

University of California Education Abroad Program 2016-2017

Policy Number: ADD No4834823

Activity Covered: University of California, Education Abroad Program 24/7 worldwide coverage starts 14 days before the official UCEAP program and ends 31 days after the official end of the program.

Insured Persons:

Class 1: All registered students and counselors participating in the "Overseas Study Trips" sponsored by the University of California.

Dependents of Class 1 Insureds are eligible for Coverage under this Policy if the student pays premium directly to ACI.

Medical Benefits

Accidental Death & Dismemberment Benefit	\$20,000
Accident or Sickness Expense Benefits	\$500,000
Dental Treatment (injury only)	\$500 per tooth, subject to a \$5,000 maximum
Maximum for Emergency Sickness Dental Care and Treatment	\$2,000 (services include but are not limited to extractions, temporary or restored fillings and root canal)
Maximum for Mental & Nervous	Treated as any other medical condition
Maximum for Substance Abuse	Treated as any other medical condition
Maximum for Prescription Drugs	100% of the usual and customary charges
Maximum for Birth Control/Elective Termination of Pregnancy	\$500
Anti-malarial medication prescribed by a doctor	100% if purchased within term of coverage
<i>Prescription anti-malarial medication is covered under this plan, provided it is 1) prescribed by a doctor and 2) the prescription is filled and paid for while coverage is in effect under the policy (14 days before the official start of the UCEAP program and 31 days after the official end of the UCEAP program)</i>	
Medical evacuation, repatriation of remains and security evacuation expense	100% of covered expenses
Emergency Reunion Benefit	Up to \$500 per day for up to ten (10) days

Non-Medical Benefits

Emergency Hotel Convalescence, if medically necessary	Benefit Maximum: \$100 per day subject to a maximum of \$700
Lost Baggage Benefit	Benefit Maximum: Up to \$1,000 per bag not to exceed \$2,000 per trip (subject to \$25 deductible)
Personal Property Benefit	Benefit Maximum: Up to \$2,500 per item or set of items not to exceed the actual purchase price, to a maximum of \$5,000 (subject to \$25 deductible)
Financial Instrument Reimbursement Benefit	Benefit Maximum \$500 per trip, maximum \$500 for cash
Trip Cancellation and Interruption Benefit	Benefit Maximum: \$2,000
Trip Delay Benefit	Benefit Maximum: \$200 per day for up to 5 days

Emergency Assistance Services (medical referrals, prescriptions, evacuation, repatriation):

Call UnitedHealthcare Global if in the United States, Canada, Puerto Rico, US Virgin Islands, Bermuda: 1-800-527-0218; outside of these areas, call collect: 1-410-453-6300; E-mail assistance@uhcglobal.com. Identify yourself as a UCEAP student and provide your UHCG Group ID (362881).

Claims Instructions:

For coverage inquiries, claim forms or claim status, please call:

Administrative Concepts, Inc. (ACI)
 994 Old Eagle School Road, Suite 1005
 Wayne, PA 19087

Phone Numbers: 1-888-293-9229 (from inside the USA)
 1-610-293-9229 (from outside the USA)
Fax: 1-610-293-9299
Email: claims@acitpa.com

Disclaimer: This is a summary of the program and does not represent the entire contract terms, conditions and exclusions. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. If there is any discrepancy between this summary and the master policy, the master policy will govern.

What is not covered?

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide (applicable to Accidental Death and Dismemberment only).
- war or any act of war, whether declared or not.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

- Services, supplies, or treatment, including any period of hospital confinement that was not recommended, approved and certified as medically necessary and reasonable by a doctor, or expenses that are not medical in nature.
- Injury sustained while participating in professional sports.
- Routine physicals.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Elective surgery (except as provided by the Policy). Any elective treatment, surgery, health treatment or examination (a) deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Dental care, except as the result of injury to natural teeth cause by accident or for emergency pain relief treatment to sound, natural teeth.
- Emergency sickness dental expenses incurred for; Routine oral examinations; Fluoride applications; Prosthetics (new and repaired); Expenses for more than one dentist in excess of those that would have been incurred had all services been performed by one dentist; Expenses in excess of the lowest fee in cases where there are optional treatment techniques carrying different fees; Services primarily for cosmetic or aesthetic purposes; Orthodontics; Treatment already in progress or recommended by a dentist within six months of the Covered Person's effective date of coverage; Replacement of denture or orthodontic appliance due to loss or theft; Denture or bridgework replacement of teeth extracted prior to the Covered Person's effective date of coverage; Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- Treatment by an immediate family member or member of Covered Person's household.
- Treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Expenses payable by any automobile insurance without regard to fault.
- Nasal or sinus surgery, except surgery made necessary as a result of a covered injury.
- Injury or sickness where the Covered Person's trip to the host country is undertaken for treatment or advice for such injury or sickness.
- Birth control including surgical procedures and devices (except as provided by the Policy)
- Elective termination of pregnancy (except as provided by the Policy).

Disclaimer: This is a summary of the program and does not represent the entire contract terms, conditions and exclusions. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. If there is any discrepancy between this summary and the master policy, the master policy will govern.

In addition to the General Exclusions, We will not pay Lost Baggage and Personal Property Benefits for:

- loss or damage due to:
 - moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; mechanical or electrical failure; any process of cleaning, restoring, repairing, or alteration.
- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours

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

IMPORTANT NOTICE

The policy provides travel insurance benefits for students traveling outside of their home country. The policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov and Covered California <https://www.coveredca.com>)

Disclaimer: This is a summary of the program and does not represent the entire contract terms, conditions and exclusions. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. If there is any discrepancy between this summary and the master policy, the master policy will govern.