hospital and Physician Outpatient Services</td>
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<td>Emergency Hospital Services</td>
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<tr>
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<tr>
<td>Inpatient treatment of mental and nervous</td>
<td>Reasonable Expenses up to</td>
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<td>disorders including drug or alcohol abuse</td>
<td>Covered Limit.</td>
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<tr>
<td>Outpatient treatment of mental and nervous</td>
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<tr>
<td>disorders including drug or alcohol abuse</td>
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<td>Treatment of Specified therapies, including</td>
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<td>Routine nursery care of a newborn child</td>
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<tr>
<td>Repairs to sound, natural teeth required due</td>
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<tr>
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<td><strong>Other Benefits</strong></td>
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<td></td>
<td>Sum up to $15,000 for Eligible Participant</td>
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<tr>
<td><strong>Other Included Services</strong></td>
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<tr>
<td>Emergency Response Center</td>
<td>Emergency Medical and Travel</td>
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<tr>
<td></td>
<td>Assistance services provided,</td>
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<td></td>
<td>including</td>
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<td></td>
<td>coordination of all evacuations</td>
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<td></td>
<td>and repatriations if eligible</td>
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</table>
Covered Medical Expenses:

1. Hospital room and board expenses: the daily room rate when a Faculty Member is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.

2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anaesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.

3. Daily intensive care unit expenses: the daily room rate when a Faculty Member is Hospital confined in a bed in the intensive care unit and nursing services other than private duty nursing services.

4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor’s charges; X-rays; laboratory procedures; use of the emergency room; and supplies.

5. Newborn nursery care expenses.

6. Outpatient surgical room and supply expenses for use of the surgical facility.

7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.

8. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor’s initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.


10. Outpatient laboratory test expenses.

11. Physiotherapy expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.

12. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident.

13. Air Ambulance expenses for transportation from the emergency site to the Hospital, as part of the UnitedHealthcare Global Medical Full Service program.

14. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor.

15. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.

16. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.


18. Therapeutic termination of pregnancy.

19. Hypodermic needles and syringes prescribed by a prescribing practitioner for purpose of administering medications for medical conditions provided such medications are covered under the Policy.

20. Off-label drug prescriptions (Drugs not approved by the federal Food and Drug Administration) for certain types of cancer or disabling or life-threatening diseases provided that the drug is recognized for treatment of the specific type of cancer or a disabling or life-threatening chronic disease for which the drug has been prescribed in one of the following established reference compendia: (1) The U. S. Pharmacopoeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association’s Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacists’ American Hospital Formulary Service Drug Information (AHFS-DI).

21. Inpatient hospital confinement for accidental ingestion of controlled drugs - up to 30 days in any calendar year; Necessary treatment for accidental ingestion of controlled drugs, other than inpatient hospital expenses - up to $500 in reasonable charges.
Exclusions:

We will not pay benefits for any loss or injury that is caused by, or results from:

1. War or any act of war, whether declared or not.
2. Piloting or serving as a crew member.
3. Commission of, or attempt to commit a felony.
4. Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
   a) a fare-paying passenger on a regularly scheduled commercial or charter airline;
   b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
   c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
5. Travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
6. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. An Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
8. Injury or Sickness where the Faculty Member's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
9. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.
Exclusions:

In addition to the exclusions stated, we will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Faculty Member’s household.

2. Injury or death to which a contributing cause is: the Faculty Member’s commission or attempt to commit a felony; or that occurs while the Faculty Member is engaged in an illegal occupation.

3. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.

4. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that:
   (a) are deemed by Us to be experimental; and
   (b) are not recognized and generally accepted medical practices in the United States.

5. Treatment or service provided by a private duty nurse.

6. Replacement of: artificial limbs; eyes; and larynx.

7. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.

8. Covered medical expenses for which the Faculty Member would not be responsible for in the absence of the Policy.

9. Conditions that are not caused by a Covered Accident or Sickness.

10. Participation in any activity or hazard not specifically covered by the Policy.

11. Any: treatment; service; or supply not specifically covered by the Policy.

12. Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.

13. Routine nursery care.


15. Cosmetic or plastic surgery, except as a result of Injury.


17. Birth defects and congenital anomalies; or complications which arise from such conditions.


19. Rest cures or custodial care.

20. Organ or tissue transplants and related services.

21. Injury sustained while participating in professional; or semi-professional sports.

22. Any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Faculty Member is eligible for reimbursement.
Exclusions (continued):

23. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.

24. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.

25. Expenses incurred for birth control including surgical procedures and devices.

26. Nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.

27. Treatment of acne.

28. Expenses incurred for Trips taken for the purpose of seeking medical care.

29. Expenses incurred while traveling against the advice of a medical professional.