

This is a Description of Coverage for:

## **Premier Group Accident & Sickness Insurance for Faculty/Staff Overseas Travel**

**Underwritten By: ACE American Insurance Company (Herein referred to as "the Company")**

**You are entitled to the benefits described in this Description of Coverage if you have enrolled for this insurance and paid the required premium.**

**Eligibility:** You may be covered under this plan if you are a U.S. citizen, permanent resident of the U.S., or an international student in the U.S., enrolled as a full-time student, faculty or staff member in an educational institution and are temporarily pursuing educational activities outside the United States. You may also enroll your lawful spouse and unmarried children (from the moment of birth to age 19, 26 if full-time students, who are chiefly dependent on you for support) if they are traveling with you.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; 3) the period ends for which premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

**Term of Coverage:** This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home or other place. It will end on the first of the following dates to occur: 1) the date you return to your Home Country; 2) the scheduled trip return date.

**Covered Activities:** We will pay benefits only if you suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 364 days; and, 3) while engaging in educational travel activities sponsored by the Policyholder.

**Medical Expense Benefits:** We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country, or 365 days from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of the Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits for you is \$500,000 subject to a Deductible of \$50 per Covered Accident or Sickness. The Maximum for Dental Treatment (Injury Only) is \$100 per tooth up to a maximum of \$500; the Maximum for Room & Board Charges is the average semi-private room rate; the Maximum for Chiropractic Care is 80% of the Usual and Customary Charges subject to \$35 per visit up to a maximum of 10 visits per Covered Accident or Sickness; the Maximum for Inpatient Mental and Nervous Disorders is 50% of the Usual and Customary Charges up to a maximum of 30 days; the Maximum for Outpatient Mental and Nervous Disorders is \$300; the Maximum for Newborn Nursery Care is \$500; the Maximum for Therapeutic Termination of Pregnancy is \$500; the Maximum for Outpatient Co-insurance for Prescription Drugs is 50% of the Usual and Customary Charges. Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while traveling outside of your Home Country.

### **Covered Medical Expenses**

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Pregnancy and childbirth
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiration paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

**Emergency Medical Benefits:** We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling outside of your Home Country. Covered Expenses include expenses for guarantee of payment to a medical provider and expenses for guarantee of payment to a Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless: 1) the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance. **Benefits will not be payable unless We or FrontierMEDEX authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

**Emergency Medical Evacuation Benefit:** We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling outside of your Home Country.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different Hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment.

3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child (ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different Hospital, treatment facility or your place of residence.
5. Transportation after Stabilization: if We have evacuated the Covered Person to a medical facility due to an Emergency Medical Evacuation, We will pay the Covered Person's transportation costs to his or her a) Home Country or b) host country.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. **Benefits will not be payable unless We or FrontierMEDEX authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

**Repatriation of Remains Benefit:** We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling outside of your Home Country or Country of Permanent Assignment. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. **Benefits will not be payable unless We or FrontierMEDEX authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

**Emergency Reunion Benefit:** We will pay up to \$300 per day up to 10 days, subject to a maximum of \$12,500 for travel and lodging expenses including an economy airline ticket for a member of your family to join you if: 1) you are confined in a Hospital for at least 24 consecutive hours due to a Covered Accident or Sickness, and the attending Doctor believes it would be beneficial for you to have an Immediate Family Member at your side; or 2) you are the victim of a Felonious Assault. Your Immediate Family Member's travel must take place within 7 days of the date you are confined in the Hospital or the date of the occurrence of the Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at you during the course of or an attempt of a physical assault resulting in serious injury, kidnapping or rape. In the event that You die as a result of a Covered Accident or Sickness, We will pay up to \$2,500 for expenses incurred for emergency travel arrangements for a Family Member to accompany your mortal remains. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. **Benefits will not be payable unless We or FrontierMEDEX authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

**Accidental Death and Dismemberment Benefit:** If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$15,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Description of 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 .....	50% of the Principal Sum
Paraplegia .....	50% of the Principal Sum
Uniplegia .....	25% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum

"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. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both 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. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "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. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

**Coordination of Benefits:** If a covered person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the covered person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the covered person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the covered person for the longer time. If the benefits of this plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this Plan.

**Exclusions and Limitations:** 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, while sane or insane. (Applicable to Accidental Death and Dismemberment Benefits Only.)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. (Applicable to accident benefits only.)
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- 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:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activities.
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Insured's Home Country (except as provided by the Policy).
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Preexisting Conditions. This exclusion will not apply if the Covered Person: 1) has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 12 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 12 consecutive months; or 3) was previously covered for such Pre-existing Conditions under Creditable Coverage and such Creditable Coverage was continuous to date less than 63 days prior to the effective date of coverage under the Policy. The Exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children. "Creditable Coverage" means: (1) self-funded employer group health plan under ERISA; (2) a group of individual health insurance coverage; (3) Part A or Part B of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from scuba diving, jet and water skiing, mountain climbing (where ropes or guides are used); sky diving, and professional or amateur racing.
- Injury sustained while participating in club, intercollegiate, interscholastic, or professional sports.

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.

**Definitions:** "Covered Accident" means an accident that occurs while coverage is in force for your and which results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. "Covered Person" means any eligible person for whom the required premium is paid. "Home Country" means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. "Injury" means accidental bodily harm sustained by you that results directly from all other causes from a Covered Accident. All injuries sustained by one person in any one Covered 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. "Preexisting Condition" means an illness, disease, or other condition of the Covered Person that in the 12 month period before the Covered Person's coverage became effective under the Policy: 1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3. was treated by a Doctor or treatment had been recommended by a Doctor. "Sickness" means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of Sickness. "Trip" means travel by air, land, or sea from your Home Country. "We, Our, Us" means the insurance company underwriting this insurance or its authorized agent.

**Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., S. 1005, Wayne, PA 19087-1802**  
**From within the USA and Canada: 1-888-293-9229 Outside the USA or Canada call: 1-610-293-9229**  
**Fax: 1-610-293-9299 www.visit-aci.com**

**Emergency Assistance: FrontierMEDEX Toll Free from within the USA and Canada: 1-800-527-0218; from France 0800-90-8505; Germany 0800-1-811401; Italy 800-877-204; Mexico 001-800-101-0061; UK 0800-252-074; Spain 900-98-4467**  
**Outside the USA or Canada call direct or collect: 410-453-6330**

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Call the assistance center at MEDEX toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the United States; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

**Program Arranged By: CMI Insurance, a FrontierMEDEX company, P.O. Box 19056, Baltimore, MD 21284;**

**[www.cmi-insurance.com](http://www.cmi-insurance.com)**

**Claim forms and instructions are available from the web site. Policy Number: GLM N01060582R, ACE American Insurance Company**

This Description of Coverage is a brief description of the important features of the insurance plan written under Policy Form Number AH-15090. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N01060582R, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

### **Important Notice**

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA. ACE continues to monitor federal and state laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly. Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

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