

Student Accident and Sickness Insurance for Students Participating in the UC Education Abroad Program



Including...

- Medical Expense Benefits
- Extended Home Country Benefits
- Accidental Death & Dismemberment Benefits
- Emergency Medical Evacuation
- Repatriation of Remains
- Emergency Reunion Benefits
- Gap Insurance
- Extension of Benefits
- Worldwide 24/7 access to the Europ Assistance USA network for emergency assistance

IMPORTANT NOTE

This brochure is a brief description of the coverage available and not an insurance contract. The terms and conditions of coverage are detailed in the Master Policy ADD No4834823 underwritten by ACE American Insurance Company and issued on behalf of the University of California. If there are any differences between this brochure and the policy, the policy will govern.

For Emergency Assistance Services including medical referrals, evacuation, or repatriation:

Call Europ Assistance at (866) 451-7606 (inside the U.S.) or

Call collect (202) 828-5896 (from outside the U.S.) or

E-mail OPS@europassistance-usa.com.

To file a claim, contact Administrative Concepts, Inc. (ACI) at (888) 293-9229 (from inside the U.S.) or (610) 293-9229 (from outside the U.S.); fax (610) 293-9299. Mail claims to: Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087.

For policy questions or to apply for Gap Insurance, dependent coverage or extension of benefits, contact Mercer Health & Benefits, Attention: Alex Zeron, 1166 Avenue of the Americas, New York, NY 10036; telephone (212) 345-8910; fax (212) 345-3594 or email alex.zeron@mercer.com.

**Please read this brochure carefully.
Keep it with you when you travel for your reference.**

Who is eligible?

The University of California's Education Abroad Program insurance plan is mandatory coverage for all registered students participating in the University's Education Abroad Program. Insured students must purchase coverage, at their own expense, for their lawful spouse or domestic partner and eligible dependent children under age 19 if they are traveling and residing with the student while outside of their home country or country of permanent residence.

When is coverage in effect?

Coverage begins on the latest of the following dates: the date we receive a completed enrollment form, the date the required premium is paid, or 14 days prior to the actual start date for the EAP study term. Coverage will end on the earliest of the following dates: the date the period for which coverage was purchased ends, 12 months after it begins, or 31 days after the date a covered person returns to his or her home country. Coverage will be provided in the U.S. only for brief visits of no more than 45 days during the EAP study term. The period of coverage shall not exceed 12 months (15 months for an insured student whose EAP study term requires extension beyond the normal 12-month period) unless a student purchases Gap insurance. If a student is dismissed from EAP, insurance coverage will automatically end.

What is Gap Insurance?

Post-Program Coverage in the U.S.

For an additional premium, payable directly to Mercer Health & Benefits, coverage under the UCEAP insurance plan is extended up to 3 months to include Gap Insurance coverage for students who return to the U.S. and do not have medical insurance in the U.S. This extension applies only to EAP students who are returning to the University of California for the next term as a full-time student. Graduating seniors may only extend coverage for a one-month period.

Completed enrollment forms, available online, and the required premium must be sent to Mercer Health & Benefits.

Gap Insurance benefits are payable the same as the Education Abroad Program benefits with the following noted exceptions:

- Gap Insurance is excess insurance and pays benefits in excess of any other valid and collectible insurance that may provide benefits for a covered person.
- Benefits are payable for usual and customary charges incurred after a \$250 deductible is satisfied for each occurrence.
- After the deductible, medically necessary covered expenses are reimbursed at 80% of the next \$50,000, then 100% thereafter up to a maximum of \$250,000 per occurrence.
- These covered expenses must be incurred within 52 weeks after the date of the covered accident or sickness.
- Pregnancy is not covered.

What is Extension of Coverage?

Pre-Program Extended Out-of-Country Coverage

- Students may purchase extended out-of-country insurance coverage for up to three months prior to the date their study term for EAP begins provided it is purchased 30 days prior to their departure from the U.S. These extended coverage benefits are payable the same as the EAP insurance plan benefits described in this brochure.

Post-Program Extended Out-of-Country Coverage

- Additional terms of coverage may be purchased for students who finish their study term, but wish to extend their stay outside of their Home Country for up to 3 months. These extended coverage benefits are payable the same as the Education Abroad Program benefits described in this brochure.

What is the cost of Extended Coverage?

Students who wish to extend their coverage must apply. The cost of extending coverage while traveling overseas before or after the program starts is:

1 month	\$32.13
2 months	\$63.32
3 months	\$84.11

Completed enrollment forms, available online, and the required premium must be sent to Mercer Health & Benefits.

Education Abroad Insurance Plan Schedule – At A Glance

Benefits	Maximum Benefit
Medical Expense Benefits	\$500,000 per occurrence
Co-insurance Rate	100% of U&C Charges for 1 st \$1,000; 80% of the next \$4,000; and 100% thereafter up to \$500,000
Deductible	None
Maximum Benefit Period	78 weeks from the date of a covered accident or the date a covered sickness begins
Covered Services:	
Hospital Room & Board	The average semi-private room rate
Dental Treatment (Injury Only)	\$200 per tooth subject to \$2,000 maximum
Mental & Nervous / Substance Abuse	The following conditions are covered the same as any other covered medical condition: schizophrenia, schizoaffective or bipolar disorder; manic depressive disorder; panic and obsessive-compulsive disorders; autism; anorexia; bulimia, and major depressive disorders. Expense includes treatment for nervous or mental disorders of any kind while in or out of the hospital. Benefits are payable for other mental and nervous conditions for up to 40 visits for outpatient counseling services when there is a charge for visits. Benefits for substance abuse are payable for three days hospitalization (acute detoxification) per covered person.
Prescription Drugs	100% of U&C Charges
Birth Control/ Elective Termination of Pregnancy	\$500
Emergency Medical Evacuation	100% of Covered Expenses
Repatriation of Remains	100% of Covered Expenses
Emergency Reunion Benefit	100% of Covered Expenses
Accidental Death & Dismemberment Benefit	Up to \$20,000 Principal Sum

What is covered under my Education Abroad Program Insurance?

Medical Expense Benefits

The UCEAP insurance plan pays benefits for covered expenses that result from a covered accident or sickness while you are traveling outside of your home country or country of permanent residence and participating in a University of California Education Abroad Program. These benefits are subject to the coinsurance rates, benefit periods and maximum benefits shown in the benefit chart. Covered expenses include:

- Hospital room & board, registered nursing services and other medically necessary hospital services.
- Diagnosis, treatment and surgery performed by a doctor.
- Cost and administration of anesthetics.
- X-ray services, laboratory tests and services.
- Durable medical equipment including rehabilitative braces and appliances, both inpatient and outpatient.
- Physiotherapy, if recommended by a doctor for the treatment of a specific disablement provided it is administered by a licensed physiotherapist.
- Prescription drugs including dressings, drugs and medicines prescribed by a doctor.
- Mental and nervous disorders as shown in the benefit chart.
- Dental charges resulting from an injury to sound, natural teeth.

Pregnancy benefits are only payable if the pregnancy begins after the effective date of coverage under this plan. Covered expenses include:

- Doctor charges for the performance of an obstetrical procedure.
- Hospital charges including room & board, floor nursing and other medically necessary professional services subject to the hospital's average charge for semi-private room accommodations.
- The cost for anesthetics and the administration of anesthetics.
- Professional ambulance service charges.

Extended Home Country Benefits

Coverage will be extended for up to 45 days, if during a study term, a student returns to the United States for a brief stay.

Accidental Death & Dismemberment Benefits

If injury to a covered person results, within 365 days of a covered accident, in any one of the losses shown below, the benefit amount shown for that loss will be payable. The principal sum is shown in the plan schedule. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia.....	.75% of the Principal Sum
Paraplegia.....	.75% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	.25% of the Principal Sum

“Member” means Loss of Hand or Foot, and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Severance” means the complete separation and dismemberment of the part from the body. “Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of the lower limbs or upper limbs. “Paralysis” means total loss of use. A doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

Emergency Medical Evacuation Benefits

Emergency Medical Evacuation Benefits include payments for expenses incurred for the medical evacuation of a covered person. The benefits are payable only while a covered person is traveling outside of his or her home country.

These benefits will not be paid unless:

- the doctor ordering the Emergency Medical Evacuation certifies the severity of the insured’s injury or sickness requires an Emergency Medical Evacuation;
- all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
- the charges incurred are medically necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
- do not include charges that would not have been made if there were no insurance.

“Emergency Medical Evacuation” means:

- 1) the insured’s immediate transportation from the place where he or she suffers an injury or sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; or
- 2) the insured’s transportation to his or her home country to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an injury or sickness. An Emergency Medical Evacuation also includes medically necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. Benefits will not be payable unless our assistance provider authorizes all expenses in advance.

Repatriation of Remains

Repatriation of Remains Benefits include charges for preparation and return of a covered person’s body to his or her home country if he or she dies due to an injury or sickness. Covered expenses include, but are not limited to: expenses for embalming or cremation; the least costly coffin or receptacle adequate for transporting the remains; and transporting the remains by the most direct and least costly conveyance and route possible. Benefits will not be payable unless our assistance provider authorizes all expenses in advance.

Emergency Reunion Benefit

If a covered person is confined in a hospital for at least 24 consecutive hours as the result of a covered injury or sickness and the attending doctor believes it would be beneficial for a family member to be at his or her side; or if a covered person is the victim of a Felonious Assault, we will pay the travel expenses for that family member to join the covered person. Covered expenses include a roundtrip economy airline ticket and food & lodging expenses not to exceed \$300 a day for up to 7 days. All travel arrangements must be made by our assistance provider and approved in advance to be considered eligible.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at the insured during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. “Family Member” means a person who is related to the insured in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

What is not covered?

No benefits will be paid for:

- 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.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.
- 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)

In addition, no benefits will be paid for expenses resulting from, or in connection with:

- Intentionally self-inflicted injury.
- Suicide or attempted suicide, while sane or insane.
- War or any act of war, whether declared or not.
- Commission of, or attempt to commit an assault or a felony by a covered person
- Active participation in a riot or insurrection.

- Scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), bungee jumping, sky diving, and professional or amateur racing.
- Piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.

What are travel assistance services?

ACE USA Accident & Health offers worldwide assistance services on its Education Abroad accident and sickness insurance plans. These services are provided by Europ Assistance USA and are not insured benefits. The following is a brief summary of services:

24-Hour Access – Students and their eligible dependents will be able to reach the multilingual Europ Assistance coordination center, toll-free or by calling direct or collect by telephone, telex, and facsimile 24 hours a day, 365 days a year, to confirm coverage and obtain access to available services.

Emergency Medical Services

- Medical referrals and medical monitoring
- Emergency medical transport
- Repatriation of remains
- Emergency medical payments
- Hospital admission deposit
- Replacement of medication

Emergency Travel Services

- Emergency message relay
- Emergency travel arrangements
- Emergency cash
- Legal assistance/bail
- Location of lost items
- Interpretation/translation

Pre-Trip Information Services

- Visa, passport, and inoculation requirements
- Cultural information
- Temperature and weather conditions
- Embassy and consular referrals
- Foreign exchange rates
- Travel advisories

Security Service and Evacuations

- In addition to the assistance services provided by ACE, the University funds other security services and evacuations through Europ Assistance USA.

Definitions

Whenever used in this brochure the following terms will have the following meanings.

“Accident” means a sudden, unexpected and unintended event.

“Covered Accident” means an Accident that occurs while coverage is in force for an Insured and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Activity” means participation in the University of California’s Educational Abroad Program including any activity that the Participating Organization requires the covered person to attend, or that is under its supervision and control.

“Covered Expenses” means expenses actually incurred by or on behalf of a covered person for treatment, services and supplies covered by the plan. Coverage must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a covered expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Dependent” means a student’s lawful spouse under age 70; or a student’s unmarried child, who is 15 days to 19 years of age, and who is chiefly dependent on the insured student for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the student by blood or marriage and for whom he or she is allowed a deduction under the Internal Revenue Code.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a covered person that is appropriate for the conditions and locality. It will not include a covered person or a member of a covered person’s Immediate Family Member or household.

“Home Country” means a country from which a covered person holds a passport. If the covered person holds passports from more than one country, his or her home country will be that country that he or she declares to Us in writing as his or her home country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent

home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for the aged or any separate ward of the Hospital.

“Immediate Family Member” means a person who is related to the covered person in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

“Injury” means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment is not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

“Sickness” means an illness, disease or condition of the Insured that causes a loss for which a covered person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Overseas Study Trip” means travel by air, land, or sea from the Insured’s home country to a Host Country for the purpose of participating in an EAP sponsored by the University of California. It includes the study term.

U & C Charge” means usual and customary charges or the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“We”, “Our”, “Us” means the insurance company underwriting this insurance or its authorized agent.