

Insurance Plan for University of California EAP Participants 2011–2012 Academic Year

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
- Coverage for Natural Disasters/Political/Security Evacuations

IMPORTANT NOTE

This brochure is a brief description of the coverage available and is not an insurance contract.

The terms and conditions of coverage are detailed in [Master Policy #ADD N04834823](#) underwritten by ACE American Insurance Company under Form # AH-15090 and issued on behalf of the University of California.

If there are any differences between this brochure and the policy, the policy will govern.

Emergency Assistance Services (medical referrals, prescriptions, evacuation, repatriation): Europ Assistance if in the U.S. 1+(866) 451-7606; outside the U.S. call collect 1+(202) 828-5896; E-mail OPS@europassistance-usa.com. Identify yourself as a UCEAP student/faculty member.

Claims Adjustor: Administrative Concepts, Inc. (ACI) 1+ (888) 293-9229 (if in the U.S.) or 1+ (610) 293-9229 (outside the U.S.); fax 1+ (610) 293-9299. **Mail claims to:** Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087. E-mail: claims@visit-aci.com. **Status of a claim:** <http://www.visit-aci.com/>

To apply for Gap Insurance, dependent and/or extension benefits, visit www.visit-aci.com. **For questions about coverage:** Alex Zeron, Mercer Health & Benefits, 1166 Avenue of the Americas, New York, NY 10036 **Phone:** +1 (212) 345-8910 **E-mail:** alex.zeron@mercer.com

Please read this brochure carefully. SHARE IT WITH YOUR PARENTS.

Keep it with you when you travel for your reference.

Who is eligible?

The UCEAP Insurance Plan is mandatory coverage for all registered students participating in the University of California Education Abroad Program (UCEAP). 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 14 days before the official start date of the student's UCEAP program term provided the required premium is paid. Coverage will be provided in the United States during this 14 day period if the covered person does not have other medical insurance.

Coverage will end 31 days after the official end of the UCEAP program term provided the required premium is paid.

If a student withdraws or is dismissed from EAP while abroad, coverage will end 31 days after participation in EAP ends.

Coverage will be provided in the United States 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.

UCEAP 2011-2012 Insurance Plan– At A Glance

Benefits	Maximum Benefit
Medical Expense Benefits	\$500,000 per occurrence
Co-insurance/Out-of-Pocket Expenses	100% of U&C Charges 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
Incurral Period	30 days after the covered accident or sickness
Covered Services:	
Hospital Room & Board	The average semi-private room rate
ICU Room & Board	Two times the average semi-private room rate
Dental Treatment (Injury Only)	\$200 per tooth subject to \$2,000 maximum

Benefits	Maximum Benefit
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 (3) days hospitalization (acute detoxification)
Prescription Drugs	100% of U&C Charges
Anti-malarial medication prescribed by a doctor	100% if purchased within term of coverage
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)	
Birth Control/Elective Termination of Pregnancy	Up to \$500
Emergency Hotel Convalescence, if medically necessary	Up to \$100 per day subject to a maximum of \$700
Emergency Medical Evacuation	100% of Covered Expenses
Emergency Reunion Benefit	Up to \$500 per day for up to ten (10) days Maximum benefit per trip: \$5,000
Lost Baggage Benefit	Up to \$1,000 per bag not to exceed \$2,000 per trip after satisfaction of the \$25 deductible
Natural Disaster Benefit	100% of Covered Expenses
Personal Property Benefit	Up to \$2,500 per item or set of items not to exceed \$5,000 after satisfaction of the \$25 deductible

Benefits	Maximum Benefit
Political Evacuation Benefit	100% of Covered Expenses
Repatriation of Remains	100% of Covered Expenses
Trip Cancellation Benefit	Up to \$2,000
Trip Delay Benefit	Up to \$200 per day for a maximum of five (5) days
Accidental Death & Dismemberment Benefit	Up to \$20,000 Principal Sum

What is covered under my UCEAP 2011-2012 Insurance Plan?

Medical Expense Benefits

The UCEAP Insurance Plan pays benefits for covered expenses that result from a covered accident or sickness while the covered person is traveling outside of their home country or country of permanent residence and participating in a UCEAP program. These benefits are subject to the 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. Note that prescription drugs will be covered based on the date that the prescribed medication is filled by a pharmacy, not the date of payment/pick up.
- Mental and nervous disorders as shown in the benefit chart.
- Dental charges resulting from an injury to sound, natural teeth.
- Pregnancy, 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 a covered person returns to the United States for a brief stay during a study term.

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 Hotel Convalescence, if medically necessary

We will pay a daily benefit of \$100 per day for a maximum of seven (7) days for hotel room convalescence if a physician determines this to be necessary immediately following a hospital confinement before the covered person’s return home.

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 covered person’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.

Benefits will not be paid unless we authorize all expenses in advance and services are rendered by our assistance provider.

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 \$500 a day for up to 10 days.

Benefits will not be paid unless we authorize all expenses in advance and services are rendered by our assistance provider.

“Felonious Assault” means a violent or criminal act reported to the local authorities that was directed at the covered person 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 covered person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

Lost Baggage Benefit

We will reimburse the covered person’s replacement costs of clothes and personal hygiene items, up to \$1,000 per bag not to exceed \$2,000 per trip after satisfaction of the \$25 deductible, if the covered person’s luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The covered person must file a formal claim with the transportation provider and provide us with copies of all claim forms and proof that the transportation provider has paid the covered person its normal reimbursement for the lost, stolen, or damaged luggage.

Natural Disaster Benefit

We will pay 100% of the covered person’s covered expenses if he or she is traveling outside of his or her home country in a place that is struck by a Natural Disaster and the covered person requires emergency evacuation from a Declared Disaster Area.

“Natural Disaster” means a wind, rain, snow, hail, lightning, dust or sand storm, earthquake, flood, volcanic eruption, wildfire, or similar event that occurs by natural causes and that results in severe and widespread damage.

“Declared Disaster Area” means an area damaged by a Natural Disaster that is officially declared a disaster area by a state government or the federal government if the event occurs in the United States of America, or by a corresponding government authority if the event occurs outside the United States of America.

Benefits will not be paid unless we authorize all expenses in advance and services are rendered by our assistance provider.

Personal Property Benefit

We will reimburse the reasonable cost, up to \$2,500 per item or set of items not to exceed \$5,000 after satisfaction of the \$25 deductible, for replacement of any personal property that is lost or totally destroyed while the covered person is on a trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The covered person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property.

The company requires certification by a police or security authority in an incident report. For any claim the covered person makes under this benefit, we are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if we choose to do so. The company will require valid receipts of replacement goods prior to payment of any benefits.

“Personal Property” means personal goods belonging to the covered person, or for which he or she is responsible, and are taken or acquired by him or her during the trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

Political Evacuation Benefit

If a formal recommendation from the appropriate authorities is issued for the covered person to leave the host country due to political or military events in a host country, or if the covered person is expelled or declared persona non-grata by the host country, we will pay 100% of the usual and customary charges incurred for the transportation to the nearest place of safety or for repatriation to the covered person’s Home Country. Evacuation and repatriation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with the covered person’s health and safety. Evacuation and Repatriation costs will be paid only once per covered person, per occurrence.

Additional Exclusions: This benefit will not be payable: 1) for losses recoverable under any other insurance or through an employer; or 2) for losses arising from or attributable to: a) alleged violation of the laws of the host country (unless we determine such allegations to be fraudulent), or b) failure to maintain required documents and visas.

Benefits will not be paid unless we authorize all expenses in advance and services are rendered by our assistance provider.

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 as a result of a medical emergency. 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 paid unless we authorize all expenses in advance and services are rendered by our assistance provider.

Trip Cancellation Benefit

We will reimburse the amount of non-refundable money the covered person paid for their trip, up to \$2,000, if he or she is prevented from taking the trip or the trip is interrupted as the result of injury, sickness, or death that occurs prior to the trip, or during the trip to either the covered person or a Family Member. “Family Member” means the covered person’s parent, sister, brother, husband, wife, children, or grandparent.

Trip Delay Benefit

We will pay incurred expenses up to \$200 per day for up to five (5) days if the trip is delayed for more than six hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the trip.

Travel Delay must be caused by one of the following reasons: injury, sickness, or death of either the covered person, a family member, or traveling companion; carrier delay; lost or stolen passport, travel documents, tickets, or money belonging to the covered person or his or her traveling companion; quarantine; natural disaster; the covered person being delayed by a traffic accident while en route to a departure; hijacking; unpublished or unannounced strike; civil disorder or commotion; riot; inclement weather which prohibits common carrier departure; a common carrier strike or other job action; or equipment failure of a common carrier.

The covered person’s duties in the Event of Loss: The covered person must provide us with proof of the travel delay such as a letter from the airline, cruise line, or tour operator; or newspaper clipping, weather report, police report, or the like and proof of the expenses claimed as a result of the trip delay.

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) 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.
- 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.

Additionally, we will not pay Lost Baggage and Personal Property Benefits for:

- more than \$1,000 for Lost Baggage and \$2,500 for Personal Property with respect to any one article or set of articles;
- vehicles (including aircraft and other conveyances) or their accessories or equipment, unless the equipment is directly related to the business of the Policyholder or the covered person's study program;
- 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;
- more than \$500 with respect to cash;
- any loss not reported to either the police or transport carrier within 24 hours of discovery;
- any loss due to confiscation or detention by customs or any other authority; or
- any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.

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.

What are travel assistance services?

ACE USA Accident & Health offers worldwide assistance services on its UCEAP Insurance Plan. 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 phone, telex, and fax 24 hours a day, 365 days a year, to confirm coverage and obtain access to available services.

These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when the covered person is hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while the covered person is on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of the covered person's traveling companion or dependents, and vehicle return.
- Security Assistance including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

What is Gap Insurance?

Pre and Post-Program Coverage in the U.S.

For an additional premium, payable directly to ACI, coverage under the UCEAP Insurance Plan is extended up to 3 months to include Gap Insurance coverage for students who are uninsured before their EAP term or return to the U.S. and do not have medical insurance in the U.S.

Post term coverage 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 1-month period.

Gap Insurance is subject to a separate premium charge of \$105 per month, payable by the student.

Enrollment and payment is available online through ACI. Note stipulated deadline.

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.

What is Extension of Coverage?

Pre-Program Extended Out-of-Country Coverage

Students may enroll online and purchase extended out-of-country insurance coverage for up to 3 months before the date their EAP study term begins provided it is purchased 30 days before their departure from the U.S. These extended coverage benefits are payable the same as the UCEAP 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 the United States for up to 3 months. These extended coverage benefits are payable the same as the UCEAP Insurance Plan benefits described in this brochure.

What is the cost of Extended Coverage?

Students who wish to extend their coverage after EAP must enroll online. The cost of extending coverage while traveling abroad before or after the program starts is:

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

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 University of California 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.

“Covered Person” means the insured student or eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid.

“Co-insurance” means the amount of the claim paid for by us. The remainder is the out-of-pocket expenses to be paid for by the covered person.

“Dependent” means a student’s lawful spouse, Domestic Partner, or an unmarried child, from the moment of birth to age 19, or 25 if a full-time student, who is chiefly dependent on the insured student for support. A child, for eligibility purposes, includes an insured student’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 student or depends on the insured student for financial support. A Dependent may also include any person related to the insured student by blood or marriage and for whom the insured student is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support, and 3) depends mainly on the insured student for support and maintenance. The insured student must send us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

“Domestic Partner” (California Family Code Section 297-297.5) means a person of the same sex of the insured student who:

- 1) shares a common residence with the insured student;
- 2) has resided with the insured student for at least 12 months prior to the date of enrollment and is expected to reside with the insured student indefinitely;
- 3) has signed a domestic partnership declaration with the California Secretary of State;
- 4) has not signed a domestic partnership declaration with any other person within the last 12 months;
- 5) is not related by blood in a way that would prevent them from being married to each other in California;
- 6) is 18 years of age or older;
- 7) is not currently married to another person;
- 8) is not in a position as a blood relative that would prohibit marriage.

“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.

“Emergency Medical Evacuation” means: 1) the covered person’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 covered person’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.

“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 stepchild); 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; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the covered person’s condition; and 4) 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) eyeglass 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 program. It includes the study term.

“U&C Charges” 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.