



UNIVERSITY of
ROCHESTER

International Health Insurance Program
For Students/Scholars/Exchange Visitors, and OPT Participants

For 24 hour emergency medical referrals, evacuation, repatriation or other services please call ACE Travel Assistance at: 1-855-327-1414 or email medassist-usa@axa-assistance.us

Visit www.acetravelassistance.net for access to global threat assessments and location based intelligence. Username: medassist-usa@axa-assistance.us Password: acea&h

For General Policy or Claims Questions or assistance with enrolling in the plan, please contact our servicing broker, Haylor, Freyer, & Coon at 866-535-0456 or email student@haylor.com

Policy Number: GLM N14285441
Cost: \$109.00 per month (participant cost)
\$239.80 per month (for each dependent)

How to Enroll: visit <http://www.haylor.com/college-students/college-health/university-of-rochester-study-abroad-health-insurance-enrollment/> and follow enrollment instructions. For the STUDENT ID field, please type in a minimum of three numbers—for example, 456.

PLAN SUMMARY

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|---|---|
| Maximum Benefit per Injury or Sicknesses | \$100,000 |
| Policy Deductible | \$25 per covered sickness or accident |
| Co-Insurance | 80% up to \$10,000, then 100% of the usual and customary charges |
| Maximum for Preexisting Conditions | Treated as any other medical condition |
| Maximum for Dental Injury | \$500 maximum, \$250 per tooth |
| Maximum for Chiropractic Care | \$500 maximum, \$50 per visit, up to 10 visits |
| Maximum for Mental & Nervous Disorders | \$5,000 (up to 30 visits) inpatient \$1,500 (up to 10 visits) outpatient |
| Medical Treatment of Pregnancy | Treated as any other medical condition |
| Maximum for Newborn Nursery Care | \$500.00 |
| Medical Evacuation | \$250,000 maximum |
| Repatriation of Remains | \$250,000 maximum |
| Emergency Reunion Benefit | \$5,000 (\$300 daily maximum benefit, 10 days maximum) |
| Home Country Extension Benefit | \$1,000 (with a \$0 deductible and a 30 day maximum benefit period) |
| Trip Interruption Benefit | \$1,000 |
| Accidental Death/Dismemberment For Policy Holder | \$10,000 |