

Please consider carefully the information in this brochure, share it with your parents, and take a copy with you when you travel. It details the insurance policy provided to all EAP participants.

Insurance identification cards will not be issued.
Individual policies are not available.

GROUP ID # 9107484

**UNIVERSITY OF CALIFORNIA
EDUCATION ABROAD PROGRAM (UC EAP)**

**Student Accident and Sickness Medical Evacuation
Repatriation of Remains and
The Gap Insurance Plans
2008–2009**



NOTE:

This brochure is an illustration, not the entire Plan. This is not the insurance contract and only the actual Master Policy provisions will control. The Master Policy form AIU-GTA is underwritten by the Insurance Company of the State of Pennsylvania, Philadelphia, Pennsylvania, and issued to University of California Education Abroad Program and is on file at University of California Education Abroad Program, Goleta. All questions regarding this policy should be directed to:

Hendricks-Hodgkiss, Co.
3600 Wilshire Blvd., Suite 1910
Los Angeles, CA 90010
Phone: (213) 386-8500
Fax: (213) 383-0460
Email address: gigi@hodgkissinsurance.com

PURPOSE OF EAP STUDENT INSURANCE AND EFFECTIVE DATES OF COVERAGE

The MANDATORY Accident and Sickness Medical Expense and Accidental Death and Dismemberment (AD&D) benefits cover all students in the Education Abroad Program. The plan covers accidents and sicknesses that require medical treatment while the benefits are in force. Coverage is effective twenty-four (24) hours per day, commencing fourteen (14) days before the departure date. It terminates 31 days after the end of the study program or upon return to the United States, whichever occurs first.

Coverage will extend to the United States only for brief visits during the study term of no longer than 45 days.

The period of coverage shall not exceed twelve (12) months. The term of coverage may be extended to a maximum of 15 months for any insured person participating in a study program whose requirements extend beyond the normal 12-month period of insurance.

This plan is the primary carrier during the date of coverage as outlined above, and is mandatory for all EAP participants and dependents.

This is a reimbursement plan; there is no provision for pre-determination of coverage for a medical expense. Payment is made subject to the terms and conditions described below.

NOTICE OF CLAIMS

Correctly completed claim forms and supporting documentation must be mailed to either the AI address shown on the claim form, or to Hendricks-Hodgkiss Co. (See address below.) All charges must be supported with itemized statements submitted by doctors, hospitals, pharmacies, etc. before payment on a claim can be made. Please refer to the instructions for completion at the top of each claim form.

For policy questions and status of claims questions, please contact:

Hendricks-Hodgkiss, Co.
Attention: Gigi Bartlett
3600 Wilshire Blvd., Suite 1910
Los Angeles, CA 90010
Phone: (213) 386-8500
Fax: (213) 383-0460
E-mail: gigi@hodgkissinsurance.com

EXTENSION OF COVERAGE WHILE ABROAD

Students are responsible to secure an extension of insurance coverage if they foresee a gap in their health insurance coverage while abroad before or after EAP. Students who plan to travel before or after their EAP experience and wish to apply for extension of coverage beyond the term enrolled and insured, must apply for this coverage. Students can purchase a 1, 2, or 3-month extension to their EAP insurance coverage. The extension policy provides the same terms of coverage as the ones detailed in this policy brochure. It extends a student's overseas coverage for the length of time requested.

The cost of extending coverage while traveling abroad after or before the program follows: \$35.70 for 1 month \$70.35 for 2 months \$93.45 for 3 months The extension period of coverage can be pre-program or post-program while student is abroad. Payment must be made directly

to Hendricks-Hodgkiss Co. Please refer to "Purpose of EAP Insurance/Effective Dates of Coverage" above. Extension forms are included in the student packet, or can be obtained online at: eap.ucop.edu/common/forms/request_insuranceexten.pdf

For Pre-Program Extension while Abroad: Purchase the extension 30 days before departure from the U.S.

For Post-Program Extension while Abroad: Purchase the extension 30 days before the end of the study term for the post-program extension.

PREMIUM

Student's premium: The premium for coverage is included in the program costs charged by the University of California Education Abroad Program. Refer to eap.ucop.edu/current_participants.

Dependent premium: The premium for dependent spouses, registered domestic partners, and/or children is the same as the student's. Regardless of the number of eligible children, they are insured for the same additional cost as the independent spouse.

NOTE: All EAP students should carefully assess their study abroad plans and health coverage to ensure that they will not experience any gaps in health insurance before departure for EAP. Plans should be made to prevent any such gaps. Students should check when their UC USHIP or GSHIP (or private plan) insurance coverage ends and make plans to cover any gap that may occur before the start of their EAP health insurance.

GAP INSURANCE FOR U.S. COVERAGE AFTER EAP

The EAP standard policy has been extended to include coverage for students who return to the U.S. and do not have a valid or acceptable U.S. medical insurance. For this coverage to apply to EAP students, you must be returning for the next term as a full-time student to a UC campus. Except for graduating seniors who are eligible for coverage for a period of 1 month, students are eligible for a coverage period of 12 weeks. The gap insurance provided by this policy is mandatory and there will be a separate premium charge; however, students will be able to decline this coverage if they are certain that they have comparable coverage. The gap insurance is excess over any other valid and collectible insurance you may have. The gap coverage will be the same as described in the section entitled MEDICAL BENEFITS of this brochure, with the following exceptions:

1. Pregnancy is not covered.
2. There is a \$250.00 deductible per occurrence.
3. After the deductible, covered expenses are reimbursed at 80% of the next \$50,000, then 100% thereafter up to a maximum of \$250,000 per occurrence.
4. All covered medical expenses must be incurred within fifty-two (52) weeks of the date of occurrence.

SHORT-TERM MEDICAL HEALTH PLANS BEFORE EAP

All EAP students are responsible for securing short-term insurance before the effective date of EAP coverage if they experience a gap in coverage before departure. If eligible, short-term medical insurance coverage while in the U.S. before the EAP term can be purchased through Blue Shield of California. Contact Hendricks-Hodgkiss Co. for brochures and information.

IMPORTANT NOTES

- Students and dependents will not receive an insurance card.
- Please study this brochure carefully and keep it with you when you travel for further reference about your medical coverage.
- All EAP students are responsible for payment of all services rendered to them.
- Payment from AIG is on a reimbursement basis.
- Claim forms and detailed instructions on procedures for submitting claims are available online: eap.ucop.edu/common/Forms/ins-claim-form.pdf
- Regardless of the amount of expense incurred, a claim form must be filed as official documentation of the “sickness” and/or “accident.”
- Any medical expense for a covered accident or sickness will be administered in accordance with this Plan.
- Student is covered through the duration of their EAP participation and up to 31 days after the end date of the program if the student is still overseas.
- EAP’s and AIG’s ability to provide any assistance may be severely compromised should students experience difficulties while traveling to a country with a U.S. Department of State Travel Warning. If a hostile environment occurs, AIG Assist may or may not be able to get a student out of country, as conditions may be too dangerous for medical evacuation.
- If a student is dismissed from EAP, the EAP insurance coverage will be terminated.

ACCIDENT/SICKNESS MEDICAL BENEFITS

BASIC MEDICAL EXPENSE - \$1,000.00

The insurance company will pay 100% of the first \$1,000.00 of covered expenses, for any one Injury or Illness.

MAJOR MEDICAL EXPENSE - \$500,000.00

Once the medical expenses incurred under the Base Medical Expense Benefit exceed the \$1000.00 limit as to any one person, the policy will then pay 80% of the next \$4000.00 and 100% thereafter of eligible expenses incurred, up to the maximum of \$500,000.00 for any one Injury or Illness.

All covered medical expenses must be incurred within seventy eight (78) weeks of the date of loss, including treatment in the U.S. for the same conditions if necessary, after the student returns home.

MENTAL HEALTH

The following diagnoses are covered under the same terms and conditions as other medical conditions: Schizophrenia, schizoaffective, or bipolar disorder; manic depressive, panic, and obsessive-compulsive disorders; major depressive disorders; autism; anorexia; and bulimia. For other mental and nervous conditions, benefits cover up to 40 visits for outpatient counseling services when there is a charge for visits.

SUBSTANCE ABUSE

Benefits cover up to three days hospitalization (acute detoxification) per insured person per year.

PREGNANCY

The company will pay the usual, customary, and reasonable charges for covered expenses incurred as a result of pregnancy, which commences after the effective date of cover-age,

including resulting childbirth, non-elective abortion, or miscarriage. Benefits payable for charges made by:

1. A physician for the performance of an obstetrical procedure;
2. A hospital for medical care and treatment, including room and board and floor nursing care, but not including physicians’ or surgeons’ services or charges arising from special nursing service;
3. An anesthesiologist or a hospital for the cost and administration of anesthesia;
4. A professional ambulance service.

Pregnancy must commence after the effective date of the policy while coverage for such covered person is in force. Any provisions or limitations in the policy pertaining to pregnancy other than as contained herewith are deleted.

PRE-EXISTING CONDITIONS

Pre-existing conditions are defined as any condition for which the insured person received medical treatment or advice at any time during the 6-month period immediately preceding the effective date of individual insurance. There is a 6-month waiting period until preexisting conditions can be covered by this policy; however, this waiting period is waived if an insured person is continuously insured by any other coverage before the EAP insurance. A gap in coverage of less than 63 days will be considered continuous coverage.

COVERED EXPENSES

Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a nonmedical nature, provided, however, that expenses do not exceed the hospital’s average charge for semiprivate room and board accommodation;

1. Charges made for diagnosis, treatment and surgery by a physician;
2. Charges made for the cost and administration of anesthetics;
3. Charges of medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs and medical treatment;
4. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
5. Hotel room charge, when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance to any other circumstances beyond control of insured;
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an Insured Person shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Illness or bodily Injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as Covered Expenses.

EXCLUSIONS

No benefits shall be payable for medical expenses provided by this rider with respect to expenses incurred:

1. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
2. For suicide or any attempt there at while sane or self-destruction or any attempt there at while insane;
3. Declared or undeclared war or any act thereof;
4. For Injury sustained while participating in professional athletics;
5. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
6. For cosmetic or plastic surgery, except as the result of an accident;
7. For elective surgery which can be postponed until the insured returns to his/her country of residence;
8. For dental care, except as the result of Injury to natural teeth caused by accident;
9. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder;
10. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
11. For expenses as a result of or in connection with intentionally self-inflicted Injury;
12. For expenses as a result of or in connection with the commission of a felony offense;
13. Treatment under any mandatory government program or facility set up for treatment without any cost to any individual.

DENTAL EXPENSE BENEFIT \$200/TOOTH \$2,000 MAXIMUM

Dental expenses as a result of Injury to sound natural teeth are limited to \$200.00 per tooth to a maximum of \$2000.00 per occurrence.

DEFINITIONS OF TERMS

“Illness” wherever used in this policy means sickness or disease contracted and commencing after the effective date of this policy causing loss covered by this policy.

“Injury” wherever used in this policy means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other cause in loss covered by this policy.

“Physician”, wherever used in this policy, means a person legally licensed to practice medicine and surgery other than the insured or a member of the insured’s immediate family.

“Hospital”, wherever used in this policy, shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill, or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons, with organized facilities for diagnosis and surgery and having 24 hour nursing service and medical supervision.

ACCIDENTAL DEATH AND DISMEMBERMENT INDEMNITY

If Injury to the insured person shall result, within one year of the date of the covered accident in any one of the losses specified below, the company will then pay the benefit indicated below:

For Loss of: Indemnity

1. Life \$20,000
2. Both Hands or Both Feet or Sight of Both Eyes \$20,000
3. One Hand and One Foot \$20,000
4. Either Hand or Foot and Sight of One Eye \$20,000
5. Speech and Hearing \$20,000
6. Either Hand or Foot \$10,000
7. Sight of One Eye \$10,000
8. Thumb and Index Finger of Same Hand \$5,000

“Loss” shall mean with regard to thumb and index finger actual severance through or above the metacarpophangial joints; with regard to speech, entire and irrecoverable loss; and with regard to hearing, the entire and irrevocable loss in both ears.

PARALYSIS BENEFIT

If Injury to the insured person shall result, within one year of the date of the covered accident in any one of the losses specified below, the company will then pay the benefit indicated below:

1. Quadriplegia \$10,000.00
2. Paraplegia \$7,500.00
3. Hemiplegia \$5,000.00

“Loss” as used with regard to Quadriplegia, means the complete and irreversible paralysis of both upper and lower limbs; as used with regard to Paraplegia, means the complete and irreversible paralysis of both lower limbs; and as used with regard to Hemiplegia, means the complete and irreversible paralysis of upper and lower limbs of one side of the body. Only one amount, the largest to which the insured is entitled, is payable for all losses resulting from the same accident. Any losses to two or more persons arising from a single covered accident are subject to a per occurrence aggregate limit of indemnity equal to \$1,000,000.

PAYMENT OF CLAIMS

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment, which may be prescribed therein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any accrued indemnities unpaid at the Insured Person’s death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

EXCLUSIONS: ACCIDENTAL DEATH AND DISMEMBERMENT

This policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Suicide or any attempt thereat by the Insured Person while sane or self-destruction or any attempt thereat by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation other than: 1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft; or 2) any transport type aircraft operated by the Military Airlift Command of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;
6. Declared or undeclared war or any act thereof;
7. Service in the military, naval or air service of any country.

ADDITIONAL BENEFITS

AIG Assist, in coordination with legally licensed physician(s) abroad, must determine in advance that an evacuation is medically necessary, and will make all arrangements for the evacuation.

EMERGENCY MEDICAL EVACUATION - \$200,000.00

The Company will pay benefits for Covered Expenses incurred up to \$200,000 if any Injury or Illness commencing during the course of a trip results in the necessary Emergency Evacuation of the Insured Person. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's Injury or Illness warrants the Emergency Evacuation of the Insured Person.

Emergency Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation.

Family Travel Benefit: In the event of an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for the expenses reasonably incurred to bring two people chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the Insured Person is alone and if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; not to exceed the cost of two round-trip economy airfare tickets.

Please note that this benefit will only cover the airfare for up to two people who would travel to be with the student as he or she is transported home under an emergency medical evacuation situation.

AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

REPATRIATION OF REMAINS – \$15,000

The company will pay reasonable covered expenses incurred to return the remains of an insured person to their country of permanent residence if he or she dies, subject to the maximum benefit of \$15,000 shown above.

AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

AIG ASSIST

If in the United States or Canada call: 1 (800) 626-2427

If outside the United States call collect: 0 (713) 267-2525

SPECIAL TRAVEL ASSISTANCE SERVICES

A 24 HOUR TELEPHONE SERVICE, provided by American International Assistance Service is available to provide Insured persons with helpful information BEFORE TRIP DEPARTURE. Services include information on: required documents; immunization requirements; U.S. Dept. of State and private service warnings on travel to certain locations; weather and hazard information about foreign locations; or special medical care arrangements.

WORLDWIDE EMERGENCY ASSISTANCE SERVICE:

Depending on the destination and situation, this service may be able to provide:

1. Medical Emergency Services
2. Travel Emergency Agency Services
3. Emergency Legal Referral
4. Insurance Coordination (as needed)
5. Lost Baggage/Lost Passport Assistance

24 HOUR EMERGENCY NUMBERS

1 (800) 626-2427

Toll free from U.S. and Canada

0 (713) 267-2525

Direct Dial or Call Collect Worldwide

GROUP I.D. # 9107484