

RFP ADDENDUM

February 24, 2016

ADDENDUM NO. 1 TO ALL OFFERORS:

Reference – Request for Proposals: RFP #16-520
Commodity Code/to Furnish Goods or Service: 95300, 95348, 95352, 95892, 96288; Insurance Services for
International and Study Abroad Programs
Dated: February 16, 2016
For Delivery to: University of Mary Washington,
Commonwealth of Virginia
Proposal Due Date: **March 7, 2016; 3:30PM**

This addendum consists of ten (10) pages.

ADDENDUM #1

PROPOSALS DUE DATE CHANGE: **Proposals are now due March 7, 2016 at 3:30PM to allow Offerors additional time to craft quality proposals. Please note and adjust for change. Late proposals will NOT be accepted for any reason.**

QUESTIONS AND ANSWERS:

1. Please clarify submission requirements regarding the following:
“In order to be considered for selection, Offerors must submit a complete response to the RFP. ~~If proposal is submitted in person,~~ one (1) original and one (1) electronic media version (DVD, CD, Flash Drive) of each proposal must be submitted to the university. If your proposal includes proprietary information and you are invoking protection from disclosure under § 2.2-4342F of the Code of Virginia, *you must submit one (1) redacted copy of the proposal clearly marked with the words “REDACTED COPY” on the cover and on the electronic file. No other distribution of the proposals shall be made by the offeror.*
A. ALL submissions must be physically submitted to the Procurement office in a sealed package (can be delivered in person, via a shipping service, courier, U.S. Mail or other, but MUST arrive prior to the date and time listed for the RFP closing). E-mailed proposals will not be accepted. One electronic and one paper version of the proposal must be enclosed in the sealed package. Please take special note of instructions regarding any materials in the proposal that the firm has considered proprietary; remember that an entire proposal cannot be marked proprietary and may be rejected by the University if marked as such.
2. Please submit a copy of the current policy or policies for the Inbound & Outbound programs. Please also include the dental insurance that is referenced in the RFP.
A. Note Clarifications section at end of this document. The University is interested in the possibility of coverage for routine dental for inbound international students and scholars. Outbound or study abroad students must at least have coverage for emergency dental care.
3. Premium & claim experience for the prior 3 plan years and current year – the information in the RFP was only a summary. Underwriters will request detailed claim information for all plans. Premium information should show the rates charged and the total premium paid for each plan.



- A. The University does not have this report information. The only information available is the (redacted) data provided in the RFP document.
4. In the outbound details the RFP states there should be no age limitations, please clarify. What is the age range on the Outbound program?
- A. Typical student age range is 18-24, though accompanying faculty and staff may range from 25-75. There may occasionally be accompanying children and the university needs a vehicle to provide optional coverage for them.
5. Inbound program – in one section you request high deductibles and in another section you request a zero dollar deductible. Please clarify.
- A. The University would like to compare coverage and cost between available plans ranging from zero deductible, medium/low, to high, in order to provide choices to better fit the variety of needs of students and scholars.
6. Incumbent carrier will not release a proposal to anyone except the incumbent broker, unless the University issues a Letter of Authorization. Would the University issue a Letter of Authorization? Sample attached.
- A. See Clarifications section to follow questions and answers.
7. (The) RFP requests a high deductible for F-1, this would require a separate policy for J-1 Inbound participants because of the State Department limitations on deductibles. Does the University want two Inbound plans?
- A. Yes, the University would like to consider the possibility of having two different inbound plans to better fit the needs of international students and scholars.
8. Personnel Tracking – please provide details of the current tracking system the University is using.
- A. The incumbent vendor (CISI) uses a monitoring system called iJet, and provides extraction using AXA. The University is interested in the scope of any available systems that providers are able to offer for personnel tracking.
9. RFP states the Inbound participants can participate in a domestic plan. Please provide current participation for J-1 & F-1 participants in the Domestic plan.
- A. Currently the University does not have any international students who use a domestic insurance plan.
10. What is the current compensation being paid to the current broker?
- A. The premium amount payments are made to the current contractor.
11. Does the incumbent process claims or are they handled by an independent Third Party Administrator? If the incumbent is processing claims, what fees are they charging for this service?
- A. See #9 above.
12. Intercollegiate Sports coverage – does the current plan cover intercollegiate sports injuries up to \$90,000? UMW is required to have an excess sports insurance plan in place for Intercollegiate participants. Doesn't that plan cover those expenses?
- A. No, the current UMW plan does not cover athletic injuries. Most American students who play NCAA sports are insured through his or her family's insurance plan.
13. Does UMW use eVA for payment of premium for either or both the Inbound and Outbound programs?



- A. Currently payment is made via the incumbent contractor's website and a confirming order is entered into eVA to satisfy state requirements for eVA entry. Payment via state charge card could be made in eVA with the purchase order if the contractor has set up in eVA to receive payment electronically via charge card (Visa).
14. It is stated in the RFP; "6. Offers should provide an electronic method (online) for registration/enrollment whereas an applicant could gain nearly immediate confirmation of registration and be able to potentially print an identification card and other coverage materials upon completion of registration or within a very short time period thereafter."
Does this mean that Mary Washington is looking for a service that allows students (etc.) to enroll themselves one at a time as needed for coverage? Is the intent not to have a blanket program for these services, paid annually by the university, which would cover the entire population? Similar to how a traditional insurance program works?
A. The University is interested in discovering any and all options for potential process improvements.
15. With regard to the coverage relating to Athletic Injuries. Is it a deal breaker if this is not included in the coverage?
*"Athletic Injuries: a. Any policy should provide athletic injuries coverage for amateur, interscholastic, club/intramural, and NCAA levels. *NCAA required coverage is \$90,000.00 for athletic injuries. b. Athletic coverage should be included in the standard policy, but may be provided as a "rider" or add-on coverage."*
A. The RFP states that plans "should" include this coverage; it is not indicated as a hard or "must" requirement. However, at minimum, the University would like to see the coverage offered as an optional rider or add-on coverage.
16. Please confirm if the following is available in reference to the (RFP):
Premium History for the last 3-5 years
Paid Claim History for the last 3-5 years, the RFP currently only shows 2014 totals
Please confirm the current benefit period for the Medical Expense Benefit
A. Please review information provided in the original RFP and at the end of this document. This data is the only historical data that the University currently has in its possession. Annual reporting will be a necessity from the new awarded contractor.
17. On page #5 you list the Outbound limits at \$100,000 then on page 19 it is listed as \$250,000. Please advise what level of benefit is required for the Outbound program.
A. The *minimum* requirement is for \$100,000.00.
18. The RFP states that dependents should be included in this process. Is Mary Washington able to provide a breakdown of the number of travelers (students, teachers, employees, etc.) and the dependents?
A. Beginning on page 24, the UMW-SA spreadsheet lists a column for birthdate with all personal data redacted. This is the only information available regarding age of traveler. Breakdown of type of traveler related to faculty/student/dependent or other is unavailable. This information can be estimated from the spreadsheet based on age of traveler.

CLARIFICATION INFORMATION PROVIDED BELOW:

International Students Policy



Groups to be Insured (mandatorily): International Students and Scholars

Estimated Number of Participants Per Year: 50 Dependents: ?

Effective Date of Policy: 8 (Month) 1 (Day) 15 (Year) to

7 (Month) 31 (Day) 16 (Year)

Schedule of Benefits

<input checked="" type="checkbox"/> Student Only Medical Expense (per Accident/Sickness)	\$ <u>250,000 @ 100%</u>
<input checked="" type="checkbox"/> Dependent Only Medical Expense (per Accident/Sickness)	\$ <u>50,000 @ 100%</u>
<input checked="" type="checkbox"/> Deductible	\$ <u>0</u>
<input checked="" type="checkbox"/> Emergency Room Deductible (<u>Illness Only</u> if not admitted)	\$ <u>500</u>
<input checked="" type="checkbox"/> Accidental Death & Dismemberment	\$ <u>15,000</u>
<input checked="" type="checkbox"/> Emergency Medical Evacuation/Repatriation	\$ <u>250,000</u>
<input checked="" type="checkbox"/> Return of Mortal Remains	\$ <u>100,000</u>
<input checked="" type="checkbox"/> Team Assist Package	<u>Included</u>
<input checked="" type="checkbox"/> Emergency Medical Reunion Benefit (<u>\$200/day hotel/meals</u>)	\$ <u>5,000</u>
<input checked="" type="checkbox"/> Return Ticket Benefit	\$ <u>1,500</u>



Premium Schedule

Term: Paid at beginning of program

Age Rated: Yes _____ No x

Premium Rates for All Ages	Participant Only	Spouse Only	Child Only	Children Only
Monthly	\$ 113.65	\$ 284.15	\$ 142.05	\$ 291.25

Remarks:

- 1) Physiotherapy limit up to \$2,500 (combined inpatient/outpatient limit).
- 2) Ground Ambulance-100% of Usual, Customary and Reasonable charges.
- 3) Nervous/mental-up to \$1,000 (outpatient), up to \$5,000 (inpatient)
- 4) Home country coverage up to \$10,000 (paid on a secondary basis after other valid insurance pays).
- 5) Expenses resulting from alcohol and drugs covered.
- 6) Suicide and Self-inflicted Injuries covered (except for AD&D).
- 7) Accidental Dental-covered as any other condition up to the policy max.
- 8) Emergency (or Palliative) Dental-emergency pain relief treatment to natural teeth covered up to \$250 per tooth up to a max of \$500.
- 9) Pre-Existing Conditions-12 month look-back & covered after 12 months.
- 10) Chiropractic Care-up to 10 visits, \$50 max/visit, up to \$500 overall max.
- 11) Maternity covered.
- 12) Newborn Nursery Care covered up to \$500.
- 13) Therapeutic Termination of Pregnancy up to \$500.
- 14) Prescription Drug Coverage-100% to policy max (inpatient/outpatient).

OUTBOUND PARTICIPANTS COVERAGE

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the University of Mary Washington under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits

Policy # XXXXXXXXXXXXXXXX

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<http://adminfinance.umw.edu/procurement/>



Coverage and Services

Maximum Limits

Section I

- Accidental Death and Dismemberment Per Insured Person \$15,000
- Medical expenses (per Covered Accident or Sickness):
 - Deductible zero
 - Benefit Maximum \$250,000 at 100%
- Extension of Benefits 30 days
- Emergency Medical Reunion \$5,000 (incl. hotel/meals, max \$200/day)
- Return Ticket \$1,500

Section II

- Team Assist Plan (TAP): 24/7 medical, travel, technical assistance
- Emergency Medical Evacuation \$250,000
- Repatriation/Return of Mortal Remains \$100,000

Section III

- Security Evacuation (Comprehensive) \$100,000
- *aggregate of \$1M

Section I - Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or your Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of

such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and irrecoverable loss of the entire ability to hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss

is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the Schedule of Benefits. In no event shall Our maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for 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 Doctor.
- 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, Doctors' 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.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- 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.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$5,000 for outpatient treatment; or b) up to \$5,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Pregnancy, childbirth or miscarriage.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with the University of Mary Washington. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type
- Intentionally self-inflicted injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only)
- War or any act of war, whether declared or not

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- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft
 - Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation
 - Injury arising out of a Pre-Existing Condition. However, an Injury for which treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded
- For all other benefits, this Insurance does not cover:

- Pre-Existing conditions, except as specified below:
 - a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 6 consecutive months beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
 - b) If the Insured Person is covered under the Policy for 6 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
 - c) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits

Note: The Policy does pay benefits to a maximum of \$5,000 for loss due to a Pre-Existing Condition.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.

War or any act of war, whether declared or not

- Injury sustained while participating in professional athletics.
- 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of or in connection with the commission of a felony offense.
- 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; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy

- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinurance amount is stated in the Schedule of Benefits, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit. Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours. Family Member means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be

provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs



or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH- 15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

END OF ADDENDUM #1

Melva Kishpaugh, VCO, CUPO

Asst. Director, Procurement Services

Phone: 540/654-1084

*Acknowledged receipt of RFP 16-520 Addendum #1 (and all addenda) should be acknowledged and included in the RFP submittal package:

SIGNATURE

DATE