New York University
Abu Dhabi

Student Health Insurance Program
2014 – 2015
Blanket Student Accident and Sickness Insurance

Benefits in UAE Administered by:
P.O. BOX 63323
Abu Dhabi, UAE
Customer Service Toll Free UAE:  800.42.42.42
Direct/Collect:  +9712.676.2042
green-crescent.com

Benefits Outside of UAE Administered by:
HTH Worldwide
One Radnor Corporate Center, Suite 100
Radnor, PA 19087 USA
Customer Service Toll Free U.S.:  1.888.243.2358
Direct/Collect:  +1.610.254.8769
For Medical Assistance:  +1.610.254.8771
hthstudents.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. BCS-3466-A-14. This is not a contract of insurance. Coverage is governed by an insurance policy issued to New York University Abu Dhabi underwritten by BCS Insurance Company of Oakbrook Terrace, Illinois, USA.

Benefits inside the United Arab Emirates are provided by Green Crescent Insurance Company under Policy No. IP 116291/0. This is not a contract of insurance. Coverage is governed by an insurance policy issued to New York University Abu Dhabi underwritten by Green Crescent Insurance Company of Abu Dhabi, United Arab Emirates.

Complete information on the insurance is contained in the Certificate of Insurance on file with the school. If there is a difference between this program description and the certificate wording, the certificate controls.
Accessing Care In the
United Arab Emirates

Coverage provided by Green Crescent and administered by NAS.

Medical Insurance Card – For UAE only

Once you are enrolled, you will receive a medical insurance card for Green Crescent's Platinum program from the NYU Abu Dhabi insurance administrator. Please present this card to providers at the time of service. For replacement ID cards, please contact the NYU Abu Dhabi insurance administrator.

Member Services – For UAE only

Contact Green Crescent Customer Service with assistance with benefits and claims inquiries or to locate a medical provider:

Toll Free UAE: 800.42.42.42
Direct: +9712.676.2042
Fax: +9712.445.8717
Email: nyuad.health@green-crescent.com

Locating a Medical Provider – For UAE only

Search for the nearest physician, hospital or pharmacy within the United Arab Emirates by visiting the www.green-crescent.com website and selecting the Provider Search link and selecting the Comprehensive Network (CN) option. Network providers are part of the NAS Network.

Pre-Certification – For UAE only

If you are seeking services in the UAE you are required to pre-certify the following procedures with Green Crescent Customer Service prior to seeking medical treatment. Approval will be obtained by the network medical provider if service is received within the Green Crescent NAS network:

- Hospitalization and Outpatient Day Services
- Surgery
- Physiotherapy
- Long term medication for more than 60 days

Note that Emergency Services do not require prior approval, but Green Crescent should be notified of these services within 24 hours or as soon as reasonably possible. Pre-Certification is only required inside the UAE.

What to do in the event of an emergency – For UAE only

You are entitled to Global Assistance Services. In the event of an emergency in the UAE, participants should go immediately to the nearest physician or hospital without delay and then contact Green Crescent Customer Service at 800.42.42.42 (UAE toll free) or +9712.676.2042 (local). Green Crescent will arrange for payment with the provider and notify HTH Worldwide to take the appropriate action to assist and monitor the medical care until the situation is resolved.

Claims Submission – For UAE only

Claims are to be submitted to Green Crescent:

Office Location: Villa 38/2,8th St., Al Rowda, Zone 2, Sector 36, Abu Dhabi
Mailing Address: P.O. BOX 63323, Abu Dhabi, UAE
Tel. No.: +9712.676.2042
Fax No.: +9712 445 8717
Email: nyuad.health@green-crescent.com
## Benefits Inside the United Arab Emirates

<table>
<thead>
<tr>
<th>Geographical cover</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Coverage</td>
<td>United Arab Emirates</td>
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</tbody>
</table>

### Inpatient Healthcare Services within Applicable Network Coverage

<table>
<thead>
<tr>
<th>Hospitalization Class</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests, diagnosis and treatments for non-urgent medical cases, subject to Prior Approval.</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient maternity services subject to Prior Approval.</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Outpatient Healthcare Services within Applicable Network Coverage

| Examination, diagnostic and treatment services of clinics and health centers by general practitioners and specialists. | 100% with a Deductible of AED 0.00 per consultation |
| Outpatient Prescription Drugs, Laboratory tests services, X-ray, MRI, CT-scan, Ultra Sound and endoscopy diagnostic services. | 100% |
| Physiotherapy treatment services, subject to Prior Approval. | 100% |
| Examination, diagnostic and treatment services for pregnancy and gynaecology services in the UAE by general practitioners and specialists. | 100% with a Deductible of AED 0.00 per consultation |

### Other Benefits Coverage

<table>
<thead>
<tr>
<th>Applicable Network</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Network This network includes the American Hospital and Government Hospitals including Sheikh Khalifa Medical Center and Tawam Hospital (Government Hospitals on reimbursement)</td>
<td></td>
</tr>
</tbody>
</table>

### Pre-Existing Conditions Coverage

| General Health Services Coverage outside the Applicable Networks including Hospital Accommodation and Services, Consultant’s, Surgeon’s and Anesthetist’s Fees, Physician Consultation, Laboratory and Diagnosis like X-ray, MRI, CT-scan and Ultra-Sound. | Covered up to Policy limits |

### Maternity Services Coverage

<table>
<thead>
<tr>
<th>Alternative Medicines, subject to Prior Approval</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following services are included osteopathy, Ayurveda, acupuncture, acupressure and homeopathic treatments and drugs, with an Reasonable Expenses on an Inpatient Basis. Reasonable Expenses up to AED.180/-maximum per visit subject to a maximum of 15 visits on an Outpatient basis. Charges for chiropractic care provided by a Physician, in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and its effects, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.</td>
<td></td>
</tr>
</tbody>
</table>

### Psychiatric Treatment Coverage

| Reasonable Expenses for biologically based conditions. Reasonable Expenses for a maximum of 30 days per policy year for non-biologically based conditions. Covered up to policy limits if it is a transient mental disorder or an acute reaction to stress. |

### Contraceptives and Birth Control Coverage

| Covered up to Policy limits |

### Treatment of Viral Hepatitis B and C Coverage

| Covered up to Policy limits |

### Hemodialysis and Peritoneal Dialysis Coverage

| Covered up to Policy limits |

### Annual cervical cytology screening Reasonable Expenses

| Covered up to Policy limits |

### One baseline and annual mammography screening Reasonable Expenses

| Reasonable Expenses |

### Additional Benefits Coverage

| 1. Prosthetic Devices and Durable Medical Equipment. 2. Health Care Services and Supplies as a consequence of or related to nuclear risks/natural perils/any act of terrorism. 3. Health Care Services and Supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, or for muscle stimulation by any means. 4. All cases resulting from alcoholism, use of drugs & hallucinatory substances. 5. Senile dementia and Alzheimer’s disease 6. Officially (WHO and/or national law) recognized epidemics/pandemics. 7. Treatment of venereal diseases transmitted by-intercourse as medically accepted. 8. allergy testing desensitization. |

### Other Benefits

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- 4. All cases resulting from alcoholism, use of drugs & hallucinatory substances.
- 5. Senile dementia and Alzheimer’s disease.
- 6. Officially (WHO and/or national law) recognized epidemics/pandemics.
- 7. Treatment of venereal diseases transmitted by-intercourse as medically accepted.
- 8. Allergy testing desensitization.
General Exclusions

The following Health Care Services and Supplies, Medical Conditions and other specifications and also all their related, associated or consequential expenses are excluded as Insurance Coverage for this Insurance Contract, unless explicitly approved to the contrary by Green Crescent in the Specific Terms and Conditions:

1. Health Services, which are not Medically Necessary.
2. Health Services, which are obtained through a non-profit, charity health program.
3. Custodial care; domiciliary care; private duty nursing; respite care; rest cures. Custodial care refers to:
   • non-health related services, such as assistance in activities of daily living, or health-related services which do not seek to cure or which are provided during periods when the Medical Condition of the patient is not changing; or
   • services which do not require continued administration by trained medical personnel.
4. Personal comfort and convenience items or services such as but not restricted to television, telephone, barber or beauty service, guest service and similar incidental services and supplies.
5. Cosmetic procedures which refers to those procedures which improve physical appearance. However cosmetic Surgery is not excluded provided it is incidental to an Injury, Sickness or congenital anomaly and the primary purpose is to improve physiological functioning of the involved part of the body to its prior level. Also, breast reconstruction following mastectomy for cancer is not excluded. Replacement of an existing breast implant is excluded unless the implant has malfunction and the implant was initially done for reconstruction due to a cancer treatment.
6. Treatment of obesity (including morbid obesity), and any other weight control programs.
7. Experimental, Investigational or Unproven Services. However, Green Crescent in its judgment, may decide that some of these are not excluded provided they are for treating a life threatening Medical Condition and provided it is determined by Green Crescent that the Experimental, Investigational or Unproven Service at the time of the determination:
   • Is safe with promising efficacy; and
   • Is provided in a clinically controlled research setting.
8. Health Care Services and Supplies for alopecia, baldness, hair falling, dandruff, wigs, or toupees.
9. Health Care Services and Supplies for smoking cessation programs and the treatment of nicotine addiction.
10. Health Care Services and Supplies for or related to:
    • sex transformation operations;
    • voluntary sterilization and for reversal of sterilizations;
    • contraception;
    • fertility/infertility
    • sexual dysfunction.
11. All costs as a consequence of or relating to hazardous activities, including but not limited to:
    • Any form of aerial flight (including light aircraft, monoplanes, ballooning, hang-gliding, parachuting);
    • Participation in any kind of power-vehicle race, rally or competition;
    • Water sports (powerboats, water skiing, jet skiing, diving);
    • Horse riding activities (hunting, jumping, polo, racing);
    • Climbing activities (mountaineering, rock-climbing, pot holing, abseiling);
    • Judo, boxing, karate, wrestling and other martial arts of any kind;
    • Bungee jumping;
    • Any professional sports activities.
12. Growth hormone therapy.
13. Health Care Services and Supplies related to hearing and sight correction, audiovisual aids and optometry.
14. Health Care Services and Supplies as a consequence of or related to naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
15. Health Care Services and Supplies as a consequence of or related to wars and circumstances comparable with a state of war, invasion, act by a foreign enemy, hostilities and warlike events (with or without a declaration of war), civil war, riot, mutiny, revolution, confiscation or nationalization by order of any public or local government or authority; any act of a person acting in the name of or in connection with any organization whose activities aim to overturn a de jure or de facto government violently.
16. Health Care Services and Supplies as a consequence of or related to a criminal act of an Insured Person, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment.
17. All preventive cares, including vaccinations, immunizations, allergy testing & desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.
General Exclusions Continued

18. Health Care Services and Supplies rendered by a Provider with the same legal residence as the Insured Person or who is a member of the Insured Person’s family, including spouse, brother, sister, parent or child.

19. Enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless done as a consequence to other Medically Necessary In-patient care.

20. Health Care Services and Supplies for in-vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT) procedures, and zygote intra-fallopian transfer (ZIFT) procedures, and any related prescription medication treatment, embryo transport; donor ovum and semen and related costs, including collection and preparation.

21. Elective non-accident related surgery for correction of refraction errors and/or Improvement of vision (quantitative or qualitative) such as but not restricted to radial keratotomy, photo keratectomy or laser surgery.

22. Nasal septum deviation and its complication; nasal concha and turbinate resection.

23. Health Care Services and Supplies for HIV, AIDS and all related medical conditions; after confirming diagnosis.

24. Air ambulance transportation in general and terrestrial transportation in non-emergency cases or by non-licensed ambulance services.

25. All cases related to Maternity in respect of unmarried females.

26. All cases requiring non-emergency In-Hospital treatment/services, which have not been approved by Green Crescent prior to admission.

27. All cases requiring emergency In-Hospital treatment services, which have not been notified to Green Crescent within 24 hours from admission.

28. Any test and/or treatment not required by a medical Physician.

29. Any In-Hospital treatment, tests and other procedures, which can be carried out on a Day-Care basis without jeopardizing the Insurers health.

30. Any test or treatment, which is not related to a specific symptom and/or disease. This includes examinations required for employment, travel, immigration, licensing or insurance and related reports.

31. Any pharmaceutical products, which are not, considered as specific treatment for a particular disease and/or not prescribed by an approved Physician.

32. All substances which are not considered as medicines such as but not restricted to mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos, and all equipment not primarily intended to improve a medical condition or injury such as but not restricted to air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies. Vitamins (unless prescribed by doctor for a specific medical condition and not as supplement).

33. More than one Physician consultations in non-excluded cases in a single day or during free follow up period unless referred by his/her initial treating doctor & the referral if medically justified.

34. Lesions resulting from attempted suicides or self-infliction.

35. Health services and associated expenses for organ and tissue transplants if insured person is a donor.

36. Complications and other consequences directly arising from services not covered.

37. All kind of educational programs and/or learning disabilities treatments.

38. Non medically necessary Amniocentesis

39. Fertility / sterility treatment (including Varicocele / Polycystic ovary / Ovarian cyst / Hormonal disturbances).

40. Birth defects, Congenital Anomalies & deformities unless life threatening.

41. Circumcision (except for a new convert to Islam) and its complications or related expenses.
Accessing Care Outside of the United Arab Emirates

Coverage provided by HM Life and Administered by HTH Worldwide.

Medical Insurance Card – Outside of UAE

Once you are enrolled, you will receive an email notification from HTH Worldwide. Visit hthstudents.com, and using the certificate number provided on the email, sign in to the site for comprehensive information and services relating to your plan and to print your Medical Insurance Card.

Member Services – Outside of UAE

Contact HTH Worldwide Customer Service for assistance with, benefits and claims inquiries or to locate a medical provider:

Toll Free USA: 1.888.243.2358
Direct: +1.610.254.8769
Fax: +1.610.293.3529
Email: customerservice@hthworldwide.com

Locating a Medical Provider – Outside of UAE

Locate a provider at www.hthstudents.com by selecting either International Destinations, to access HTH Worldwide’s international community of providers or by selecting U.S. Destinations to access the Aetna Global Benefits Passport PPO network for care inside the U.S.A.

hthstudents.com

Visit hthstudents.com to track claims, search for a doctor, view plan information, download claim forms and read health and security information or print your Medical Insurance Card.

What to do in the event of an emergency – Outside of UAE

You are entitled to Global Assistance Services. In the event of an emergency, you should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide for Medical Assistance, call 1.800.257.4823 or collect +1.610.254.8771.

Claims Submission – Outside of UAE

Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor PA 19087, USA. See the hthstudents.com website for claim forms and instructions on how to file.

Medical Assistance Services Worldwide

We help you get the care you need:

- Scheduling appointments with qualified doctors, dentists and behavioral health professionals
- Coordinating direct payments to hospitals and doctors
- Monitoring inpatient and outpatient episodes and applying standards of western medicine
- Filling prescriptions locally or transferring prescription pharmaceuticals from abroad
- Arranging transportation, escorts and necessary visas for medical treatment

In case of serious injury or illness, HTH arranges and provides the following emergency assistance services:

- Hospital admission for emergency care
- Bedside Visit of a Family or Relative (must be hospitalized for 7 or more days)
- Emergency Evacuation or Repatriation / Medical Escort Services
- Repatriation of Remains

Contact HTH Worldwide Global Health & Safety for Medical Assistance 1.800.257.4823 or collect +1.610.254.8771. For coverage of assistance services, HTH Worldwide, as the administrator must arrange and pay directly for services.
Benefits Outside of the United Arab Emirates

<table>
<thead>
<tr>
<th>MEDICAL EXPENSES</th>
<th>Limits Eligible Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum Benefits</td>
<td>$250,000</td>
</tr>
<tr>
<td>Maximum Benefit per Injury or Sickness</td>
<td>$250,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0 per Injury or Sickness</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Hospital and Physician Outpatient Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
</tbody>
</table>

Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums:

- Maternity Care for a Covered Pregnancy: Reasonable Expenses
- Inpatient treatment of mental and nervous disorders: Reasonable Expenses for a maximum period of 30 days per Policy Year
- Outpatient treatment of mental and nervous disorders: Reasonable Expenses up to a maximum of 30 visits per Policy Year
- Outpatient Crisis Intervention Services related to treatment of Mental/Nervous Conditions: Reasonable Expenses for up to 3 psychiatric emergency visits per Policy Year. Each visit will reduce the number of visits available under Outpatient Treatment of Mental/Nervous Conditions
- Treatment of specified therapies, including acupuncture and Physiotherapy: Reasonable Expenses on an Inpatient basis. Reasonable Expenses up to $50 per visit subject to a maximum of 15 visits on an Outpatient basis if service is prescribed by a Physician and such prescription is for a stated number of visits. Benefit is per Policy Year.
- Therapeutic or Elective Termination of Pregnancy: Reasonable Expenses
- Routine nursery care of a newborn child of a covered pregnancy: Reasonable Expenses up to $500 Maximum per Policy Year
- Repairs to sound, natural teeth required due to an Injury: 100% of Reasonable Expenses up to $500 per Policy Year maximum
- Outpatient prescription drugs including oral contraceptives and devices: 100% of actual charge

**ACCIDENTAL DEATH AND DISMEMBERMENT**

- Maximum Benefit: Principal Sum up to $25,000 for Participant; up to $5,000 for Spouse; up to $1,000 per Child(ren)

**REPATRIATION OF REMAINS**

- Maximum Benefit up to $100,000

**MEDICAL EVACUATION**

- Maximum Lifetime for All Evacuations up to $250,000

**MEDICAL TREATMENT RECEIVED IN THE HOME COUNTRY**

- 100% of Reasonable Expenses

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1 Mental Health Parity: This plan provides coverage for adults and children diagnosed with biologically based mental health conditions (as defined in Section C15 of the certificate of insurance) and children, under age 18 diagnosed with serious emotional disturbances at the same level of coverage as provided for other health conditions. Biologically based mental illnesses may include schizophrenia and psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, and eating disorders such as bulimia and anorexia. Coverage will also be provided for a Covered Person who is a child under 18 years of age with serious emotional disturbances. Such emotional disturbances may include a diagnosis of attention deficit disorder, disruptive behavior disorder, or pervasive development disorder, and where there are one or more of the following: a) a serious suicidal symptom or other life-threatening self-destructive behavior; b) significant psychotic symptoms such as hallucinations, delusion, or bizarre behaviors; c) behavior caused by emotional disturbances that has placed the child at risk of causing personal injury or significant property damage; or d) behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.

2 Repatriation of Remains and Medical Evacuation covered worldwide; including the United Arab Emirates.
Outside of the United Arab Emirates

Additional Services

Bedside Visit: If a Covered Person is Hospital Confinement due to an Injury or Sickness for more than 7 days, is likely to be hospitalized for more than 7 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to $5,000 for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Covered Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Covered Persons on that trip. The determination of whether the Covered Member will be hospitalized for more than 7 days or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

Pre-Existing Condition

The Insurer does pay benefits for loss due to a Pre Existing Condition.

What is not covered?

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to a congenital condition or anomaly of an Eligible Participant’s child insured under the Policy that resulted from a functional defect.
2. Participating in a felony.
3. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction’s of teeth, TMJ dysfunction that is dental in nature or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless they result directly from an Injury which necessitated medical treatment. This exclusion does not apply to treatment due to a congenital condition or anomaly.
4. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
5. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; or riot.
6. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
7. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person’s Home Country.

Who is eligible for coverage?

All regular, full time Eligible Participants of the educational organization or institution who are engaged in international educational activities.

When does coverage start?

Coverage for an Eligible Participant starts at 12:00:01 a.m. on the latest of the following: 1. The effective date of the Policy; or 2. The Participating Organization’s or Institution’s Effective Date; 3. The effective date shown on the Insurance Identification Card, if any; 4. The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator. Thereafter, the insurance is effective 24 hours a day, worldwide. In no event, however, will insurance start prior to the date the premium is received by the Insurer.

When does coverage end?

Coverage for an Eligible Participant will automatically terminate on the earliest of the following dates: 1. The date the Policy terminates; 2. The Participating Organization’s or Institution’s Termination Date; 3. The date of which the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4. The end of the term of coverage specified in the Eligible Participant’s enrollment form, if any, including any requested extension; 5. The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 6. The premium due date for which the required premium has not been paid, subject to the Grace Period provision.

3 Bedside Visit covered worldwide, including the United Arab Emirates.