

Introduction

The short term graduate plan is for recently graduated International students, who are no longer eligible to participate in a student plan and not yet covered by an employer sponsored plan. Others who cannot satisfy the eligibility under the student international plans can also apply. Refer to the Policy Brochure for details.

Who Can Enroll?

Recently graduated international students under the age of 59, who are no longer eligible under the student insurance, and not yet covered by an employer sponsored plan. Current students who are not eligible for an AMA student plan because of credit hour requirements or other requirements that make them not eligible may also enroll in the plan. Spouses and dependent children may also apply.

How Much Does the Plan Cost?

The premium is based on your age, deductible selected, and the period of coverage.

How does it Pay?

The insurance pays medical expenses resulting from Sickness or Injury to a maximum of \$250,000. It also covers Repatriation and Medical Evacuation up to \$25,000. Co-payments differ when service is received from In-Network or Out-of-Network. Please read the policy brochure for more detailed benefit information.

How to Enroll?

Visit www.amastudentplans.com and click on Insurance Plans. Choose “More Info” under International Student Plans. Select the Plan you wish to enroll in by clicking on it. Click on the “Enroll Now” option to enroll in the plan by credit card. When enrollment has been processed, you will receive, via email, an ID card, PPO network card, Proof of Insurance, instructions for finding participating providers and instructions to file a claim.

How to Use the Insurance?

In the event of Sickness or Injury, please contact NHBC for a referral to a Network Provider: 1-8888-621-7900 Pin # AMA411 or access via internet (<http://providers.nhbc.com>) enter AMA411 and click to “Go To Directories”.

In the event of a medical emergency (see definition of Emergency in the Brochure) a Network Provider is not required. Go to the nearest hospital to seek treatment. When visiting a doctor or hospital, complete the personal information portion of the claim form, give the claim form and a copy of your ID card to the doctor or hospital; the doctor or hospital will send the bills directly to the Claim Division, or you may pay the doctor or the hospital first, and mail the medical bills along with the claim form to the Claim Division for reimbursement:

MCA ADMINISTRATORS, Inc
P.O. Box 6540
Harrisburg, Pa 17112

You may contact the Clams Division at 1-800-427-9308 to check the status of your claim(s)

This is for descriptive purposes only, please refer to the Policy Brochure for details.

Eligibility

Each person under age 59, who is a member of the Classes of persons defined below is eligible to be insured by this Policy

Insured

International student (or former International student) who was previously insured under a College Medical Plan (such as AMA Student and Scholar Medical Insurance Plan) prior to applying for this plan. Students who were no longer eligible for the College Medical Plan because of graduation or currently part time students who do not qualify for any student plan may apply. Spouses and dependent children under age 20 (but not less than 30 days old) are also eligible.

Dependent

A Dependent of the Insured who: 1) is the legal Spouse (resident with the Insured), and unmarried children under twenty years of age who are not self-supporting and reside with the Insured; or 2) becomes a Dependent of the Insured after the effective date of the Insured's coverage by reason of: a) marriage; or b) birth; or c) legal adoption.

Dependent eligibility expires concurrently with that of the Insured.

Enrollment

Spouse and minor children may only be enrolled on the date the Student/Scholar is enrolled or within one month of birth, adoption, marriage or arrival in the U.S.A., and they may only enroll if the Student/Scholar is enrolled. A spouse, newborn, or adopted dependent who attains such status during the Insured's period of coverage may become insured by payment of the appropriate premium within 31 days of attaining such status. Except as otherwise provided in this Enrollment provision, or as may be stated by endorsement to this policy, enrollment in this insurance program is limited to the dates stipulated in the Covered Schedule

Persons Who Are Not Eligible

United States Citizens, Persons currently pregnant; Persons over age 59; New born children under 30 days old; and persons with diseases or conditions stated on the enrollment form.

Effective Time and Date of Coverage

Coverage for an Insured individual, who makes a premium payment in accordance with the Enrollment provisions stated herein, shall become effective on the latter of:

1) 12:01 a.m., Standard Time on the Policy effective Date; or
2) 12:01 a.m., Standard Time on the date the Insured indicates on the Enrollment Form; or
3) 12:01 a.m. Standard Time on the day after the date the Policyholder, Company, Agent or Administrator receives the premium. Coverage will always become effective at the Time specified on the Policy Schedule and on the date determined within this provision. In no event may a person be insured for a period of more than 12 months. The Plan is audited ever six (6) months.

Coverage is available by the month and for up to 6 months. Additional coverage can be purchased, however, the total number of months covered shall not exceed twelve (12) months. (Any additional coverage purchased shall not be considered continuous of existing coverage, but an unrelated, new coverage.)

Important: There is NO continuous coverage between plans. This means that any condition, which may have manifested itself during one enrollment period, will be treated as Pre-existing Condition for subsequent enrollment periods.

Termination Date of Coverage

Coverage under this policy with respect to the Insured shall terminate on the earlier of the following: 1) the last day of the period for which premium has been paid; or 2) on the date you cease to be eligible for the insurance; or 3) the time and date the Policy terminates as set forth in the Policy Schedule; or 4) the time and date you become eligible under a plan which provides medical expenses.*

*“Plan Providing Medical Expenses” means any policy, contract or other arrangement for benefits or services for medical or dental care or treatment provided by: 1) group insurance (whether on an insured or self-funded basis); 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations provided on a group basis; 4) group labor management trusted plan; 5) union welfare plans on a group basis; employer organization plans on a group basis; 6) group employee benefit organization plans; 7) professional association plans on a group basis; or 8) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.

A student who has been continuously insured with the Company for 3 months or more, has the option to purchase coverage after graduation for a period of three (3) months.

Coverage under this policy with respect to any dependent shall terminate on the earliest of: 1) the last day of the period for which premium has been paid; or 2) the time and date the Policy terminates as set forth in the Policy Schedule; or 3) the time and date the Insured's insurance terminates.

Refund Procedure

No refunds are allowed unless the Insured becomes ineligible for coverage. All refund requests must be in writing with documentation. If a claim has been filed, no refund will be made, whether a benefit has been paid or not. All approved refunds will be made on a pro-rata basis rounded to the month, less a processing fee.

Premium Rates

Rates	\$250 deductible	\$500 deductible
30-20 yrs	\$93	\$72
21-25 yrs	\$55	\$44
26-30 yrs	\$58	\$51
31-35 yrs	\$61	\$56
36-40 yrs	\$71	\$60
41-45 yrs	\$104	\$90
46-50 yrs	\$142	\$127
52-59 yrs	\$223	\$187

Term of Coverage

Effective Date: August 1, 2008

Expiration Date: August 1, 2009

Medical Expense Benefits Schedule

When an Insured receives medical treatment by a licensed physician, due to accidental bodily injury or sickness incurred while insured hereunder, the Company will pay the usual and reasonable expenses for medically necessary treatment up to an aggregate maximum of \$250,000 for each sickness or injury, subject to the limitations below.

Benefits Provided by In Network Providers:

After the deductible of \$250 or \$500 (depending on the option selected), the Company will pay for covered medical expenses in accordance with the schedule of Covered Medical Expenses below, up to a maximum of \$25,000. After payment of \$25,000, the Company will pay 80% of the negotiated fee incurred up to the Maximum Benefit of \$250,000.

Benefits Provided by Out of Network Providers:

After the deductible of \$250 or \$500 (depending on the option selected), the Company will pay for covered medical expenses in accordance with the schedule of Covered Medical Expenses below, up to a maximum of \$25,000. After payment of \$25,000, the Company will pay 70% of the Usual and Reasonable expenses incurred up to the Maximum Benefit of \$250,000.

(Please refer to Preferred Provider Organization section for details)

Note: If treatment is received where a PPO Provider is not available within 35 miles of the Insured's residence or in the case of emergency, benefits will be paid as if an In Network Provider were available.

Note: Sickness or conditions of any kind resulting in the payment of benefits, including maternity, are paid under the policy benefits where the condition or sickness first manifested itself.

Inpatient Benefits:

Hospital Miscellaneous Expenses: for services and supplies such as 1) the cost of the operating room; 2) laboratory tests; 3) x-ray examinations; 4) anesthesia; 5) drugs and medicines (excluding take home drugs); 6) therapeutic services; 7) pre-admission testing and miscellaneous supplies; 8) room and board (average semi-private room rate) and 9) intensive care (including 24 hour nursing care)
All charges combined to a \$1,300 per day maximum

Physiotherapy:

When prescribed by the attending physician (accident only), up to \$25 per visit, one visit per day

Surgery:

in accordance with the Medical Data Research Schedule to a \$5,500 maximum

Anesthetist Services:

30% of surgical allowance

Registered Graduate Nurse:

When prescribed by the attending physician

Physician Visits:

non-surgical, up to \$50 per visit, one visit per day.

Psychotherapy:

The treatment of mental disorder, nervous disorders, alcoholism and drug addiction, up to \$30 per visit, one visit per day up to 10 visits

Outpatient Benefits

Surgery:

in accordance with the Medical Data research Schedule to a \$5,000 maximum

Day Surgery Miscellaneous:

when surgery is performed in a hospital emergency room, trauma center, physicians office, outpatient surgical center or clinic, for services and supplies such as: 1) operating room; 2) laboratory tests; 3) x-ray examinations; 4) anesthesia; 5) drugs or medicines; and 6) therapeutic services (excluding physiotherapy; and miscellaneous supplies. All charges combined to a \$1,700 maximum

Anesthetist Services:

30% of surgical allowance

Physician's Visits:

Up to \$35/visit, one visit per day when surgery benefit is not payable.

Physiotherapy:

Accident only, when prescribed by the attending physician, limited to one visit per day \$30 per visit for up to 10 visits.

Prescription Drugs:

The usual and reasonable charges to a maximum of \$1,000 per policy year

Outpatient Miscellaneous Expenses:

including medical emergency room expense, diagnostic x-ray and laboratory expenses, MRI's, CAT scans, Ultrasound, Amniocentesis, AFP screening and Feta Stress/Non Stress Tests or similar procedures, when prescribed by the attending physician, to a \$750 maximum all charges combined.

Other Benefits

Ambulance Services:

For the transportation to or from a hospital, \$400 per trip

Dental Treatment:

Performed by a physician for treatment of injury to sound natural teeth, \$100 per tooth to a maximum of \$500 (accident only)

Motor Vehicle Accidents:

Excess of motor vehicle insurance to a maximum of \$2,500

Organ Transplants:

bone marrow transplant, skin grafts, kidney dialysis or similar treatment:

All charges combined to a maximum of \$5,000

Accident Death:

\$10,000

Accidental Dismemberment:

\$25,000

Medical Evacuation:

\$25,000

Accidental Death and Dismemberment

For Accidental Death or Dismemberment occurring within 180 days from the date of accidental bodily injury, the Company will pay, in addition to the medical expense benefits provided herein, one of the following (the largest applicable amount):

Accidental Death \$10,000

Accidental Dismemberment

Both Hands, Feet or Eyes \$10,000

One Hand and One Foot \$10,000

Hand or One foot and One Eye. . . \$10,000

Either Hand or Foot \$ 5,000

Sight of One eye. \$ 5,000

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident. Loss shall mean in regard to Hand or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

Medical Evacuation

If the Insured, prior to his/her termination date of coverage under the policy, has been hospital confined for a minimum of five (5) consecutive days and can no longer continue as a registered student, benefits will be paid up to a maximum of \$25,000 for transportation to the Insured's home country, upon recommendation by the attending physician and prior approval by the Company. Approvals must be made by AIG Assist at 1-800-626-2427

Repatriation

If the Insured dies prior to his/her termination of coverage under the policy, benefits will be paid up to a maximum of \$25,000 for: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country. This benefit does not include the transportation expense of anyone accompanying the deceased.

Non-Duplication of Insurance /Other Insurers

When total covered expenses exceed \$100, the Company will pay all covered expenses up to the limits of the policy that are not paid or payable by other insurance.

Definitions

“Injury” means accidental bodily injury which is the sole cause of the loss and is sustained while the Policy is in force as to the Insured Person whose injury is the basis of the claim

“Sickness” means illness or disease resulting in loss covered by the policy which is the sole cause of the loss and first manifest itself while the policy is in force as to the Insured Person whose sickness is the basis of the claim
“Pre-existing condition” means an illness or disease for which treatment was recommended or received three (3) years prior to the Insured's effective date.

Preferred Provider Organization

Benefits as describe within are based upon and will be limited to an incurred loss for medical treatment received from a physician or hospital approved through a participating Preferred Provider Organization (PPO). Benefits will be reduced to 70% of covered medical expenses shown within the Benefits Schedule for medical treatment or services received from a non-participating physician or hospital.*

For referral to a participating physician or hospital, please call NHBC at 1-888-621-7900 or access via internet (<http://providers.nhbc.com>), enter AMA411 and click “Go to Directories.”

*If treatment is received where a PPO provider is not available within 35 miles of the Insured's residence, or in case of emergency, benefits will be reduced. **Emergency Condition** means an accident, injury or sudden onset of a medical condition which first manifests itself while the insured is covered under the policy. Such a condition is evidenced by the sudden appearance of acute symptoms of severity which would cause a reasonable person to expect a serious impairment or dysfunction of a bodily part or organ.

Company's Right of Recovery

Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductibles and coinsurance) payable hereunder shall be recoverable by the Company from or among any persons, firms, corporations, or any insurance organization to or for whom such payments were made for any covered Injury or Sickness.

Claim Procedure

In the event of sickness or injury, the Insured should:

Report to Student Health Service

If the Student Health service is not available or further treatment is required, for referral to a participating doctor: 1-888-621-7900 PIN # AMA411, or access via Internet (<http://providers.nhbc.com>), enter AMA411 and click “Go To Directories”

Present your insurance ID card to the participating provider and follow their instructions.

Complete a claim form and attached all itemized bills, statements, and receipts and mail to the claim department: *

MCA ADMINISTRATORS, Inc
P.O. Box 6540
Harrisburg, Pa 17112
1-800-427-9308

* Important: Should you have additional bills, receipts or other correspondence to send in, be sure to indicate your name, and ID# on the material.

Exclusions

Unless otherwise provided within the Schedule of Benefits, the Policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Any expenses for services rendered by any member of an Insured's family or other persons employed or retained by the Policyholder or for the use of the Policyholder's facilities except those benefits specifically listed in the Policy Schedule of Benefits as payable at the Policyholders Health Service, infirmary or Hospital, or for ANY EXPENSES FOR SERVICES RENDERED ELSEWHERE WHICH ARE AVAILABLE AT THE POLICYHOLDER HEALTH SERVICE, INFIRMARY OR HOSPITALEXCEPT IN CASES OF EMERGENCY NATURE: or

2. Treatment where no accidental bodily injury or sickness is involved: congenital conditions (does not apply to “Newborn” children when benefits are provided as a dependent): pre-existing conditions; elective surgery or treatment (to include by not limited to breast or weight reduction), except cosmetic surgery made necessary by accidental bodily injury occurring while the Insured's coverage is in force (does not apply to “Newborn” children when benefits are paid as a dependent.); or

3. Preventative medicine, serums or vaccines, shots or injections(unless required as a result of accidental bodily injury and administered within 24 hours); drugs (unless dispensed while hospital confined or dispensed when Out-patient surgery is performed and taken in the dosage and for the purpose prescribed by the Insured's physician); or

4. Treatment or removal of non malignant moles, warts or boils, acne, actinic or seborrheic keratosis, dermatofibrosis, or nevus of any description or form; halux valgus repair; hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, except when the direct result of an accidental bodily injury incurred while insured hereunder; TMJ (temporomandibular joint dysfunction); or CMJ(cranio-mandibular disorder) except when the direct result of accidental bodily injury incurred while insured hereunder or a sickness first manifesting itself while insured hereunder; or

5. Routine examinations; any manner or type of diagnostic testing or evaluation, x-ray or laboratory testing or evaluation (to include routine hospital admission procedures when a general anesthetic is not required) which does not result with or is not directly related to the medical diagnosis and treatment of the accidental bodily injury or sickness for which claim is made hereunder; allergy testing or treatment (does not apply to “Newborn” children when benefits are provided as a dependent); diagnostic testing; evaluation or treatment in connection with infertility or birth control; or

6. The expense of crutches, wheelchairs, or braces and appliances, except when directly applied to the area of injury during the initial treatment and when medically necessary for healing purposes; hearing aids, eyeglasses, contact lenses, eye or hearing testing, examinations or prescriptions thereof; or

7. The consumption of alcohol; the use of any agent classified as hallucinogenic, psychedelic, or any agent having similar classification or effects, except as provided for; venereal disease, immune system disorders including AIDS, HIV virus ; or

8. Mental Disorder; nervous or neurological disease or disorder, except as provided; or

9. Suicide or attempt thereof; intentionally self inflicted injuries; or

10. Violating or attempting to violate, an existing city, state or federal law; or

11. committing or attempting to commit a felony; fighting or brawling, except in self-defense; participating in a riot, civil disturbance or political insurrection; or

12. Pregnancy or childbirth(except when conception occurs while insured hereunder); elective abortion; elective caesarean section; pregnancy or childbirth for a dependent child of an Insured Student (except for complications arising therefrom); or

13. Dental treatment or dental x-rays except as specifically provided and then only when injury occurs to sound, natural teeth(does not apply to “Newborn children when benefits are provided as a dependent); or

14. Private air travel, to include ballooning or ultra-light aircraft; parachuting; para-sailing; hang-gliding; bungee jumping; bobsledding; travel in or upon a snow mobile or ATV (all terrain or similar type of vehicle); any two or three wheeled motor vehicle; or

15. Accidental bodily injury sustained while participating in the practice or play of interscholastic, intercollegiate, club, intramural, semiprofessional or professional sports or travel connected therewith; or

16. Accidental bodily injury or sickness for which the Insured Person is entitled to benefits under any Worker Compensation or Occupational Disease Act or Law; or

17. War or an act of war or loss suffered by the Insured Person while in the military, naval or air service of any country(any premium paid to the Company for a period not covered by the Policy while the Insured is in such service will be returned pro-rata); or

18. Acupuncture; or

19 Treatment received in the Insured's home country

Claims administered by:

MCA ADMINISTRATORS, Inc
P.O. Box 6540
Harrisburg, Pa 17112

This plan is Underwritten by:
Insurance Company of the State of Pennsylvania
Member Company of American International Group

SHORT TERM INTERNATIONAL STUDENT MEDICAL INSURANCE

Policy Number:
GLB 9123990

Coverage arranged for by:

American Management Advisors, Inc
600 North Woodbourne Road
Langhorne, Pa 19047
Tel: 1-888-533-7654

Enroll Online:
www.amastudentplans.com

GRADUATE PLAN