

ATTACHMENT E – HISTORICAL DATA

8/1/2024 - 7/30/2025	Students and Dependents	Students	Billed Premium	Claimants	No Claims	In-Network Claims	% ER claims	% MN/SA claims	% Student Center
10202A University of Mary Washington	62	62	\$78,524	51	170	78.0%	34.3%	1.8%	12.1%
Claimants over \$20,0000 Top 5 Diagnosis Class 10202A University of Mary Washington Injury And Poisoning Supplemental Factors Influencing Health Musculoskeletal System & Connective Tissue Symptoms, Signs, And Ill-Defined Conditions Mental Disorders									
8/1/2025 - 5/31/2026	Students and Dependents	Students	Billed Premium	Claimants	No Claims	In-Network Claims	% ER claims	% MN/SA claims	% Student Center
10202A University of Mary Washington	69	69	\$97,114	43	368	97.9%	51.3%	1.2%	1.4%
Claimants over \$20,0000 Top 5 Diagnosis Class 10202A University of Mary Washington Injury And Poisoning Symptoms, Signs, And Ill-Defined Conditions Supplemental Factors Influencing Health Musculoskeletal System & Connective Tissue Infectious And Parasitic Diseases									

NOTE: Updated enrollment and premium totals for the full 2025–2026 coverage year are as follows:

Total Participants: 72

Total Premium (including summer extensions): \$123,417.10

The claims report above reflects data through May 31, 2026 and does not include June–July extension activity.



UTILIZATION REPORT

University of Mary Washington

Data as of Feb 28, 2026



PERFORMANCE

University of Mary Washington

Policy Number	Policy Year			2023 Grand Total
	2021	2022	2023	
Gross Written Premium	\$49,129.09	\$93,526.22	\$5,167.18	\$147,822.49
Gross Earned Premium	\$49,129.09	\$93,526.22	\$5,066.44	\$147,721.75
Claims Paid	\$18,989.90	\$30,951.01	\$0.00	\$49,940.91
Claims Pending	\$0.00	\$0.00		\$0.00
Loss Ratio	38.65%	33.09%	0.00%	33.81%

Report Date: 2/28/26
Loss Ratio does not include IBNR



CLAIMS BY DEMOGRAPHICS

University of Mary Washington

Paid Claims by Relationship	Policy Year		
	2021	2022	2023
Company Employee	\$18,989.90	\$30,951.01	\$0.00
Others		\$0.00	\$0.00
Grand Total	\$18,989.90	\$30,951.01	\$0.00

Report Date: 2/28/2026

Loss Ratio does not include IBNR

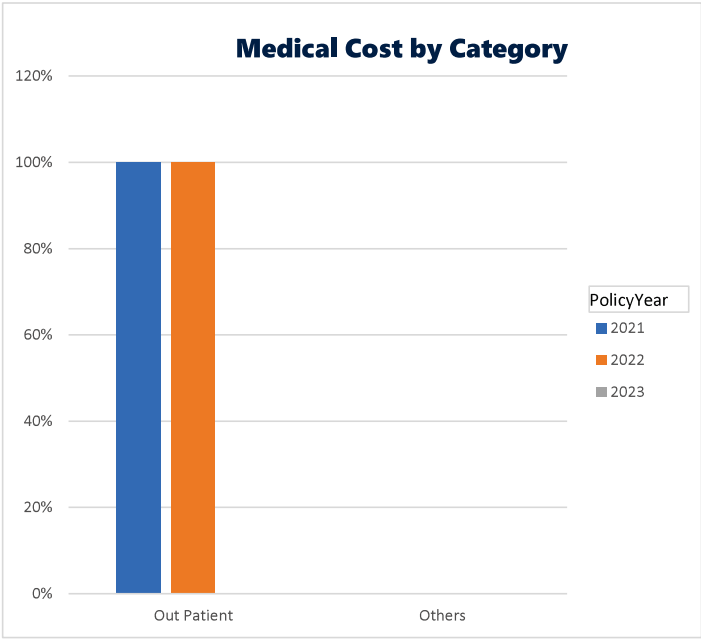


COST BREAKDOWN

University of Mary Washington

Report Date: 2/28/26

PolicyYear	2021	2022	2023
Submitted Charges	\$51,120	\$90,740	
Disallowed	\$18,101	\$18,387	\$0
Eligible Charges	\$33,019	\$72,354	\$0
Discounts	\$30,798	\$54,698	\$0
Allowed Amount	\$20,322	\$36,042	\$0
Insurance Plan Paid	\$18,990	\$30,951	\$0





CLAIM DISTRIBUTION

University of Mary Washington

Report Date: 2/28/26

Claim Distribution	Claimants	Amount Billed	Average of Billed	Paid Amount
2021	46	\$51,120.43	\$623.42	\$18,989.90
\$0 to \$100	7	\$616.00	\$77.00	\$333.63
\$101 to \$500	24	\$13,609.80	\$243.03	\$6,266.33
\$501 to \$1,000	4	\$4,189.72	\$698.29	\$1,576.78
\$1,001 to \$2,500	2	\$2,231.06	\$1,115.53	\$1,102.10
\$2,501 to \$5,000	9	\$30,473.85	\$3,047.39	\$9,711.06
2022	60	\$90,740.43	\$768.99	\$30,951.01
\$0 to \$100	14	\$1,186.12	\$56.48	\$353.97
\$101 to \$500	25	\$16,162.89	\$264.97	\$5,085.51
\$501 to \$1,000	5	\$5,482.59	\$685.32	\$2,305.08
\$1,001 to \$2,500	9	\$27,037.14	\$1,689.82	\$8,402.99
\$2,501 to \$5,000	6	\$25,455.31	\$2,545.53	\$8,952.76
\$5,001 to \$10,000	1	\$15,416.38	\$7,708.19	\$5,850.69
Grand Total	106	\$141,860.86	\$709.30	\$49,940.91



CLAIMS BY AGE

University of Mary Washington

Report Date: 2/28/26

Claims by Age	Claim Paid
2021	\$18,989.90
18 - 22	\$18,073.86
23 - 26	\$916.04
30 - 40	\$0.00
2022	\$30,951.01
18 - 22	\$24,905.39
23 - 26	\$6,045.62
30 - 40	\$0.00
2023	\$0.00
18 - 22	\$0.00
23 - 26	\$0.00
Grand Total	\$49,940.91



CLAIMS OVER \$25K

University of Mary Washington

Report Date: 2/28/26

<u>Claims Over 25K</u>	<u>Total Paid</u>
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PROVIDER

University of Mary Washington

Report Date: 2/28/26

Top 10 Provider	Total Claims Paid
2022	\$26,424.19
Mary Washington Hospital.	\$10,167.84
SURGI-CENTER OF CENTRAL VIRGIN	\$4,139.30
MEDICAL IMAGING OF FREDERICKSB	\$4,074.31
MARY WASHINGTON HEALTHCARE PHYSICIANS	\$1,936.16
SPOTSYLVANIA REGIONAL MEDICAL CENTER	\$1,206.55
NORTHSTAR ANES VIRGINIA LLC	\$1,199.64
Inova Healthcare Services	\$1,058.55
Fredericksburg Emergency Medical Alliance	\$1,018.15
Medical Imaging Of Fredericksburg	\$813.65
CARDIOLOGY ASSOC OF FREDERICKS	\$810.05
2021	\$17,719.51
Mary Washington Hospital.	\$8,622.57
MARY WASHINGTON HEALTHCARE PHYSICIANS	\$2,483.99
Medical Imaging Of Fredericksburg	\$2,210.67
Fredericksburg Emergency Medical Alliance	\$1,281.16
PATIENT FIRST RICHMOND PHYSICIAN S GROUP PC	\$1,090.70
LABORATORY CORPORATION OF AMERICAN HOLDINGS	\$839.27
Orthopedic Specialty Clinic, Ltd	\$318.74
PATIENT FIRST	\$314.40
EAR NOSE & THROAT & FACIAL PLASTIC SURGERY CENTER	\$292.80
VIRGINIA URGENT CARE LLC	\$265.22
2023	\$0.00
N/A	\$0.00
Grand Total	\$44,143.71



UTILIZATION BY BENEFIT TYPE

University of Mary Washington

Report Date: 2/28/26

Top 10 Benefit Type	Total Claims Paid
2021	\$18,989.90
Emergency Room & Medical Services - Outpatient	\$10,141.26
Diagnostic Testing - Outpatient	\$3,417.47
Physician/Specialist Visit	\$2,699.58
Urgent Care Centre	\$909.60
Therapeutic Services	\$805.09
Preventive Care	\$651.35
Palliative Dental Care	\$261.60
Diagnostic Testing - X-Rays & Laboratory	\$103.95
(blank)	\$0.00
2022	\$30,951.01
Sports Activities - Intercollegiate	\$11,504.23
Emergency Room & Medical Services - Outpatient	\$8,073.25
Diagnostic Testing - Outpatient	\$4,772.70
Sports Activities	\$1,716.16
Physician/Specialist Visit	\$1,507.27
Urgent Care Centre	\$1,113.69
Diagnostic Testing - MRI, PET & CT Scans	\$952.99
Palliative Dental Care	\$600.00
Preventive Care	\$412.81
Diagnostic Testing - X-Rays & Laboratory	\$297.91
2023	\$0.00
(blank)	\$0.00
Others	\$0.00
Grand Total	\$49,940.91



TOP 10 DIAGNOSIS

University of Mary Washington

Report Date: 2/28/26

Top 10 Diagnosis	Total Paid
2021	\$13,870
Unspecified abdominal pain	\$3,042
Acute pharyngitis, unspecified	\$2,712
Viral infection, unspecified	\$2,673
Cutaneous abscess of face	\$1,405
Synovial cyst of popliteal space [Baker], left knee	\$1,102
Other sprain of left shoulder joint, initial encounter	\$1,060
Superior glenoid labrum lesion of left shoulder, subsequent encounter	\$639
Glossitis	\$431
Sprain of anterior cruciate ligament of left knee, subsequent encounter	\$408
Encounter for examination for participation in sport	\$397
2022	\$18,609
Complex tear of lateral meniscus, current injury, right knee, initial encounter	\$4,932
Other tear of lateral meniscus, current injury, right knee, initial encounter	\$2,412
Generalized abdominal pain	\$1,711
Contusion of other part of head, initial encounter	\$1,608
Chest pain, unspecified	\$1,582
Acute upper respiratory infection, unspecified	\$1,562
Contusion of right knee, initial encounter	\$1,326
Laceration without foreign body of lip, initial encounter	\$1,207
Unspecified tear of unspecified meniscus, current injury, right knee, initial encounter	\$1,200
Other muscle spasm	\$1,070
2023	\$0
(blank)	\$0
Grand Total	\$32,479

ADDENDUM

July 2, 2026

ADDENDUM NO. 1 TO ALL OFFERORS:

Reference – Request for Proposals: RFP 26-2127 International & Education Abroad Insurance Services
Date Issued: June 22, 2026
For Delivery to: University of Mary Washington, Commonwealth of Virginia
Proposal Due Date: July 20, 2026

This addendum consists of four (4) pages.

Questions from Offerors:

Question 1

Please share historical and forecasted travel data/exposure for the University's outbound/education abroad travel programs, including a list of trips, number of students/faculty/staff on each trip, length of trip, and destinations. An estimate of forecasted travel for the upcoming policy year is acceptable.

Response:

The Center for International Education (CIE) sends approximately 12–15 faculty-led study abroad programs abroad annually. Group sizes typically range from 10–25 students and generally include two accompanying faculty members. Program lengths vary from one week to approximately six weeks. In addition, CIE supports students participating in summer and semester programs through host institutions and education abroad providers. If insurance is not included in a program fee, CIE enrolls participants directly. CIE sends approximately 200–275 students abroad each year.

Question 2

Can the University provide premium and loss data for the current study abroad insurance plan? The utilization reporting included in the RFP appears to relate to the inbound international student health insurance plan.

Response:

The outbound premium and loss report is not available from iNext because participant data is combined with enrollees from multiple universities and is not reported by individual institution.

Question 3

Will the University consider a blanket study abroad insurance program that automatically covers all eligible students, faculty, staff, and dependents at the beginning of the policy term without manual enrollment?

Response:

The University would consider a blanket program. The ultimate decision would likely depend on the cost per traveler.

Question 4

Are travel tracking services for education participation a requirement for this RFP? This is typically an additional expense on top of the insurance premium, so we wanted to ask if this is a requirement or something the University would be interested in exploring after the RFP has been awarded.

Response:

No, tracking is not required as part of this RFP. At this time, we are not interested in this add-on.

Question 5a

Any known travel to the Middle East or current high-risk areas like Uganda/Congo?

Response:

No, The Center for International Education only sends students and faculty to level 1 or 2 destinations as determined by US Department of State. Petitions to travel to countries listed as level 3 are reviewed on a case-by-case basis.

Question 5b

The Outbound piece seems like they want it to be all encompassing... are we covering all of their Business Travel in addition to Study Abroad?

Response:

The Center for International Education provides coverage for all education abroad participants including those doing research, volunteering, internships, and traditional study abroad programs. Faculty occasionally contact CIE to enroll them in insurance if they are traveling internationally for a conference, though this is not required.

Question 5c

Outbound - # of days broken out by Destination Country; # of Students vs. # of Faculty/Staff; vs. # of Other

Response:

CIE participants primarily travel to Europe (Spain, France, Italy, United Kingdom, etc.) with some travelers going to Asia and Latin and South America. The breakdown by location changes annually. Program lengths run anywhere from a week to a full academic year. Though over 60% of CIE travelers are on short-term programs. Students make up the bulk of our enrollees and occasionally we have an accompanying family member, participant guest, or alumnus join a group.

Question 5d

Inbound - # of days; # of Students vs. # of Faculty/Staff; vs. # of Other

Response:

CIE enrolls the international student body (F-1s and J-1s) on an academic year basis, from August 15 to the Monday following UMW Commencement (usually the second Monday of May), approximately 265 days. Some students require extensions through the summer months. For the 2025-2026 academic year 72 students were enrolled, no Faculty or other.

Question 5e

Domestic (this was loosely mentioned as needing a domestic US plan) - # of days; # of Students vs. # of Faculty/Staff; vs. # of Other. What types of insureds would be needing this? Domestic Business Travel?

Response:

UMW is not seeking coverage for domestic participants outside of its international and education abroad programs. The reference to a "domestic plan" pertains only to potential plan options for inbound international participants. Therefore, UMW does not have domestic enrollment or travel-day data to provide for this solicitation.

Question 6

Any chance we can understand how much of the Inbound population is participating in ICS? Might be best to offer a buy-up for anyone who needs it so that the other Inbound participants don't get charged for something they won't be using.

Response:

Over 1/3 of the international student population is participating in ICS, specifically men's Rugby. Buy-up options are welcome to be explored. Offerors should clearly describe coverage for participants in varsity, club sport, and intramural activities.

Question 7

Is coverage Mandatory for all insureds or can they opt-out?

Response:

Outbound education abroad students are enrolled unless the host university or program already includes insurance. Inbound F-1 students can opt-out if they bring their own policy that meets requirements and submit a waiver annually.

Question 8

Does the school pay the premium or do insureds pay out of pocket on the iNext portal?

Response:

CIE pays the premium via invoice and credit card and then passes along the cost to the students via internal payment systems.

Question 9

Any known high-risk activities we should be aware of?

Response:

CIE runs a program that includes SCUBA diving (UMW in Bonaire) – each participant has to be fully SCUBA and PADI certified - and some of our programs include outdoor activities such as hiking and others have included horseback riding, ATVs, and snowmobiling in the past. In fact, we welcome a list of activities not covered as deemed high risks to be included in the language.

END OF ADDENDUM NO. 1

Jennifer Buist
Buyer Specialist
Procurement Services
University of Mary Washington
Phone: (540)654-1382

RFP 26-2127 Addendum No. 1 (and all addenda) should be acknowledged and included in the RFP submittal package.

NAME OF OFFERING FIRM: _____

NAME OF OFFEROR REPRESENTATIVE: _____

OFFEROR SIGNATURE: _____

DATE: _____

ADDENDUM

July 7, 2026

ADDENDUM NO. 2 TO ALL OFFERORS:

Reference – Request for Proposals: RFP 26-2127 - International and Study Abroad Insurance Services
Date Issued: June 22, 2026
For Delivery to: University of Mary Washington, Commonwealth of Virginia
Proposal Due Date: July 20, 2026

This addendum consists of three (3) pages.

Questions from Offerors:

Question 1

What is the start date of the new contract?

Response:

November 24, 2026

Question 2

Please clarify whether the RFP requires a minimum coverage limit for athletic injury coverage.

Response:

Athletic injury coverage must meet applicable NCAA requirements. Coverage for athletic injuries should provide at least \$90,000 in coverage.

Question 3

Both Inbound and Outbound: What will the effective dates of coverage be for this RFP? Will the policy which is awarded this RFP insure students for the 2027-2028 academic year? Will any student need coverage prior to August 1, 2027?

Response:

CIE enrolls outbound education abroad students on an as needed basis covering our programs (fall semester, winter break, spring break, spring semester, and summer). International student enrollments occur annually in mid-August and those policies run through mid-May. This RFP will affect any enrollments made following the November contract start date.

Question 4

Inbound International Coverage: Copy of current and prior 3 years of brochure, certificate/policy, schedule of benefits, and exclusions

Response:

The University has provided all brochure, certificate/policy, schedule of benefits, and exclusions documents currently available. Additional historical materials for the prior three years are not available at this time. Please refer to the documents provided with this addendum.

Question 5

Inbound International Coverage: Provide a copy of the most updated utilization reports through June 2026

Response:

Please refer to Attachment E – Historical Data included with the solicitation. These represent the most current information available to the University.

Question 6

Inbound International Coverage: Copy of current and prior 3 years of annual, monthly, or prorated rates by coverage tier

Response:

The current international student rate is \$7.89/day for the upcoming academic year. Historical rate schedules are not available to the University at this time.

Question 7

Inbound International Coverage: Provide enrollment history for 2023/24

Response:

The University does not have enrollment history for the 2023/24 academic year available. The information provided with the solicitation represents the enrollment data currently available to the University.

Question 8

Inbound International Coverage: Provide number of student athletes covered under the plan.

Response:

Primarily men's rugby (25+), men's swimming (1), men's soccer (1), women's tennis (1). The number fluctuates annually

Question 9

Outbound / Education Abroad Coverage: Current provider, carrier/underwriter, administrator, and assistance provider.

Response:

iNext/CIEE, CIGNA, IMG

Question 10

Outbound / Education Abroad Coverage: Copy of current and prior 3 years of brochure, certificate/policy, schedule of benefits, and exclusions.

Response:

The University has provided all brochure, certificate/policy, schedule of benefits, and exclusions documents currently available. Additional historical materials for the prior three years are not available at this time. Please refer to the documents provided with this addendum.

Question 11

Outbound / Education Abroad Coverage: Provide current and prior 3 years of annual rates, including daily, weekly, monthly, or program-based rates.

Response:

The current outbound iNext comprehensive policy costs \$1.50/day plus a \$10.50/month extraction rider, or \$37.50/month plus a \$10.50/month extraction rider. Historical rate information is not available to the University at this time.

Question 12

Outbound / Education Abroad Coverage: Current and prior 3 years of participation counts, trip days, premium, claims, and utilization data, preferably the most recent and prior 3 years.

Response:

The University has provided all participation, premium, claims, and utilization information currently available. Historical trip-day data and additional participation data are not available at this time. The University estimates that approximately 200–250 students participate in study abroad programs annually, and students are required to be enrolled in insurance when their program does not otherwise provide coverage.

Question 13

Outbound / Education Abroad Coverage: If a carrier is unable to exclude political unrest/natural disaster evacuation, travel alerts participant tracking, and mobile/risk management tools, are all of these a required.

Response:

Evacuation in case of political and/or natural disaster is required. Travel alerts and mobile risk management tools not required.

END OF ADDENDUM NO. 2

Jennifer Buist
Contract Officer
Procurement Services
University of Mary Washington
Phone: (540) 654-1382

RFP 26-2127 Addendum No. 2 (and all addenda) should be acknowledged and included in the RFP submittal package.

NAME OF OFFERING FIRM: _____

NAME OF OFFEROR REPRESENTATIVE: _____

OFFEROR SIGNATURE: _____

DATE: _____

SEALED REQUEST FOR PROPOSAL (RFP)

ISSUE DATE: Monday, June 22, 2026

RFP NUMBER & TITLE: RFP 26-2127 - International & Education Abroad Insurance Services

PROPOSAL DUE DATE & TIME: **MONDAY, JULY 20, 2026 @ 2:00 PM EST**
NOTE: Proposals received after the due date and time, as determined by the electronic time stamp generated by the eVA system, cannot be accepted.

PROPOSAL DELIVERY ADDRESS: Proposals shall be submitted electronically via the Commonwealth of Virginia's eVA system in accordance with the instructions provided in this solicitation.
Reference RFP 26-2127

WORK LOCATION: ☒ All Campuses ☐ Fredericksburg ☐ Stafford ☐ Dahlgren

COMMODITY CODE(S): 95301, 95348, 95352

PRE-PROPOSAL CONFERENCE: ☐ Optional ☐ Mandatory ☒ N/A

CONTRACT OFFICER: Jennifer Buist **EMAIL:** jbuist@umw.edu

PERIOD OF CONTRACT: November 24, 2026 – November 23, 2027, with Nine (9) One-Year Renewals

In compliance with this Sealed Request for Proposal (RFP) and to all the conditions imposed therein, and hereby incorporated by reference, the undersigned firm offers and agrees to furnish the goods/services in accordance with attached signed proposal or as mutually agreed upon by subsequent negotiation. The undersigned firm hereby certifies that all information provided in response to this RFP is true, correct and complete.

By signing this proposal, you are certifying that you are an authorized representative of the offering firm and that the firm's principals or legal counsel have reviewed the Request for Proposal General Terms and Conditions and any Special Terms and Conditions. Any exceptions to the General or Special Terms and Conditions must be clearly identified in your proposal. No exceptions can be made to those General or Special Terms and Conditions that are mandated by law. If no exceptions are identified in your proposal, it is understood that the provisions will become a part of any final agreement.

THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL

Name of Offering Firm: CIEE, INC. DBA INEXT INSURANCE

Address of Offering Firm: 400 CONGRESS STREET, SUITE 316 , PORTLAND ME 04101

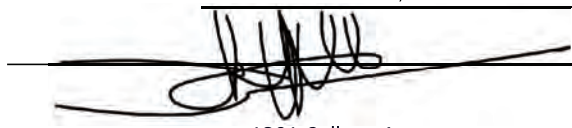
DSBSD Certification No.: _____ **Expiration Date:** _____

eVA ID: _____ **Tax ID:** 13-4038907

Email: mmcdonald@cieee.org **Telephone:** 207.553.4100

Website: www.inext.com **Fax:** _____

Submitted By (Print Name & Title): Muriel McDonald, Senior Sales Executive

Signature (In Ink):  **Date:** 07/17/2026

ADDENDUM

July 2, 2026

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Jennifer Buist
Buyer Specialist
Procurement Services
University of Mary Washington
Phone: (540)654-1382

RFP 26-2127 Addendum No. 1 (and all addenda) should be acknowledged and included in the RFP submittal package.

NAME OF OFFERING FIRM: CIEE, INC. DBA iNEXT INSURANCE

NAME OF OFFEROR REPRESENTATIVE: MURIEL MCDONALD

OFFEROR SIGNATURE: 

DATE: 07/18/2026

ADDENDUM

July 7, 2026

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Both Inbound and Outbound: What will the effective dates of coverage be for this RFP? Will the policy which is awarded this RFP insure students for the 2027-2028 academic year? Will any student need coverage prior to August 1, 2027?

Response:

CIE enrolls outbound education abroad students on an as needed basis covering our programs (fall semester, winter break, spring break, spring semester, and summer). International student enrollments occur annually in mid-August and those policies run through mid-May. This RFP will affect any enrollments made following the November contract start date.

Question 4

Inbound International Coverage: Copy of current and prior 3 years of brochure, certificate/policy, schedule of benefits, and exclusions

Response:

The University has provided all brochure, certificate/policy, schedule of benefits, and exclusions documents currently available. Additional historical materials for the prior three years are not available at this time. Please refer to the documents provided with this addendum.

Question 5

Inbound International Coverage: Provide a copy of the most updated utilization reports through June 2026

Response:

Please refer to Attachment E – Historical Data included with the solicitation. These represent the most current information available to the University.

Question 6

Inbound International Coverage: Copy of current and prior 3 years of annual, monthly, or prorated rates by coverage tier

Response:

The current international student rate is \$7.89/day for the upcoming academic year. Historical rate schedules are not available to the University at this time.

Question 7

Inbound International Coverage: Provide enrollment history for 2023/24

Response:

The University does not have enrollment history for the 2023/24 academic year available. The information provided with the solicitation represents the enrollment data currently available to the University.

Question 8

Inbound International Coverage: Provide number of student athletes covered under the plan.

Response:

Primarily men's rugby (25+), men's swimming (1), men's soccer (1), women's tennis (1). The number fluctuates annually

Question 9

Outbound / Education Abroad Coverage: Current provider, carrier/underwriter, administrator, and assistance provider.

Response:

iNext/CIEE, CIGNA, IMG

Question 10

Outbound / Education Abroad Coverage: Copy of current and prior 3 years of brochure, certificate/policy, schedule of benefits, and exclusions.

Response:

The University has provided all brochure, certificate/policy, schedule of benefits, and exclusions documents currently available. Additional historical materials for the prior three years are not available at this time. Please refer to the documents provided with this addendum.

Question 11

Outbound / Education Abroad Coverage: Provide current and prior 3 years of annual rates, including daily, weekly, monthly, or program-based rates.

Response:

The current outbound iNext comprehensive policy costs \$1.50/day plus a \$10.50/month extraction rider, or \$37.50/month plus a \$10.50/month extraction rider. Historical rate information is not available to the University at this time.

Question 12

Outbound / Education Abroad Coverage: Current and prior 3 years of participation counts, trip days, premium, claims, and utilization data, preferably the most recent and prior 3 years.

Response:

The University has provided all participation, premium, claims, and utilization information currently available. Historical trip-day data and additional participation data are not available at this time. The University estimates that approximately 200–250 students participate in study abroad programs annually, and students are required to be enrolled in insurance when their program does not otherwise provide coverage.

Question 13

Outbound / Education Abroad Coverage: If a carrier is unable to exclude political unrest/natural disaster evacuation, travel alerts participant tracking, and mobile/risk management tools, are all of these a required.

Response:

Evacuation in case of political and/or natural disaster is required. Travel alerts and mobile risk management tools not required.

END OF ADDENDUM NO. 2

Jennifer Buist
Contract Officer
Procurement Services
University of Mary Washington
Phone: (540) 654-1382

RFP 26-2127 Addendum No. 2 (and all addenda) should be acknowledged and included in the RFP submittal package.

NAME OF OFFERING FIRM: CIEE, INC. DBA INEXT INSURANCE

NAME OF OFFEROR REPRESENTATIVE: MURIEL MCDONALD

OFFEROR SIGNATURE: 

DATE: 07/18/2026

ATTACHMENT C - SMALL BUSINESS SUBCONTRACTING PLAN

MUST BE COMPLETED AND RETURNED WITH PROPOSAL PACKAGE

All small businesses must be certified by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (DSBSD) by the due date of the solicitation to participate in the SWaM program. Certification applications are available online through [DSBSD](#).

DEFINITIONS:

"Micro Business" means a business that is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees and no more than \$3million in average annual revenue over the three-year period prior to their certification.

"Small business" means a business independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business. *Note: DSBSD-certified women- and minority-owned businesses shall also be considered small businesses when they have received DSBSD small business certification. (Code of Virginia, § 2.2-4310)*

"Woman-owned business" means a business that is at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women. *(Code of Virginia, § 2.2-4310)*

"Minority-owned business" means a business that is at least 51% owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51% of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals. *(Code of Virginia, § 2.2-4310)*

Bidder Name: CIEE, INC. DBA INEXT INSURANCE

Preparer Name: Muriel McDonald **Date:** 07/17/26

INSTRUCTIONS:

- A. If you are certified by the Department of Small Business and Supplier Diversity (DSBSD) as a small business, complete only Section A of this form. This shall not exclude DSBSD-certified women-owned and minority-owned businesses when they have received DSBSD small business certification.
- B. If you are not a DSBSD-certified small business, complete Section B of this form. For the bid to be considered and the bidder to be declared responsive, the bidder shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business in Section B.

Executive Summary

The University of Mary Washington (UMW) is evaluating its insurance coverage for study abroad programs and incoming international students to ensure continued alignment with institutional needs. As UMW's trusted insurance partner for nearly a decade, iNext provides robust coverage, flexible plan designs, exceptional customer service, and competitive rates. We operate on the principle that the lowest-cost option does not always yield the best outcomes for students and faculty.

This proposal offers outbound plan options tailored to match UMW's current framework, giving the Center for International Education (CIE) the flexibility to select the best fit for each program. For inbound students, we present two comprehensive options: the incumbent network, CIGNA, and an alternative plan through Blue Cross Blue Shield.

EFFECTIVE DATE CLARIFICATION & PROPOSED APPROACH

We request clarification regarding a potential timeline misalignment in the Request for Proposal (RFP). The RFP states the contract period begins November 24, 2026. However, the current inbound insurance program and the RFP's enrollment guidelines operate on an August 1–July 31 policy cycle. Furthermore, the RFP outlines an open enrollment period from August 1 to September 15, with premiums and benefits applied retroactively to August 1 for students enrolling by the September deadline.

Our Proposed Approach: To prevent disruptions in student coverage, enrollment, benefit accumulation, and claims administration, we strongly recommend maintaining the established August 1–July 31 policy cycle.

Requested Clarifications

Contract vs. Policy Date: Does the November 24, 2026 date signify the administrative effective date of the procurement contract, rather than the start date of the actual insurance policy?

Interim Coverage: If November 24 is intended to be the policy effective date, how does the University prefer to administer student coverage, open enrollment, and retroactive benefits between August 1 and November 23?

iNext is fully committed to working collaboratively with the University and the selected carrier during negotiations to align the contract and policy periods seamlessly while ensuring uninterrupted coverage for all participants.

History, Experience and Qualifications:

iNext is part of CIEE, the Council on International Educational Exchange, the country's oldest nonprofit, nongovernmental study abroad and intercultural exchange organization. Since 1947, CIEE has helped thousands of people gain the knowledge and skills necessary to live and work in a globally interdependent and culturally diverse world by offering comprehensive, relevant and valuable exchange programs.

iNext Insurance was created in 2009. Initially the insurance was designed to provide international medical and travel insurance to students traveling on CIEE programs. After institutions started asking about being able to use iNext for their own study abroad programs, iNext expanded its portfolio and started working directly with universities and community colleges.

As part of CIEE, iNext Insurance is uniquely placed in the field of insurance and risk management designed specifically for the higher education market. Statistically iNext insured 1 in 10 of American students traveling abroad. We work with over 300 partner institutions, ensuring over 36,000 students, faculty, staff, dependents and volunteers. We leverage CIEE's leading position in the market to build a large sending-number clientele. This collectively defrays costs by enabling consortium level pricing without sacrificing the autonomy of the individual institutional level decision makers.

The iNext Team has 4 people, all licensed in health & life, and who operate in all 50 states. The team includes Jeff Thaxter, director, Muriel McDonald primary account executive, Tina Dunlavey and Maggie Robinson on the operations team. Tina Dunlavey will remain the primary contact for outbound enrollment and invoicing. Muriel McDonald will stay the primary contact (with Maggie Robinson as back up) for inbound enrollment and invoicing.

We follow the standards for General Data Protection Regulation (GDPR) for data privacy and security, as well as all HIPPA laws and regulations.

Ratings:

- Outbound underwriter: Crum & Forster SPC holds an AM Best "A" Excellent rating.
- Inbound underwriter: Cigna holds an AM Best "A" Excellent rating and Blue Cross Blue Shield also holds an AM Best "A" Excellent rating.

References:

Elon University: Study abroad insurance and risk management services, 900 students per year since 2013.

Coby College: Study abroad insurance, 150 students per year since 2016.

Concordia University WI: International student insurance, 800 students per year since 2023

University of Mobile: International student insurance, 120 students per year since 2018.

OUTBOUND

1. Cost:

Currently UMW has access to most iNext plans and upgrades. For this RFP, I will be using the same plans UMW has for simplicity purposes.

Supplemental plans are great options for students who may already have insurance through a third-party provider or an overseas university and need coverage for benefits not covered by their other insurance.

Comprehensive plans act as primary insurance when the participant is abroad. These plans provide very rich benefits and are available at a daily and monthly rates, making them ideal options for short-term programs.

2. All plans are available to students, faculty, staff, chaperones, family members including children. Rates for supplemental plans are for all age bands. Rates for comprehensive plans are from age 13 to 59 (available to children under 13 but enrollment must be done by iNext operation team) and for age 60+.

Comprehensive plans rates:

Age Band	Comprehensive Basic Daily	Comprehensive Basic Monthly	Comprehensive Ultimate Daily	Comprehensive Ultimate Monthly
Age 13-59 and <	\$1.75	\$43.65	\$1.92	\$53.55
Age 60+	\$5.52	\$137.95	\$6.06	\$169.21

Supplemental plans rates:(364-day maximum, single trip plans)

Supplemental Premium	\$55.86
Supplemental Platinum	\$96.77

Upgrades:

Political and natural disaster evacuation: (per person, per month)

Standard PND	Added to Comprehensive plan	Added to Supplemental plan
	\$10.50/month	\$35.00/year
Enhanced PND	\$16.50/month	\$49.00/year

TELUS Health Student Support Program Mental Health: available in 30-day increments as add-on to base medical plan only

TELUS Health	\$2.65/month/student
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3. Pre-existing conditions: sudden and unexpected changes to pre-existing conditions are covered like any other illnesses. The Supplemental Premium and Comprehensive Basic

plans both have a 60-day waiting period for pre-existing to be covered, while the Supplemental Platinum and Comprehensive Ultimate plans have no waiting period.

4. Prescribed medications for a sudden and unexpected illness or accident are eligible for coverage under any outbound policy. Medications prescribed in the US are not eligible for coverage.
5. Sports injuries are covered like any other injuries, except injuries sustained by an extreme sport (means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme sports often involve speed, height, a high level of exertion and/or highly specialized gear. Extreme sports include the following: skydiving, hang-gliding, parachuting, mountaineering, any race, bungee cord jumping, speed contest (shall not include any regatta races), scuba diving unless you are certified to dive, deep sea diving, spelunking or caving, heliskiing, extreme skiing. Any questions about a specific sport of activity, please contact the iNext team. We will request underwriting to review such activity.
6. Emergency dental coverage is included in all outbound plans.
7. Customer Support: The iNext team is available Monday through Friday from 8:30 am - 5:00 pm. Sarah Moran and Jose Sainz (they both have Muriel cell phone numbers as well) can confirm that both Tina Dunlavey and Muriel McDonald have been available outside regular office hours to help with urgent requests, last minute enrollments and emergency calls. Additionally, if a student or faculty has an issue while abroad, they can contact the 24/7/365 emergency number for IMG located on their iNext insurance card. IMG will triage and determine if this is a medical, political, legal issue.
8. Claims Processing: Claims are handled on a reimbursement basis for outpatient services and services under \$500.00. Inpatient and emergency claims expected to be over \$500.00, the student, if able, or someone on behalf of the student should call International Medical Group (IMG) to open a medical case.

To file a claim, the participant will need to:

- a. Choose the type of claim
- b. Attach supporting documents: itemized bills, statements from provider
- c. Copy of proof of payment for the trip
- d. Airlines ticket receipt
- e. Passport copy
- f. Upload the forms to the CBP claim portal or can be emailed to TravelTeam@cbpinsure.com

Typically, 3% of claims require additional information to be provided. CBP has a dedicated iNext claims administration team responsible for reviewing our claims. The typical turnaround time for claims is 15 days. Claims are reimbursed electronically or by check. Participants have 90 days after a covered loss to submit a claim.

9. Account Support: Tina Dunlavey will remain your primary account support for outbound.
10. Premium structure: no evidence of insurability is required for any of our plans. Coverage under the comprehensive plans is primary.
11. Proration of Coverage: Supplemental plan premiums cannot be pro-rated. Comprehensive plans, because of the daily and monthly rates options, can be pro-rated. The minimum enrollment requirement is 10 days.
12. Reporting Requirements: we can provide monthly reporting for enrollments; however, claims reports will be difficult since we use our full sending profile to help keep premiums as low as possible and the risk is spread over all partners. We are not basing UMW's rates on the

claims history so if there is a year with a lot of claims or a couple of high claims, it is not affecting the price UMW pays for coverage.

13. Policy Updates: We would do our best to meet the deadline of February first if we can get renewal rates from underwriting prior to that date.
14. Regulatory Compliance: We will comply with the Commonwealth of VA requirements.
15. Marketing and Enrollment Materials: policy documents, enrollment census forms and all additional marketing materials are included.
16. Reporting Samples: Enrollment report is attached to this RFP.
17. Additional Services: students, faculty, staff have access to trip cancelation & interruption (TCTI) upgrade that they can purchase on their own, once they are enrolled in the iNext base medical plan. They can choose the level of coverage they need. The TCTI is designed to reimburse the traveler for the non-refundable or forfeited fees they incurred by canceling their trip due to a covered event.

All travelers have access to the Crisis24/GardaWorld Emergency Services online Portal. Crisis24 provides detailed security assessments for over 200 countries, 800 provinces, and 400 cities worldwide:

- **Global Assistance Network:** Its network includes more than 1.2 million medical and logistics providers across six continents. This includes:
 - o Hundreds of thousands of specialists, laboratories, and pharmacies.
 - o Over 15,000 hospitals.
 - o More than 50 air ambulance providers.
- **Strategic Hubs:** Operations are supported by 24/7 Global Operations Centers (GOC) that monitor and coordinate movements in real-time, especially in high-risk areas like Ukraine and the Middle East.
- **On the Ground Resources:**
 - o **Intelligence & Analysis:** Employs a team of over 200 specialized analysts who provide 24/7 monitoring of 200,000+ sources in more than 35 languages.
Crisis24 has direct access to vetted security and logistics capabilities through the broader GardaWorld network, which employs over 132,000 professionals globally.
 - o **Specialized Expertise:** On-the-ground support includes in-country medical assistance, security evacuations, and technical guidance for product risk incidents in sectors like pharmaceuticals and automotive.
 - o **Coordination with local authorities and embassies:** The Global Operations Centers (OC) acts as the central hub, communicating 24/7, with both the clients' internal crisis team and the external local contacts to ensure that any actions taken, whether it is to shelter in place or to move to another location or evacuated, is aligned with official local directives. Crisis 24 uses:
 - Incident reporting assistance to local authorities and medical referral to vetted in country providers.
 - Operational liaison through consultant that coordinate movements to avoid local curfews or protest zone.

- Cloud-based technology directly to local and federal agencies to help manage civil unrest, natural disaster and international communication.
- Simulation and training in collaboration with local law enforcement to test response times and agency protocols.

Outbound Core Coverage:

1. All outbound plans have no deductible, provide coverage of sudden and unexpected illness and accidents while the participant is traveling outside his/her home country. All plans include travel benefits as well as mental health coverage (except in the Supplemental Premium plan unless hospitalized only).
2. Minimum Coverage Levels: see policy documents
3. Payment Method: Outpatient services and small claims under \$500.00 are prepaid by the participant and a claim must be filed for reimbursement. Anything above \$500.00 and inpatient services, the participant must open a medical case with IMG. IMG will then work with the overseas provider to issue a guarantee of payment.
4. Enrollment Flexibility: enrollments can be made on an on-going basis, throughout the year based on the university's needs.
5. Enrollment Duration Options: the only minimum requirement iNext has is a 10-day minimum enrollment.
6. Online Enrollment System: Yes, our enrollment system is available to UMW staff. Once the students are enrolled, they receive a welcome email. The students can then set up their online profile and access their ID card, documents, CBP claim portal, etc.
7. Enrollment Materials: the ID cards and policy documents are available immediately upon enrollment.
8. Required Coverage Components:
 - a. Routine and emergency medical coverage: YES
 - b. Accidental death and dismemberment: YES
 - c. Emergency medical evacuation: YES
 - d. Emergency medical reunion: YES
 - e. Repatriation of mortal remains: YES
9. Additional Coverage and Services:
 - a. Evacuation coverage for political unrest: YES, PND is available
 - b. Evacuation coverage for natural disasters: YES, PND is available
 - c. Risk management and advisory services, including international situation monitoring, emergency alerts, participant tracking, and a user-friendly mobile application compatible with major platforms: YES, the IMG Portal is included free of charge as part of the proposal.

INBOUND

Currently UMW international students under F1 and J1 visa, including international athletes, are covered under the Cigna plan. Additionally, the Cigna plan covers US students (we had a few students who held dual nationality in the US and another country).

This RFP includes pricing using Cigna as well as an additional option through Blue Cross Blue Shield.

Option A: CIGNA Plan based on start date of 11/1/26 to 10/31/27

1. Cost:

CIGNA \$250 Deductible In-Network Option	Daily Rate
Student Only	\$8.79
Student & 1 Dependent	\$24.59
Student & 2 or more Dependents	\$38.66

CIGNA \$0 Deductible In-Network Option	Daily Rate
Student Only	\$8.87
Student & 1 Dependent	\$24.87
Student & 2 or more Dependents	\$39.10

CIGNA Dental	Daily Rate
Student Only	\$0.54
Student & 1 Dependent	\$1.26
Student & 2 or more Dependents	\$1.99

2. Age Limitations: None
3. Pre-existing conditions: Pre-existing conditions are covered immediately with no restrictions.
4. Prescriptions Drugs: Both maintenance and prescribed medications are covered.
5. Athletic Injuries: Covered like any other injuries with no restrictions with no limitations
6. Dental Coverage: Only injuries to sound teeth are covered. Dental benefits can be added to the Cigna for an extra fee (see above table).
7. Customer Support: Muriel McDonald is the primary contact for inbound. She is available Monday through Friday from 8:30 am -5:00 pm. Both Sarah Moran and Jose Sainz also have her cell phone number, and she is available in the evening and weekends to handle emergency calls and enrollments. When Muriel McDonald is out of the office, Maggie Robinson is her backup. Cigna customer service is available 24/7 and their number is listed on the ID cards.

8. Claims Processing: in-house claims department. Students can access their claims through their “MyInsurance” policy dashboard. They can submit claims, review claims status, inquire about claims, find doctors in network, download policy documents, update their personal information, download their ID card. Claims are processed within 10 business days, and reimbursement payments are mailed the next business day after processing while local currency payment may take up to 2 additional days.
9. Account Support: Muriel McDonald is the primary contact.
10. Premium Structure: Premium rates under the proposed program are not based on individual’s age or sex, evidence of insurability is not required, and coverage is designed to operate as primary coverage in accordance with the terms of the policy.
11. Proration of Coverage: Rates will be pro-rated if a student is enrolled for the whole academic year and is not coming for the spring semester for example. A specific explanation must be provided, and the student must not have any claims. If a student has been enrolled for the fall and was not able to obtain a visa and iNext is notified within 30 days, a full refund of the premium will be issued.
12. Reporting Requirements: Enrollment reports can be provided monthly; however, claims reporting is typically provided on an annual basis.
13. Policy Updates: We would do our best to meet the deadline of February first if we can get renewal rates from underwriting prior to that date.
14. Regulatory Compliance: We will comply with the Commonwealth of VA requirements.
15. Marketing and Enrollment Materials: schedule of benefits attached, AM Best Ratings
16. Reporting Samples: enrollment census included.
17. Additional Services:
 - a. Vision care visit covered at 80% one visit every 24 consecutive months
 - b. Emergency medical evacuation covered 100%
 - c. Family travel arrangements
 - d. Return of dependent children
 - e. Repatriation of mortal remains covered at 100%
 - f. Global Telehealth Services available 24/7 via the Cigna Wellbeing App and Envoy homepage
 - g. Mental Health and Emotional Well-being Resources
 - h. Substance use disorder coverage (inpatient and outpatient coverage at 80%)
 - i. Dependents rates available
 - j. Dental discount program available through Careington for international students to purchase on a retail basis if needed

J-1 Compliance: Yes, the Cigna plan meets and exceeds the J-1 visa minimum requirements established by the US Department of State regulations.

Domestic plan option: The Cigna plan covers domestic students.

Plan Options and Flexibility: see other options through Blue Cross Blue Shield

Minimum coverage Levels for J-1 Participants: YES

Open Enrollment Period: YES, UMW must provide explanation in writing to iNext for compliance purposes.

Enrollment after Open Enrollment: It will need to be approved by the insurance carrier. An explanation letter will be required as to why the student needed to be enrolled after the enrolled period passed the September 15th date. Cigna can make certain exceptions and can sometimes backdate a policy no more than 90 days.

Eligibility for Coverage: OPT students will be able to enroll in the iNext OPT plan available on a retail basis. Any other F or J students or scholars are eligible to enroll in the Cigna plan. policy documents, enrollment census forms and all additional marketing materials are included.

Option B: BLUE CROSS BLUE SHIELD Plan

The plan through Blue Cros Blue Shield is available to all international students on valid F1, J1 visa, their dependents and to students on OPT.

1. Cost:

BCBS Option 1		BCBS Option 2		BCBS Option 3	
	Daily		Daily		Daily
Participant	\$12.77	Participant	\$10.71	Participant	\$11.00
Spouse	\$39.60	Spouse	\$32.14	Spouse	\$33.02
Child	\$26.42	Child	\$21.43	Child	\$22.00
Children	\$52.79	Children	\$42.85	Children	\$44.02

2. Age Limitations: Age 0 to 74.
3. Pre-existing Conditions: Covered but under options 2 & 3, there is a 6-month waiting period.
4. Prescriptions: Covered referred to the schedule of benefits.
5. Athletic Injuries: Covered but limited to \$10,000 benefit under option 2 and \$20,000 under option 1 & 3.
6. Dental Coverage: Only repair to a sound natural tooth is covered up to \$1,000.
7. Customer Support: Muriel McDonald is the primary contact as stated above. BCBS customer service is available 24/7/265 and their number is listed on each student's ID.
8. Claims Processing: BCBS processes claims in their headquarters in King of Prussia, PA. They have the capability to receive claims via mail, email and electronically through the BCBS app or website) as well as by fax. All claims received through their intake area are prepared for processing, generally within 1 to 2 business days. Claim reimbursements are issued via ACH or check made in US dollars. 90% of claims are processed within 10 business and 98% of claims are processed within 15 business days.
9. Account Support: Muriel McDonald is the primary contact for inbound. She is available Monday through Friday from 8:30 am -5:00 pm. Both Sarah Moran and Jose Sainz also have her cell phone number, and she is available in the evening and weekends to handle emergency calls and enrollments. When Muriel McDonald is out of the office, Maggie Robinson is her backup. BCBS customer service is also available 24/7/365 by phone and email inside and outside the US.
10. Premium Structure: One rate for all age bands, and dependent rates:
11. Proration of Coverage: Rates will be prorated if a student is enrolled for the whole academic year and is not coming back for the spring semester. A specific explanation

must be provided in writing by the university and the students but not have any claims. If a student has been enrolled and the policy is not already into effect, iNext will issue a refund. Notifications must be made within 30 days of enrollment.

12. Reporting Requirements: policy documents, enrollment census forms and all additional marketing materials are included.
13. Policy Updates: We would do our best to meet the deadline of February first if we can get renewal rates from underwriting prior to that date.
14. Regulatory Compliance: We will comply with the Commonwealth of VA requirements.
15. Marketing and Enrollment Materials: schedule of benefits attached, AM Best ratings.
16. Reporting Samples: enrollment census attached.
17. Additional Services:
 - a. Unlimited access to telemedicine at no cost
 - b. 24/7/365 support from anywhere in the world
 - c. Global Counseling and Wellness Support Program

J-1 Compliance: Yes, the BCBS plan meets and exceeds the minimum J-1 visa requirements established by the US Department of State regulations.

Domestic plan option: the BCBS does not cover domestic students.

Minimum coverage Levels for J-1 Participants: YES

Open Enrollment Period: YES, UMW must provide explanation in writing to iNext for compliance purposes.

Enrollment after Open Enrollment: It will need to be approved by the insurance carrier. An explanation letter will be required as to why the student needed to be enrolled after the enrolled period passed the September 15th date. Typically, BCBS can backdate a policy no more than 60 days,

Eligibility for Coverage: OPT students are covered under the BCBS plan.

Value-Added Service: free of charge for international students that can be added to either CIGNA or BCBS plan:

ASAP Help (see attached fliers)

Mental health and wellness program through FutureHealth that includes a 24/7/365 counseling line. The first 3 face-to-face visits are at no cost to the student. If the international student needs additional visits, ASAP will coordinate with the insurance company to make sure the provider is in network and that the student's copay is in accordance with the policy language.

Proposal For: University of Mary Washington

Effective 11/1/2026

Please Note: This is a high level summary of the quoted benefits.

General Plan Provisions – All Amounts in U.S. Dollars

The following benefit design has been created to meet the needs of your globally mobile members. Our direct pay network, 24/7 customer service via 10 global customer service centers and industry leading global network allows your members to focus on their mission, while we focus on ours – to help the people we serve improve their health, well-being and sense of security.

Proposed Policy Year:	11/1/2026 -11/1/2027	Quote #:Q-00199325
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Global Medical - Students

	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Area of Cover	Worldwide		
U.S. Medical Network	OAP		
Eligibility	Student		
Lifetime Maximum	Unlimited		
Annual Maximum	\$1,000,000		
Policy Year Deductible · Per Individual	\$0	\$250	\$500
· Per Family	\$0	\$0	\$0
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	60%
Out-of-Pocket Maximum (Includes Deductible) · Per Individual	\$0	\$6,350	\$12,700
· Per Family	\$0	\$0	\$0
Deductible Calculation	Claims for a family member are covered at plan coinsurance: • When that family member satisfies the Individual Deductible -OR- • When the Family Deductible is satisfied regardless of whether or not the Individual Deductible is satisfied.		
Out-of-Pocket Calculation	Claims for a family member are covered at 100% coinsurance: • When that family member satisfies the Individual Out-of-Pocket Maximum -OR- • When the Family Out-of-Pocket Maximum is satisfied regardless of whether or not the Individual Out-of-Pocket Maximum is satisfied. Out-of-Pocket will: Include deductible payments; Include copay payments; Include pharmacy copays; Include pharmacy coinsurance payments; Exclude Pre-Admission Certification/Continued Stay Review penalties.		
Network Accumulation	Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks.		

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit · Specialty Care Physician's Office Visit · Surgery Performed In the Physician's Office	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible \$40 copay, then 100% not subject to deductible \$20 copay, then 100% not subject to deductible	60% after deductible 60% after deductible 60% after deductible
Student Health Center <i>(if applicable)</i>	Not Covered	100% after deductible	100% not subject to deductible
Preventive Care · Routine Preventive Care · Policy Year Maximum: \$500 · Immunizations	100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 100% not subject to deductible	60% after deductible 60% after deductible
Travel Immunizations (Immunizations as required for travel)	Not Covered	Not Covered	Not Covered
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to deductible	100% not subject to deductible	60% after deductible
Inpatient Hospital · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% not subject to deductible 100% not subject to deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	100% not subject to deductible 100% not subject to deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Emergency Room	100% not subject to deductible	\$250 per visit copay, then 100% not subject to deductible	\$250 per visit copay, then 100% not subject to deductible
Urgent Care Services All Professional Services, X ray/Lab performed	100% not subject to deductible	\$50 copay, then 100% not subject to deductible	60% after deductible
Ambulance Policy Year Maximum: \$2500	100% not subject to deductible	80% after deductible	60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory Services · Physician Office Visit · Outpatient Facility · Laboratory Services at an Independent Lab facility	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
Radiology Services · Physician Office Visit · Outpatient Facility	100% not subject to deductible 100% not subject to deductible	100% after deductible 80% after deductible	60% after deductible 60% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans) · Physician Office Visit · Inpatient Facility · Outpatient Facility	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
Skilled Nursing Facility · Policy Year Maximum	100% not subject to deductible 120 Days	80% after deductible 120 Days	60% after deductible 120 Days
Home Health Care · Policy Year Maximum	100% not subject to deductible 120 Days	80% after deductible 120 Days	60% after deductible 120 Days
Hospice (Inpatient)	100% not subject to deductible	80% after deductible	60% after deductible
Hospice (Outpatient/Home)	100% not subject to deductible	80% after deductible	60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Outpatient Therapy Services · Physician Office Visit · Outpatient Hospital Facility Policy Year Maximum:	100% not subject to deductible 100% not subject to deductible	\$40 copay, then 100% not subject to deductible \$40 copay, then 100% not subject to deductible	60% after deductible 60% after deductible
30 Days for all Therapies Combined			
The limit is not applicable to Mental Health and Substance Use Disorder conditions. <i>Includes: Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy / Physiotherapy.</i>			
Chiropractic Care Policy Year Maximum: Unlimited	100% not subject to deductible	100% after deductible	60% after deductible
Acupuncture · Policy Year Maximum	Not Covered	Not Covered	Not Covered
Maternity Care Services Policy Year Maximum: \$20000 · Initial Visit to Confirm Pregnancy · All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) · Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist · Delivery – Facility (Inpatient Hospital, Birthing Center)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% after deductible \$20 copay, then 100% not subject to deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Infertility, Fertility and Conception Services · Physician Office Visit and Counseling · Lab and Radiology Tests · Inpatient Facility · Outpatient Facility		Not Covered Not Covered Not Covered Not Covered	
Hearing Exam · 1 Exam Every 24 Months	Not Covered	Not Covered	Not Covered
Hearing Device / Aids	Not Covered	Not Covered	Not Covered
Dental Care Limited to changes made for a continuous course of dental treatment started within six months of an injury to teeth · Physician Office Visit · Inpatient Facility · Outpatient Facility Policy Year Maximum	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$40 copay, then 100% not subject to deductible 80% after deductible 80% after deductible \$1,000	60% after deductible 60% after deductible 60% after deductible
TMJ Maximums	Not Covered		
TMJ Office Visit	Not Covered	Not Covered	Not Covered
TMJ Surgery	Not Covered	Not Covered	Not Covered

Global Medical - Students

	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Mental Health · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder) · Inpatient Facility Maximum: (combined with Substance Use Disorder)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% after deductible 30 Visits 80% after deductible \$20,000	60% after deductible 60% after deductible 60% after deductible
Substance Use Disorder · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Mental Health) · Inpatient Facility Maximum: (combined with Mental Health)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% after deductible 30 Visits 80% after deductible \$20,000	60% after deductible 60% after deductible 60% after deductible

Prescription Drug Benefits		
International (Outside of the U.S.)		
Purchased outside the United States	No Charge, not subject to plan deductible	
Purchased Inside the United States Only		
Benefit Highlights	Network Pharmacy (U.S. In-Network)	Non-Network Pharmacy (U.S. Out-of-Network)
Prescription Drug Products at Retail Pharmacies	The amount you pay for up to a consecutive 30-day supply	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Prescription Drug Products at Home Delivery Pharmacies	The amount you pay for up to a consecutive 90-day supply	
Generic	Member pays 20% not subject to plan deductible	In-Network coverage only
Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Specialty Drug at Retail and Home Delivery Pharmacies	The amount you pay for up to a consecutive 30-day supply	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible

Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only	
Prescription Drug List	Legacy 3-Tier
Dispense As Written	If the Member requests to fill a brand name drug that has a generic equivalent available, the Member will be financially responsible for the difference in cost between the brand name and the generic drug, plus any required brand name drug copayment and/or coinsurance, if applicable. However, if the Member's doctor has determined a generic drug is not an acceptable alternative, the Member will only be responsible for payment of the appropriate brand name drug copayment and/or coinsurance, if applicable.
Utilization Management	Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for your medical condition. This includes Step Therapy, Prior Authorization, and Quantity Limits.
Step Therapy	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, the Member should refer to their prescription drug list.
Prior Authorization	Coverage for certain drugs require the Member's Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, the Member should refer to their prescription drug list.
Quantity Limits	Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
Patient Assurance Program	Your plan includes the Patient Assurance Program, which waives the deductible, if applicable, and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally: •Any amount you pay for these medications only count toward meeting your out-of-pocket maximum, if applicable. •Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum, if applicable.
<i>Medications can be provided up to a 12-month supply in accordance with the instructions specified by a U.S. physician.</i>	

Global Evacuation - \$100,000 limit	
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for Student
Family Travel Arrangements	Roundtrip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of Other
Return of Dependent Children	One-way Airfare at Economy Rates to return dependent children to country of residence
Repatriation of Mortal Remains	100% coverage



Global Vision - Students			
Students	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility	Student		
Examinations One every 24 consecutive months	100% not subject to deductible	80% not subject to deductible	
Exam Maximum Benefit	Unlimited		
Exam Maximum Benefit	Unlimited		

Global Dental - Students		
Eligibility		Students
Policy Year Maximum Combined for: Class I Class II		\$500
Class I	Preventive Care For diagnostic and preventative services including: • Oral Exam -2 Per Person Per Year • Cleanings -2 Per Person Per Year • Bitewing X-rays -2 Per Person Per Year • Fluoride Applications -1 Per Person Per Year (Up to age 19) • Sealants -1 Treatment per Posterior Tooth per 3 Years • Diagnostic X-rays –Unlimited • Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years	100% not subject to deductible
Class II	Basic Restorative For Basic Restorations: • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planing • Repair to Bridgework and Dentures	80% not subject to deductible
Class III	Major Restorative For Major Restorations: • Dentures • Bridgework • Crowns	Not Covered
Class IV	Orthodontia Benefit Not Covered	Not Covered
Class V	Implants	Not Covered

Global Accidental Death & Dismemberment	
Eligibility	Student
Employee Benefit	A flat benefit amount of \$10,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70
Scope of Coverage	24 Hour Coverage



University of Mary Washington
Proposed Effective Date: 11/1/2026

ASSUMPTIONS AND CONDITIONS

The Underwriting Assumptions and Conditions of this quote are:

- Cigna Global Health Benefits is pleased to present this Proposal for a Fully Insured Non-Participating group medical and pharmacy benefit plan sponsored by University of Mary Washington. This proposal is valid for 60 days from its original date of release, 7/14/2026. Any revisions or updates to this proposal will not renew this valid timeframe unless expressly communicated by Cigna Global Health Benefits.
- Cigna Global Health Benefits may revise or withdraw this Proposal if:
 - (1) there is a change to the effective date of the quote
 - (2) the policy period length is different than 12 months
 - (3) the policy situs changes
 - (4) the final enrollment deviates from the quoted enrollment such that it results in a needed change in premium rates. Rates are based on final enrollment factors, including total number of enrollees, their age, sex, demographics, location and the distribution of enrollees by product or by customer tier.
 - (5) any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.
 - (6) either one or more of the quoted sites withdraws prior to the effective date or terminates during the contract term, or at any time following enrollment.



- Unless otherwise indicated, this Proposal:
 - (1) supersedes and renders null and void any prior Cigna offer or proposal with respect to the Plan.
 - (2) requires you notify us within 30 days if any information set forth in this form changes at any time while coverage is provided to you by Cigna HealthCare.
 - (3) allows caveats and conditions set forth in this document to survive execution of any final contract and/or issuance by Cigna of any policy and/or Group Service Agreement.
 - (4) is a high-level summary of the proposed coverage. It does not identify all the categories of expenses that are covered or excluded.
 - (5) an application for coverage form will be provided only following underwriting approval.
 - (6) the benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna's general overhead.
 - (7) Cigna sponsors programs to inform benefit advisors about Cigna's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna's general overhead.
 - (8) does not apply to individuals unless employed by the policyholder or an entity that participates in an association or trust that is the policyholder.
- This quote is fee for services only. It does not include medical clinic member capitation fees or fees for prepaid plans.

Cigna offers access to our Online Group Self Enrollment (OGSE) that includes a payment portal that is no cost for the client. The portal's billing feature allows(directs) the insured to individually & directly pay Cigna via credit card.
- We reserve the right to adjust the rates if the enrolled population changes by more than 15% during the policy year or if the enrolled population varies by +/- 15% from census data received at time of quote. Actual enrollment, along with any adjustments for a later start date, will determine final rates. The enrollment count as presented by the census file submitted depicts 69 Students and 69 members.
- Cigna reserves the right to rescind or revised the quote if any of the information upon which these rates or benefits were based (including rate history, claim data, census data, etc.) changes or is inaccurate.
- We are quoting this case on a Contributory basis for Medical coverage. We will require a minimum of 75% participation with a complete census of all eligible Students, which is expected to be 51. The minimum participation requirement assumes that all enrolled Students have selected all lines of coverage as outlined in this proposal.
- The proposal includes a pooling point of \$150,000. This caveat only applies to clients who are Experience-rated or eligible to receive claims experience.



- Reimbursement of out-of-network providers will be based on a percentage of a fee schedule developed by Cigna using a methodology similar to that used by Medicare to determine the allowable fee for services. Any charge above 150% of the Medicare-based fee schedule will not be covered by the benefit plan. If the billed charges for an out-of-network claim exceed the MRC, the health care professional may bill the Student for the remaining amount that was not paid by the benefit plan.
- The quoted Medical and Dental coverage will be offered as a package only which requires enrollment in all lines of coverage as shown in this proposal. The Student must enroll in Medical to elect Evacuation or IEAP coverage.
- Eligible Students are defined as full-time US Inbound Expatriates (Students) of a participating Client enrolled with a full course load. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.
- For purposes of this plan, a US Inbound Expatriate is a Student who attends an educational institute full time outside of his / her country of citizenship and in the United States
- All coverage will terminate at retirement.
- All active, full-time expatriate Students of the client enrolled with a full course load will be eligible for Medical, Evacuation and AD&D.
- As part of our overall value proposition, we are including access to our Cigna Wellbeing App™. Global Telehealth services are included. Your Students and their dependents will have access to licensed doctors around the world – by phone or video – for non-emergency health issues. Simply arrange a telephone or video consultation from the Cigna Wellbeing App™. Appointments are often scheduled for the same day you contact us. There may be limitations regarding the type of care that can be provided through Telehealth as opposed to a traditional face-to-face visit.
- A broker commission of 0% has been included in this proposal. In the event that you have appointed (or will appoint) a broker to receive compensation relative to your account, we will request your approval of such (and with respect to the specifics of compensation) prior to the installation of your account. In addition, the execution of a Producer Agreement and Commission Agreement in a form acceptable to Cigna Global Health Benefits on or before any start date of coverage shall be a condition precedent to the payment of any such producer compensation.
- This insurance contract will be situated in Guernsey. The laws of Guernsey shall govern all terms and conditions of such policies and our activities and relationships thereto without resort to any principle which would result in the application of the law of any other jurisdiction.
- All coverage levels and rates are stated in U.S. dollars and assume premium payments will be paid in U.S. dollars.
- Administration of the account and monthly billing will be handled by the Global Service Center.



- Your monthly bill will be created on approximately the 12th business day of the prior month. Your membership and eligibility as of the 12th will be used to determine the billed amount. Cigna Global Health Benefits requires payment to be in the billed amount (i.e. do not adjust payment for enrollment changes after the 12th of the month).
- All Premiums charged by the Insurance Company are exclusive of any applicable indirect taxes which are the liability of the policyholder, including but not limited to the value-added tax, good and services tax, sales or use tax, or other similar taxes. If the Insurance Company determines it is required to collect and remit any such taxes on the Policyholder's behalf, the Insurance Company will include such charges in the manner and at the rate prescribed by law.

Additional Programs

- We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

IMPORTANT NOTICE: This group policy may afford coverage to individuals and risks located around the globe. Foreign authorities may seek to impose on the policyholder or insured person certain reporting requirements and/or liability for taxes on premiums and/or other charges for non-admitted insurance. The policyholder or insured person is responsible for any such taxes or other charges that may apply.

- The information contained in this response by Cigna Global Health Benefits is proprietary and highly confidential. Any coverage provided by Cigna Global Health Benefits hereunder shall be on a prospective basis only. Dissemination of the information contained herein shall be limited to the respective individuals who are directly involved in the evaluation process.
- All coverage and services are provided by Cigna Global Insurance Company or its affiliates and subsidiaries or contracted third parties. In CignaLinks[®] countries, services may be administered by a contracted local provider.
- The terms and availability of this offer are subject to the laws of the jurisdiction in which it is issued. This quote contemplates compliance with all applicable laws and if necessary we may make certain legally required changes.
- Cigna may revise or withdraw this proposal if there is a change in any law, regulation, or required assessment tax that changes Cigna's costs in offering the plan.
- Included in this quote is the CignaLinks program for your exposure in countries in which this program is available. Under the CignaLinks program Cigna Global Health Benefits enters into contractual relationships with other companies to provide the services and coverage described herein. Depending on the country, the other company may or may not be affiliated with Cigna Global Health Benefits. Coverage and benefits are available except where prohibited by applicable law.



- This is not a contract. This proposal outlines, in general, some of the important features of the proposed group insurance program. The controlling provisions will be in the group insurance policy, and this proposal is not intended in any way to modify the provisions or their meanings. If you decide to purchase the plan proposed here, we will provide a policy that fully describes all of the provisions of the group insurance coverage to which you have agreed.
- Cigna Global Health Benefits contract language will be used without modification. A sample of our certificate is available for your review upon request.
- Cuban citizens are excluded from this quote altogether unless they can demonstrate permanent residence outside of Cuba;
- Cigna is not permitted to cover local nationals or their dependents who remain (live and/or work) in a comprehensively sanctioned country or region.
Cigna is not permitted to cover local nationals or their dependents that are on work assignment outside of their sanctioned country/region and return home to the sanctioned country/region for a period of longer than 6 weeks.
Only urgent or emergent treatment can be covered if they return to the sanctioned country/region for a period of 6 weeks or less in duration.
Cigna is not permitted, under any circumstances, to cover any local national or dependent who returns home to the sanctioned country/region for elective medical treatment, regardless of the amount of time spent in the sanctioned country/region.
- That you have no Students in OFAC sanctioned countries or plans to send Students into OFAC sanctioned countries engaged in activities regulated or prohibited by OFAC sanctions;
- That you have no local nationals working and/or residing in OFAC sanctioned countries (to include any trailing dependents) who will be excluded from coverage entirely, unless they are on assignment (and the dependents are with them) outside of the OFAC sanctioned country; or
- If you currently have Students in OFAC sanctioned countries, or any Students engaged in activities regulated or prohibited by OFAC sanction programs, you will complete the attached OFAC Disclosure Form and provide Cigna with a copy of your OFAC license or legal authority for each sanctioned country or activity for our records. (Please Note: For local nationals of OFAC sanctioned countries, you must also provide the address for the dependents and confirm that all dependents will be residing with the local national Student while attending an educational institute outside of the sanctioned country. Any local national trailing dependent who remains in the sanctioned country will be excluded from coverage entirely.)



- Cigna is not permitted to cover local nationals of sanctioned countries or their dependents who remain (live and/or work) in a comprehensively sanctioned country or region.
- Cigna is not permitted to cover local nationals of sanctioned countries or their dependents that attend an educational institute outside of their sanctioned country/region and return home to the sanctioned country/region for a period of longer than 6 weeks.
- Cigna is permitted to cover only urgent/emergent care or treatment if the sanctioned country local national or dependent returns to the sanctioned country/region for a period of 6 weeks or less in duration.
- Cigna is not permitted under any circumstances to cover any sanctioned country local national or dependent who returns to the sanctioned country/region for elective medical treatment, regardless of the amount of time spent in the sanctioned country/region.
- Cigna is not permitted under any circumstances to cover an expatriate who travels to a sanctioned country for the purposes of receiving elective medical treatment.
- Due to the ongoing conflict in Ukraine, the U.S. and other governments have imposed significant sanctions against many Russian financial institutions. Cigna may cover your Students and dependents in Russia. Unless the customer or provider holds an account at a non-sanctioned bank, however, claim reimbursement may be blocked by sanctions.





**University of Mary Washington
Proposed Effective Date: 11/1/2026**

EXCLUSIONS AND LIMITATIONS

The Exclusions and Limitations of this quote are:

Accidental Death and Dismemberment

The Insurance Company will not pay Accident Insurance Benefits for a loss which in any way results directly or indirectly from any of the following.

- Suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane (except in Missouri, this applies only while sane).
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor. (Accidental ingestion of a poisonous substance is not excluded).
- Sickness, disease or bodily infirmity; medical or surgical treatment; or bacterial or viral infection, no matter how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental bodily injury or accidental food poisoning).
- While an Insured is on full-time active duty for more than 30 days in any Armed Forces. (If the Insured sends proof of service, the Insurance Company will refund any premiums paid for coverage during this time. Reserve or National Guard active duty or training are not excluded unless it extends beyond 31 days).
- Travel or flight in, or getting in or out of: an aircraft being used for test or experiment; an aircraft the Insured is flying, is learning to fly, or is part of the crew of; a military aircraft, other than transport aircraft flown by the U.S. Air Mobility Command (AMC) or a similar air transport service of another country; an aircraft owned or leased by or for the Policyholder, its subsidiaries or affiliates, or the Insured or a member of his or her household; an aircraft that does not have a valid FAA normal or transport type certificate of airworthiness; or an aircraft that is not flown by a pilot with a valid license.
- Commission of a felony.
- No benefits are payable for war or an act of war, whether or not declared, or active participation in a riot which occurs in the Student's country of citizenship.
- No benefits are payable for claim payments that are illegal under applicable law.
- No benefits are payable for injuries arising out of, or in the course of any work for wage or profit.



Medical and Dental Exclusions, Expenses Not Covered, and General Limitations

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- For or in connection with an Injury or Sickness which is due to war, declared or undeclared, riot, civil commotion or police action which occurs in the Student's country of citizenship.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other custodial services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to not be demonstrated through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
- Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
- The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or the subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.



- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and courtordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Reversal of male or female voluntary sterilization procedures.
- Any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling or ancillary services including but not limited to vocational rehabilitation, employment counseling, return-to-work services, work hardening programs, back school, and driving safety and services.
- Non-medical ancillary services for learning disabilities, developmental delays, or intellectual disabilities.
- Biofeedback, neurofeedback, hypnosis, or sleep therapy.
- Services or therapies that are primarily intended as training or education.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.



- Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and wigs other than for scalp hair prostheses worn due to alopecia areata.
- Hearing aids, including but not limited to semiimplantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as covered under this plan as shown in the Covered Expenses section. A hearing aid is any device that amplifies sound.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.



- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- to the extent of the exclusions imposed by any certification requirement shown in this plan;
- for charges incurred in your country of residence or permanent assignment



Proposal For: University of Mary Washington

Effective 11/1/2026

Please Note: This is a high level summary of the quoted benefits.

General Plan Provisions – All Amounts in U.S. Dollars

The following benefit design has been created to meet the needs of your globally mobile members. Our direct pay network, 24/7 customer service via 10 global customer service centers and industry leading global network allows your members to focus on their mission, while we focus on ours – to help the people we serve improve their health, well-being and sense of security.

Proposed Policy Year:	11/1/2026 -11/1/2027	Quote #: Q-00199344
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Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Area of Cover	Worldwide		
U.S. Medical Network	OAP		
Eligibility	Student		
Lifetime Maximum	Unlimited		
Annual Maximum	\$1,000,000		
Policy Year Deductible · Per Individual	\$0	\$0	\$250
· Per Family	\$0	\$0	\$500
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	60%
Out-of-Pocket Maximum (Includes Deductible) · Per Individual	\$0	\$6,350	\$12,700
· Per Family	\$0	\$12,700	\$25,400
Deductible Calculation	Claims for a family member are covered at plan coinsurance: • When that family member satisfies the Individual Deductible -OR- • When the Family Deductible is satisfied regardless of whether or not the Individual Deductible is satisfied.		
Out-of-Pocket Calculation	Claims for a family member are covered at 100% coinsurance: • When that family member satisfies the Individual Out-of-Pocket Maximum -OR- • When the Family Out-of-Pocket Maximum is satisfied regardless of whether or not the Individual Out-of-Pocket Maximum is satisfied. Out-of-Pocket will: Include deductible payments; Include copay payments; Include pharmacy copays; Include pharmacy coinsurance payments; Exclude Pre-Admission Certification/Continued Stay Review penalties.		
Network Accumulation	Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks.		

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit · Specialty Care Physician's Office Visit · Surgery Performed In the Physician's Office	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible \$40 copay, then 100% not subject to deductible \$20 copay, then 100% not subject to deductible	60% after deductible 60% after deductible 60% after deductible
Student Health Center <i>(if applicable)</i>	Not Covered	100% not subject to deductible	100% not subject to deductible
Preventive Care · Routine Preventive Care · Policy Year Maximum: \$1,500 · Immunizations	100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 100% not subject to deductible	60% after deductible 60% after deductible
Travel Immunizations (Immunizations as required for travel)	Not Covered	Not Covered	Not Covered
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to deductible	100% not subject to deductible	60% after deductible
Inpatient Hospital · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% not subject to deductible 100% not subject to deductible	80% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	100% not subject to deductible 100% not subject to deductible	80% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible
Emergency Room	100% not subject to deductible	\$250 per visit copay, then 100% not subject to deductible	\$250 per visit copay, then 100% not subject to deductible
Urgent Care Services All Professional Services, X ray/Lab performed	100% not subject to deductible	\$50 copay, then 100% not subject to deductible	60% after deductible
Ambulance Policy Year Maximum: \$2500	100% not subject to deductible	80% not subject to deductible	60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory Services · Physician Office Visit · Outpatient Facility · Laboratory Services at an Independent Lab facility	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 80% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible 60% after deductible
Radiology Services · Physician Office Visit · Outpatient Facility	100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans) · Physician Office Visit · Inpatient Facility · Outpatient Facility	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 80% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible 60% after deductible
Skilled Nursing Facility · Policy Year Maximum	100% not subject to deductible 120 Days	80% not subject to deductible 120 Days	60% after deductible 120 Days
Home Health Care · Policy Year Maximum	100% not subject to deductible 120 Days	80% not subject to deductible 120 Days	60% after deductible 120 Days
Hospice (Inpatient)	100% not subject to deductible	80% not subject to deductible	60% after deductible
Hospice (Outpatient/Home)	100% not subject to deductible	80% not subject to deductible	60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Outpatient Therapy Services · Physician Office Visit · Outpatient Hospital Facility Policy Year Maximum:	100% not subject to deductible 100% not subject to deductible	\$40 copay, then 100% not subject to deductible \$40 copay, then 100% not subject to deductible	60% after deductible 60% after deductible
30 Days for all Therapies Combined			
The limit is not applicable to Mental Health and Substance Use Disorder conditions. <i>Includes: Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy / Physiotherapy.</i>			
Chiropractic Care Policy Year Maximum: Unlimited	100% not subject to deductible	100% not subject to deductible	60% after deductible
Acupuncture · Policy Year Maximum	Not Covered	Not Covered	Not Covered
Maternity Care Services Policy Year Maximum: \$20000 · Initial Visit to Confirm Pregnancy · All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) · Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist · Delivery – Facility (Inpatient Hospital, Birthing Center)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% not subject to deductible \$20 copay, then 100% not subject to deductible 80% not subject to deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible

Global Medical - Students			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Infertility, Fertility and Conception Services · Physician Office Visit and Counseling · Lab and Radiology Tests · Inpatient Facility · Outpatient Facility		Not Covered Not Covered Not Covered Not Covered	
Hearing Exam · 1 Exam Every 24 Months	Not Covered	Not Covered	Not Covered
Hearing Device / Aids	Not Covered	Not Covered	Not Covered
Dental Care Limited to changes made for a continuous course of dental treatment started within six months of an injury to teeth · Physician Office Visit · Inpatient Facility · Outpatient Facility Policy Year Maximum	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$40 copay, then 100% not subject to deductible 80% not subject to deductible 80% not subject to deductible \$1,000	60% after deductible 60% after deductible 60% after deductible
TMJ Maximums	Not Covered		
TMJ Office Visit	Not Covered	Not Covered	Not Covered
TMJ Surgery	Not Covered	Not Covered	Not Covered

Global Medical - Students

	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Mental Health · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder) · Inpatient Facility Maximum: (combined with Substance Use Disorder)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% not subject to deductible 30 Visits 80% not subject to deductible \$20,000	60% after deductible 60% after deductible 60% after deductible
Substance Use Disorder · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Mental Health) · Inpatient Facility Maximum: (combined with Mental Health)	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	\$20 copay, then 100% not subject to deductible 80% not subject to deductible 30 Visits 80% not subject to deductible \$20,000	60% after deductible 60% after deductible 60% after deductible

Prescription Drug Benefits		
International (Outside of the U.S.)		
Purchased outside the United States	No Charge, not subject to plan deductible	
Purchased Inside the United States Only		
Benefit Highlights	Network Pharmacy (U.S. In-Network)	Non-Network Pharmacy (U.S. Out-of-Network)
Prescription Drug Products at Retail Pharmacies	The amount you pay for up to a consecutive 30-day supply	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Prescription Drug Products at Home Delivery Pharmacies	The amount you pay for up to a consecutive 90-day supply	
Generic	Member pays 20% not subject to plan deductible	In-Network coverage only
Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Specialty Drug at Retail and Home Delivery Pharmacies	The amount you pay for up to a consecutive 30-day supply	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible

Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only	
Prescription Drug List	Legacy 3-Tier
Dispense As Written	If the Member requests to fill a brand name drug that has a generic equivalent available, the Member will be financially responsible for the difference in cost between the brand name and the generic drug, plus any required brand name drug copayment and/or coinsurance, if applicable. However, if the Member's doctor has determined a generic drug is not an acceptable alternative, the Member will only be responsible for payment of the appropriate brand name drug copayment and/or coinsurance, if applicable.
Utilization Management	Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for your medical condition. This includes Step Therapy, Prior Authorization, and Quantity Limits.
Step Therapy	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, the Member should refer to their prescription drug list.
Prior Authorization	Coverage for certain drugs require the Member's Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, the Member should refer to their prescription drug list.
Quantity Limits	Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
Patient Assurance Program	Your plan includes the Patient Assurance Program, which waives the deductible, if applicable, and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally: •Any amount you pay for these medications only count toward meeting your out-of-pocket maximum, if applicable. •Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum, if applicable.
<i>Medications can be provided up to a 12-month supply in accordance with the instructions specified by a U.S. physician.</i>	

Global Evacuation - \$100,000 limit	
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for Student
Family Travel Arrangements	Roundtrip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of Other
Return of Dependent Children	One-way Airfare at Economy Rates to return dependent children to country of residence
Repatriation of Mortal Remains	100% coverage



Global Vision - Students			
Students	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility	Student		
Examinations One every 24 consecutive months	100% not subject to deductible	80% not subject to deductible	
Exam Maximum Benefit	Unlimited		
Exam Maximum Benefit	Unlimited		

Global Dental - Students		
Eligibility		Students
Policy Year Maximum Combined for: Class I Class II		\$500
Class I	Preventive Care For diagnostic and preventative services including: • Oral Exam -2 Per Person Per Year • Cleanings -2 Per Person Per Year • Bitewing X-rays -2 Per Person Per Year • Fluoride Applications -1 Per Person Per Year (Up to age 19) • Sealants -1 Treatment per Posterior Tooth per 3 Years • Diagnostic X-rays –Unlimited • Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years	100% not subject to deductible
Class II	Basic Restorative For Basic Restorations: • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planing • Repair to Bridgework and Dentures	80% not subject to deductible
Class III	Major Restorative For Major Restorations: • Dentures • Bridgework • Crowns	Not Covered
Class IV	Orthodontia Benefit Not Covered	Not Covered
Class V	Implants	Not Covered

Global Accidental Death & Dismemberment	
Eligibility	Student
Employee Benefit	A flat benefit amount of \$10,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70
Scope of Coverage	24 Hour Coverage



University of Mary Washington
Proposed Effective Date: 11/1/2026

ASSUMPTIONS AND CONDITIONS

The Underwriting Assumptions and Conditions of this quote are:

· Cigna Global Health Benefits is pleased to present this Proposal for a Fully Insured Non-Participating group medical and pharmacy benefit plan sponsored by University of Mary Washington. This proposal is valid for 60 days from its original date of release, 7/14/2026. Any revisions or updates to this proposal will not renew this valid timeframe unless expressly communicated by Cigna Global Health Benefits.

· Cigna Global Health Benefits may revise or withdraw this Proposal if:

- (1) there is a change to the effective date of the quote
- (2) the policy period length is different than 12 months
- (3) the policy situs changes
- (4) the final enrollment deviates from the quoted enrollment such that it results in a needed change in premium rates. Rates are based on final enrollment factors, including total number of enrollees, their age, sex, demographics, location and the distribution of enrollees by product or by customer tier.
- (5) any of the information upon which these rates or benefits were based (including Medical History Information) changes or is inaccurate.
- (6) either one or more of the quoted sites withdraws prior to the effective date or terminates during the contract term, or at any time following enrollment.



· Unless otherwise indicated, this Proposal:

- (1) supersedes and renders null and void any prior Cigna offer or proposal with respect to the Plan.
- (2) requires you notify us within 30 days if any information set forth in this form changes at any time while coverage is provided to you by Cigna HealthCare.
- (3) allows caveats and conditions set forth in this document to survive execution of any final contract and/or issuance by Cigna of any policy and/or Group Service Agreement.
- (4) is a high-level summary of the proposed coverage. It does not identify all the categories of expenses that are covered or excluded.
- (5) an application for coverage form will be provided only following underwriting approval.
- (6) the benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna's general overhead.
- (7) Cigna sponsors programs to inform benefit advisors about Cigna's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna's general overhead.
- (8) does not apply to individuals unless employed by the policyholder or an entity that participates in an association or trust that is the policyholder.

· This quote is fee for services only. It does not include medical clinic member capitation fees or fees for prepaid plans.

Cigna offers access to our Online Group Self Enrollment (OGSE) that includes a payment portal that is no cost for the client. The portal's billing feature allows(directs) the insured to individually & directly pay Cigna via credit card.

· We reserve the right to adjust the rates if the enrolled population changes by more than 15% during the policy year or if the enrolled population varies by +/- 15% from census data received at time of quote. Actual enrollment, along with any adjustments for a later start date, will determine final rates. The enrollment count as presented by the census file submitted depicts 69 Students and 69 members.

· Cigna reserves the right to rescind or revised the quote if any of the information upon which these rates or benefits were based (including rate history, claim data, census data, etc.) changes or is inaccurate.

· We are quoting this case on a Contributory basis for Medical coverage. We will require a minimum of 75% participation with a complete census of all eligible Students, which is expected to be 51. The minimum participation requirement assumes that all enrolled Students have selected all lines of coverage as outlined in this proposal.

· The proposal includes a pooling point of \$150,000. This caveat only applies to clients who are Experience-rated or eligible to receive claims experience.



- Reimbursement of out-of-network providers will be based on a percentage of a fee schedule developed by Cigna using a methodology similar to that used by Medicare to determine the allowable fee for services. Any charge above 150% of the Medicare-based fee schedule will not be covered by the benefit plan. If the billed charges for an out-of-network claim exceed the MRC, the health care professional may bill the Student for the remaining amount that was not paid by the benefit plan.
- The quoted Medical and Dental coverage will be offered as a package only which requires enrollment in all lines of coverage as shown in this proposal. The Student must enroll in Medical to elect Evacuation or IEAP coverage.
- Eligible Students are defined as full-time US Inbound Expatriates (Students) of a participating Client enrolled with a full course load. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.
- For purposes of this plan, a US Inbound Expatriate is a Student who attends an educational institute full time outside of his / her country of citizenship and in the United States
- All coverage will terminate at retirement.
- All active, full-time expatriate Students of the client enrolled with a full course load will be eligible for Medical, Evacuation and AD&D.
- As part of our overall value proposition, we are including access to our Cigna Wellbeing App™. Global Telehealth services are included. Your Students and their dependents will have access to licensed doctors around the world – by phone or video – for non-emergency health issues. Simply arrange a telephone or video consultation from the Cigna Wellbeing App™. Appointments are often scheduled for the same day you contact us. There may be limitations regarding the type of care that can be provided through Telehealth as opposed to a traditional face-to-face visit.
- A broker commission of 0% has been included in this proposal. In the event that you have appointed (or will appoint) a broker to receive compensation relative to your account, we will request your approval of such (and with respect to the specifics of compensation) prior to the installation of your account. In addition, the execution of a Producer Agreement and Commission Agreement in a form acceptable to Cigna Global Health Benefits on or before any start date of coverage shall be a condition precedent to the payment of any such producer compensation.
- This insurance contract will be situated in Guernsey. The laws of Guernsey shall govern all terms and conditions of such policies and our activities and relationships thereto without resort to any principle which would result in the application of the law of any other jurisdiction.
- All coverage levels and rates are stated in U.S. dollars and assume premium payments will be paid in U.S. dollars.
- Administration of the account and monthly billing will be handled by the Global Service Center.



· Your monthly bill will be created on approximately the 12th business day of the prior month. Your membership and eligibility as of the 12th will be used to determine the billed amount. Cigna Global Health Benefits requires payment to be in the billed amount (i.e. do not adjust payment for enrollment changes after the 12th of the month).

· All Premiums charged by the Insurance Company are exclusive of any applicable indirect taxes which are the liability of the policyholder, including but not limited to the value-added tax, good and services tax, sales or use tax, or other similar taxes. If the Insurance Company determines it is required to collect and remit any such taxes on the Policyholder's behalf, the Insurance Company will include such charges in the manner and at the rate prescribed by law.

Additional Programs

· We may, from time to time, offer or arrange for various entities to offer discounts, benefits, or other consideration to our members for the purpose of promoting the general health and well being of our members. We may also arrange for the reimbursement of all or a portion of the cost of services provided by other parties to the Policyholder. Contact us for details regarding any such arrangements.

IMPORTANT NOTICE: This group policy may afford coverage to individuals and risks located around the globe. Foreign authorities may seek to impose on the policyholder or insured person certain reporting requirements and/or liability for taxes on premiums and/or other charges for non-admitted insurance. The policyholder or insured person is responsible for any such taxes or other charges that may apply.

· The information contained in this response by Cigna Global Health Benefits is proprietary and highly confidential. Any coverage provided by Cigna Global Health Benefits hereunder shall be on a prospective basis only. Dissemination of the information contained herein shall be limited to the respective individuals who are directly involved in the evaluation process.

· All coverage and services are provided by Cigna Global Insurance Company or its affiliates and subsidiaries or contracted third parties. In CignaLinks[®] countries, services may be administered by a contracted local provider.

· The terms and availability of this offer are subject to the laws of the jurisdiction in which it is issued. This quote contemplates compliance with all applicable laws and if necessary we may make certain legally required changes.

· Cigna may revise or withdraw this proposal if there is a change in any law, regulation, or required assessment tax that changes Cigna's costs in offering the plan.

· Included in this quote is the CignaLinks program for your exposure in countries in which this program is available. Under the CignaLinks program Cigna Global Health Benefits enters into contractual relationships with other companies to provide the services and coverage described herein. Depending on the country, the other company may or may not be affiliated with Cigna Global Health Benefits. Coverage and benefits are available except where prohibited by applicable law.



· This is not a contract. This proposal outlines, in general, some of the important features of the proposed group insurance program. The controlling provisions will be in the group insurance policy, and this proposal is not intended in any way to modify the provisions or their meanings. If you decide to purchase the plan proposed here, we will provide a policy that fully describes all of the provisions of the group insurance coverage to which you have agreed.

· Cigna Global Health Benefits contract language will be used without modification. A sample of our certificate is available for your review upon request.

· Cuban citizens are excluded from this quote altogether unless they can demonstrate permanent residence outside of Cuba;

· Cigna is not permitted to cover local nationals or their dependents who remain (live and/or work) in a comprehensively sanctioned country or region.

Cigna is not permitted to cover local nationals or their dependents that are on work assignment outside of their sanctioned country/region and return home to the sanctioned country/region for a period of longer than 6 weeks.

Only urgent or emergent treatment can be covered if they return to the sanctioned country/region for a period of 6 weeks or less in duration.

Cigna is not permitted, under any circumstances, to cover any local national or dependent who returns home to the sanctioned country/region for elective medical treatment, regardless of the amount of time spent in the sanctioned country/region.

· That you have no Students in OFAC sanctioned countries or plans to send Students into OFAC sanctioned countries engaged in activities regulated or prohibited by OFAC sanctions;

· That you have no local nationals working and/or residing in OFAC sanctioned countries (to include any trailing dependents) who will be excluded from coverage entirely, unless they are on assignment (and the dependents are with them) outside of the OFAC sanctioned country; or

· If you currently have Students in OFAC sanctioned countries, or any Students engaged in activities regulated or prohibited by OFAC sanction programs, you will complete the attached OFAC Disclosure Form and provide Cigna with a copy of your OFAC license or legal authority for each sanctioned country or activity for our records. (Please Note: For local nationals of OFAC sanctioned countries, you must also provide the address for the dependents and confirm that all dependents will be residing with the local national Student while attending an educational institute outside of the sanctioned country. Any local national trailing dependent who remains in the sanctioned country will be excluded from coverage entirely.)



- Cigna is not permitted to cover local nationals of sanctioned countries or their dependents who remain (live and/or work) in a comprehensively sanctioned country or region.
- Cigna is not permitted to cover local nationals of sanctioned countries or their dependents that attend an educational institute outside of their sanctioned country/region and return home to the sanctioned country/region for a period of longer than 6 weeks.
- Cigna is permitted to cover only urgent/emergent care or treatment if the sanctioned country local national or dependent returns to the sanctioned country/region for a period of 6 weeks or less in duration.
- Cigna is not permitted under any circumstances to cover any sanctioned country local national or dependent who returns to the sanctioned country/region for elective medical treatment, regardless of the amount of time spent in the sanctioned country/region.
- Cigna is not permitted under any circumstances to cover an expatriate who travels to a sanctioned country for the purposes of receiving elective medical treatment.
- Due to the ongoing conflict in Ukraine, the U.S. and other governments have imposed significant sanctions against many Russian financial institutions. Cigna may cover your Students and dependents in Russia. Unless the customer or provider holds an account at a non-sanctioned bank, however, claim reimbursement may be blocked by sanctions.





**University of Mary Washington
Proposed Effective Date: 11/1/2026**

EXCLUSIONS AND LIMITATIONS

The Exclusions and Limitations of this quote are:

Accidental Death and Dismemberment

The Insurance Company will not pay Accident Insurance Benefits for a loss which in any way results directly or indirectly from any of the following.

- Suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane (except in Missouri, this applies only while sane).
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor. (Accidental ingestion of a poisonous substance is not excluded).
- Sickness, disease or bodily infirmity; medical or surgical treatment; or bacterial or viral infection, no matter how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental bodily injury or accidental food poisoning).
- While an Insured is on full-time active duty for more than 30 days in any Armed Forces. (If the Insured sends proof of service, the Insurance Company will refund any premiums paid for coverage during this time. Reserve or National Guard active duty or training are not excluded unless it extends beyond 31 days).
- Travel or flight in, or getting in or out of: an aircraft being used for test or experiment; an aircraft the Insured is flying, is learning to fly, or is part of the crew of; a military aircraft, other than transport aircraft flown by the U.S. Air Mobility Command (AMC) or a similar air transport service of another country; an aircraft owned or leased by or for the Policyholder, its subsidiaries or affiliates, or the Insured or a member of his or her household; an aircraft that does not have a valid FAA normal or transport type certificate of airworthiness; or an aircraft that is not flown by a pilot with a valid license.
- Commission of a felony.
- No benefits are payable for war or an act of war, whether or not declared, or active participation in a riot which occurs in the Student's country of citizenship.
- No benefits are payable for claim payments that are illegal under applicable law.
- No benefits are payable for injuries arising out of, or in the course of any work for wage or profit.



Medical and Dental Exclusions, Expenses Not Covered, and General Limitations

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- For or in connection with an Injury or Sickness which is due to war, declared or undeclared, riot, civil commotion or police action which occurs in the Student's country of citizenship.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other custodial services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to not be demonstrated through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
- Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
- The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or the subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.



· The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.

· Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.

· Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and courtordered, forensic or custodial evaluations.

· Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.

· Reversal of male or female voluntary sterilization procedures.

· Any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.

· Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.

· Non-medical counseling or ancillary services including but not limited to vocational rehabilitation, employment counseling, return-to-work services, work hardening programs, back school, and driving safety and services.

· Non-medical ancillary services for learning disabilities, developmental delays, or intellectual disabilities.

· Biofeedback, neurofeedback, hypnosis, or sleep therapy.

· Services or therapies that are primarily intended as training or education.

· Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.

· Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.



- Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and wigs other than for scalp hair prostheses worn due to alopecia areata.
- Hearing aids, including but not limited to semiimplantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as covered under this plan as shown in the Covered Expenses section. A hearing aid is any device that amplifies sound.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.



- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- to the extent of the exclusions imposed by any certification requirement shown in this plan;
- for charges incurred in your country of residence or permanent assignment