Summary of Benefits follows this page

PRIVACY POLICY AND PRACTICES

When used throughout this document "The Company", "Our", "We" or "Us" means: EIIA

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal, state and relevant international privacy laws ("Privacy Laws"). Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern
When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company maintains physical, electronic, and procedural safeguards that comply with Privacy Laws to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?
We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. We may use information about you from other transactions with us or our affiliates. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage, and we may contact you by phone or mail to obtain this. We may also obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?
We may use automated systems to make decisions based on your personal information, such as setting premium, and this helps us to be fair and efficient. If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

We keep the information we collect for the minimum period allowed by law. You have the right to ask us to delete or stop using your personal information if there is no need for us to keep it, but we may not be able to provide you with products or services if we do not have the information we require.

To whom do we disclose information about you?
We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

How to contact Us
You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator - EIIA 888-255-4029

2021-22
International Student Comprehensive ICS Accident & Sickness Insurance Plan
For the International Students of Furman University

Your institution always has the best interest of its students in mind. This is especially true related when making sure that all students have adequate health insurance coverage. As a condition of enrollment, all full-time and part-time international students are required to purchase this coverage. If you have any questions regarding the plan, claims and eligibility information please call us at 888.255.4029. Additional information can be found at www.eiia.org (Click on For Students and search for your institution).

Policy Effective Dates: **August 1, 2021 through July 31, 2022**
Policy Number: **CC005234**

Once enrollment is finalized you will receive an ID card. Please make sure to keep your ID card handy and show it to all pharmacies and medical providers you receive treatment from. NOTE: This is only a summary. Please go to www.eiia.org for a Full Plan Document of the plan.

BENEFIT COVERAGE	100% In-Network	80% Out-of-Network
Network: United Healthcare Options PPO	**Locate a Provider at: https://connect.werally.com/plansuhc**	
Policy Term Maximum for all Medical Expense:	**$500,000**	
Deductible Per Plan Participant Per Policy Term:	**$0**	**$100**
Out-of-Pocket Maximum Per Plan Participant Per Policy Term:	**$5,000 (per insured person, per policy year) $10,000 (per insured family, per policy year)**	**$6,350 (per insured person, per policy year) $12,700 (per insured family, per policy year)**
Coinsurance:	**100% of Preferred Provider Allowance. Co-payments may apply for individual benefits. See below for co-payment information.**	**80% of Usual, Reasonable and Customary (URC). Co-payments may apply for individual benefits. See below for co-payment information.**
Pre-existing Benefit:	**Considered as any other sickness**	
After the Deductible has been satisfied, benefits will be paid as listed below.		
Hospital Room & Board Benefit	Semi-Private Room Rate; 100% of Preferred Provider Allowance.	80% of URC
Intensive Care/Cardiac Care Unit Benefit	100% of Preferred Provider Allowance	80% of URC
Hospital Miscellaneous Expense Benefit	100% of Preferred Provider Allowance	80% of URC
Surgeon (In or Outpatient) Benefit	100% of Preferred Provider Allowance	80% of URC
Assistant Surgeon Benefit	100% of Preferred Provider Allowance	80% of URC
Pre-Admission Testing Benefit	100% of Preferred Provider Allowance	80% of URC
Anesthesia Benefit	100% of Preferred Provider Allowance	80% of URC
Day Surgery Miscellaneous Benefit	100% of Preferred Provider Allowance	80% of URC
Diagnostic X-Ray and Lab Benefit	100% of Preferred Provider Allowance	80% of URC; (CAT Scan, PET Scan or MRI subject to a $150 copay)
Ambulance Benefit - Ground	Actual Charges	80% of URC
Ambulance Benefit – Air	100% of Preferred Provider Allowance; up to a $10,000 maximum per incident	80% of URC; up to a $10,000 maximum per incident
Physician Visit Benefit (Inpatient)	100% of Preferred Provider Allowance	80% of URC
Physician/Consultant Visit Benefit (Outpatient)	100% of Preferred Provider Allowance after a $15 copay per visit	80% of URC; after a $25 copay per visit
Physiotherapy	100% of Preferred Provider Allowance	80% of URC
Emergency Room or Urgent Care Benefit	100% of Preferred Provider Allowance; $50 copay, copay waived if admitted	80% of URC after a $100 copay per visit, copay waived if admitted
Wellness Medical Benefit	100% of the Preferred Provider Allowance based on the CDC recommended guidelines up to a maximum benefit of $5,000 (plan deductible does not apply)	No Benefits
Maternity and Pre-Natal Care Expense Benefit	Covered as any other sickness	
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT		

In-Patient Expense	100% of Preferred Provider Allowance; up to 30 days of inpatient care per policy year	80% of URC; up to 30 days of inpatient care per policy year
Out-Patient Expense	100% of Preferred Provider Allowance	80% of URC
ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
In-Patient Expense	100% of Preferred Provider Allowance; up to 30 days of inpatient care per policy year	80% of URC; up to 30 days of inpatient care per policy year
Out-Patient Expense	100% of Preferred Provider Allowance	80% of URC
Elective/Therapeutic Termination of Pregnancy Benefit	URC up to $1,500 maximum	
Emergency Dental Expense Benefit (Injury only to Natural Teeth)	100% of Preferred Provider Allowance up to $2,500 maximum per incident	80% of URC up to a $2,500 maximum per incident
Durable Medical Equipment Expense Benefit	100% of Preferred Allowance	80% of URC
Repatriation and Medical Evacuation Benefit:	Unlimited repatriation and medical evacuation services are provided through Scholastic Emergency Service.	
Intercollegiate Sports Benefit:	100% of Preferred Allowance, up to $7,500 maximum per Injury.	
PRESCRIPTION DRUG EXPENSE BENEFIT	**RX NETWORK: Express Scripts – enroll at express-scripts.com Refer to flyer at back of this document**	
Co-payment Generic:	$10 per prescription based on a 31-day supply per prescription	
Co-payment Brand Name Preferred:	$15 Coinsurance per prescription based on a 31-day supply per prescription	
Co-payment Brand Name Non-Preferred	$30 Coinsurance per prescription	

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1) War or any act of war, declared or undeclared;
2) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
3) Voluntary, active participation in a riot or insurrection;
4) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
5) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges; For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
6) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
7) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
8) Treatment of acne;
9) Charges which are in excess of Usual, Reasonable and Customary charges;
10) Charges that are not Medically Necessary;
11) Charges provided at no cost to the Plan Participant;
12) Expenses incurred for treatment while in Your Home Country;
13) Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by this Policy.
15) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
16) Duplicate services actually provided by both a certified nurse midwife and Physician;
17) Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;

18) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
19) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
20) 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;
21) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
22) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;
23) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Policy, and rendered within 6 months of the Accident; unless otherwise specified in the Schedule of Benefits.
24) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
25) Weak, strained or flat feet, corns, calluses, or toenails;
26) Private-duty nursing services;
27) Expenses payable under any prior policy which was in force for the person making the claim;
28) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
29) Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
30) Travel in or upon: (a) A snowmobile; (b) A water jet ski; (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for competition.
31) Injury sustained while taking part in: mountaineering; 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; solo diving snorkeling; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow-boarding.
32) Practice or play in any interscholastic, intercollegiate, professional or semiprofessional sports contest or competition; unless otherwise specified in the Schedule of Benefits;
33) Rest cures or custodial care;
34) Weight reduction programs or surgical treatment of obesity;
35) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body **(**Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
36) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
37) Travel or flight in or on any vehicle for aerial navigation except as a fare paying passenger on a regularly scheduled commercial airline.
38) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
39) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
40) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of $7,500).