

## Insurance Plan for University of California EAP Participants (UCEAP) 2019–2020 Academic Year

### Including . . .

- Medical Expense Benefits
- Extended Home Country Benefits
- Accidental Death & Dismemberment Benefits
- Emergency Medical Evacuation
- Repatriation of Remains
- Emergency Reunion Benefits
- Extension of Benefits
- Worldwide 24/7 access to the UnitedHealthcare Global network for emergency assistance
- Coverage for 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 PO Box 1000 Philadelphia, PA 19106 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:** Call UnitedHealthcare Global if in the United States, Canada, Puerto Rico, US Virgin Islands, Bermuda: 1-800-527-0218; outside of these areas: +1-410-453-6330; E-mail [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com). Identify yourself as a UCEAP student and provide your UHCG Group ID (362881). When traveling, you can now feel confident that you are in safe hands if an emergency arises. UnitedHealthcare Global Assistance provides UCEAP 19-20

medical and travel-related assistance services. Always carry your Identification Card with you. Listed on the back of the card are the telephone numbers for the worldwide UnitedHealthcare Global Assistance network. When you call, identify yourself as a UCEAP student and provide your UHCG Group ID (362881).

**Benefit Inquiries or Claims Questions - For clarification of benefits or to verify eligibility, contact:** 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. **For reimbursement of out-of-pocket expenses, mail claims to:** Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087. E-mail: [intlassist@acitpa.com](mailto:intlassist@acitpa.com). **For the status of a claim, go online to:** <http://www.visit-aci.com/>

**For dependent and/or extension benefits - apply online:**

<https://secure.visit-aci.com/insurance/UOC>

**For questions about dependent and/or extension benefits - contact 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](mailto: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). Non-UC students who are participating and registered in UCEAP programs must pay the required premium. 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 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 UCEAP while abroad, coverage will end 31 days after participation in UCEAP ends.

The period of coverage shall not exceed 12 months.

## UCEAP 2019-2020 Insurance Plan– At A Glance

Benefits	Maximum Benefit
<b>Medical Expense Benefits</b>	\$500,000 per occurrence
Co-insurance/Out-of-Pocket Expenses	100% of U&C Charges up to \$500,000
Deductible	None
Maximum Benefit Period	The earlier of the date the Covered Person returns to his/her Home Country or 364 days from the date of a Covered Accident or Sickness
Incurral Period	30 days after the Covered Accident or Sickness
<b>Covered Services:</b>	
Hospital Room & Board	The average semi-private room rate
ICU Room & Board	Two times the average semi-private room rate
<b>Dental Treatment (Injury Only)</b>	\$500 per tooth subject to \$5,000 maximum

Benefits	Maximum Benefit
<b>Maximum for Emergency Sickness Dental Care &amp; Treatment:</b>	\$2,000 (services include but are not limited to extractions, temporary or restored fillings and root canal)
<b>Mental &amp; Nervous/ Substance Abuse</b>	Treated as any other Medical Condition
<b>Prescription Drugs</b>	100% of U&C Charges
<b>Anti-malarial medication prescribed by a doctor</b>	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)	
<b>Birth Control/Elective Termination of Pregnancy</b>	Up to \$500
<b>Emergency Hotel Convalescence, if medically necessary</b>	Up to \$100 per day subject to a maximum of \$700
<b>Emergency Medical Evacuation</b>	100% of Covered Expenses
<b>Emergency Reunion Benefit</b>	Up to \$500 per day per person (maximum 2 family members) for up to ten (10) days Maximum benefit per trip: \$10,000
<b>Lost Baggage Benefit</b>	Up to \$1,000 per bag not to exceed \$2,000 per trip after satisfaction of the \$25 deductible
<b>Home Country Extension Benefit</b>	\$ 10,000
<b>Home Country Emergency Benefit</b>	\$ 10,000
<b>Personal Property and Financial Instrument Reimbursement Benefit</b>	Up to \$2,500 per item or set of items not to exceed the actual purchase price, maximum \$5,000 after satisfaction of the \$25 deductible. Benefit Maximum for Cash: \$500 per trip

Benefits	Maximum Benefit
<b>Repatriation of Remains</b>	100% of Covered Expenses
<b>Security Evacuation Expense Benefit</b>	\$50,000 Maximum \$1,000,000 Maximum Aggregate per Occurrence
<b>Trip Cancellation and Interruption Benefit</b>	Up to \$2,000
<b>Trip Delay Benefit</b>	Up to \$200 per day for a maximum of five (5) days
<b>Accidental Death &amp; Dismemberment Benefit</b>	Principal Sum: \$20,000

***What is covered under my UCEAP 2019-2020 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.
- Emergency Sickness Dental Care and Treatment. Services include, but are not limited to, extractions, temporary or restored fillings and root canal. “Emergency Sickness Dental Care and Treatment” means services performed by a licensed dental practitioner acting within the scope of his or her license.

- 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.

**Home Country Extension Benefit**

We will pay benefits for Covered Medical Expenses up to the Benefit Maximum if the Covered Person obtains treatment of a covered Injury or Sickness while he or she is in his or her Home Country provided treatment is rendered within the Incurral Period shown in the Schedule of Benefits. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if the Covered Person were outside of his or her Home Country. Coverage under this benefit begins on the date the Covered Person arrives in his or her Home Country. It ends the later of: 1) 31 days from the date the Covered Person returns to his or her Home Country, or 2) the date the Covered Person leaves his or her Home Country. This benefit is payable only once in any 12 month Period.

**Home Country Emergency Benefit**

We will pay benefits for Covered Medical Expenses up to the Benefit Maximum if the Covered Person continues treatment while he or she is in his or her Home Country for a covered Injury or Sickness that was first treated during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if the Covered Person were outside of his or her Home Country. Coverage under this benefit begins on the date the Covered Person arrives in his or her Home Country. It ends the later of: 1) 60 days from the date the Covered Person returns to his or her Home Country, or 2) the date the Covered Person leaves his or her Home Country. This benefit is payable only once in any 12 month Period. In order for this benefit to be payable, coverage for the Covered Person must remain continuously in force and the required premium must be paid.

**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.

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
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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

“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 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 of at least one whole phalanx of the same hand. “Severance” means the complete separation and dismemberment of the part from the body.

**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.

**Covered Expenses:**

- 1) Medical Transport; 2) Dispatch of a Doctor or Specialist; 3) Return of Dependent Child(ren); 4) Escort Services.

“**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.

**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 family members (maximum two) 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 family members to join the Covered Person. Covered expenses include a roundtrip economy airline ticket and food & lodging expenses not to exceed \$500 per person per 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 which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping, or rape. For cases involving rape or attempted rape, and if a report from local authorities is not reasonably available, we will accept a written statement from the Covered Person’s UCEAP Resident Director and the UCEAP Systemwide Director of Health, and Emergency Response for the University of California System Education Abroad Program as acceptable proof of the incident. “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 UCEAP 19-20



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 within 24 hours 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.

### **Personal Property and Financial Instrument Reimbursement Benefit**

If a Covered Person sustains a loss or damage to Personal Property while on a trip, we will reimburse the reasonable cost for replacement, up to \$2,500 per item or set of items not to exceed \$5,000 after satisfaction of the \$25 deductible. 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. We will reimburse up to \$500 for cash and \$500 for other Financial Instruments per Trip.

The company requires certification by a police or security authority in an incident report issued within 24 hours after the loss. 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.

"Financial Instrument" means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

### **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, **transporting the remains by the most direct and least costly conveyance and route possible** and Escort Services.

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

**Security Evacuation Expense Benefit**

We will pay Security Evacuation Expenses to the Covered Person, if: 1) an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and; 2) while he or she is traveling outside of his or her Home Country.

Benefits will be paid for: 1) the Covered Person's Transportation and Related Costs to the Nearest Place of Safety necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. 2) the Covered Person's Transportation within 7 days of the Security Evacuation to either of the following locations as chosen by the Covered Person: a) back to the country in which the Covered Person is traveling during the Covered Activity but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date the Covered Person is scheduled to return; or b) the Covered Person's Home Country; or c) where the Policyholder that sponsored the Covered Person's Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if the Covered Person is considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Expense Benefits are payable only once for a Covered Person for any one Occurrence.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from the Covered Person.

Changes in Terms and Conditions – The terms and conditions of this benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days UCEAP 19-20

advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and condition of this benefit.

“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in the Covered Person’s Home Country or Country of Residence or the government authority(ies) of the Host Country. “Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care. “Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country. “Host Country” means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy. “Missing Person” means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). “Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events. “Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1) the Covered Person can be assumed safe from the Occurrence that precipitated the Covered Person’s Security Evacuation; and 2) the Covered Person has access to Transportation; and 3) the Covered Person has the availability of temporary lodging, if needed. “Occurrence” means any of the following situations involving a Covered Person that trigger the need for a Security Evacuation; 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence; 5) the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days. “Related Costs” means lodging and, if necessary, physical protection for the

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Covered Person during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while a Covered Person is waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored the Covered Person's Trip is located. Benefits will not be payable for Related Costs unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. "Security Evacuation" means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person. "Transport" or "Transportation" means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy. 2) that are recoverable through the Covered Person's employer or other entity sponsoring the Covered Person's Trip. 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons. 4) arising from or attributable to an alleged: a) violation of the laws of the country in which the Covered Person is traveling while covered under the Policy; or b) violation of the laws of the Covered Person's Home Country or Country of Residence. 5) due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas. 6) for repatriation of remains expenses. 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization. 8) for medical services. 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping. 10) arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) non-compliance by the Covered Person with regard to any obligation specified in a contract or license. 11) due to military or political issues if the Covered Person's Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued. 12) failure of a Covered Person to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate the Covered Person, failure to follow the directions given by Our designated security consultants during a Security Evacuation. If a Covered Person refuses to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

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## **Trip Cancellation and Interruption Benefit**

We will reimburse the amount of non-refundable money the Covered Person paid for their trip, up to \$2,000, if a trip is cancelled or interrupted due to any of the following unforeseen reasons:

(a) Sickness, Injury, or death of a Covered Person or Family Member/or Traveling Companion. Injury or Sickness must be so disabling as to reasonably cause a Trip to be delayed, canceled, or interrupted. If the Covered Person must cancel or interrupt the Trip due to Injury or Sickness of a Family Member, it must be because their condition is life threatening, or because the Family Member requires the Covered Person's care. Cancellation due to the death of a Family Member or Traveling Companion is covered only if the death occurs within 30 days of the Covered Person's Scheduled Departure Date. (b) Financial Default of an airline, cruise line or Tour operator resulting in the complete cessation of services or filing of bankruptcy. Excluded is the organization from which the Covered Person purchased this coverage or Financial Default occurring on or before the effective date of coverage. (c) termination of employment or layoff affecting the Covered Person or his or her Traveling Companion; the individual must have been with the same employer for at least 5 continuous years. (d) weather conditions or Natural Disasters causing delay, cancellation or interruption of travel. (e) the Covered Person's Home/primary residence or Destination being made uninhabitable by fire, flood, vandalism, burglary or Natural Disaster. (f) the Covered Person or a Traveling Companion/Family Member being subpoenaed, required to serve on jury duty; being hijacked or quarantined or being required by a court order to appear as a witness in a legal action, provided the Covered Person, a Family Member traveling with the Covered Person, or a Traveling Companion is not: 1) a party to the legal action, or 2) appearing as a law enforcement officer. (g) being directly involved in or delayed due to a traffic accident en route to departure. (h) being called into active military service to provide aid or relief in the event of a Natural Disaster. (i) The Covered Person or a Traveling Companion being the victim of a Felonious Assault within 10 days prior to departure. (j) Strike resulting in the complete cessation of travel services. (k) a Terrorist Incident in a foreign City in which the Covered Person was scheduled to arrive within 30 days following the incident. (l) an employer-initiated transfer of employment within the same organization of 250 miles or more. (m) cancellation of scheduled public transportation as a result of: riot, civil commotion, Strikes, hijacking, Natural Disasters, motor or railway accidents that were unknown at the time of booking the reservation. (n) Unforeseen circumstances, which are those events or their consequences which could not have been reasonably foreseen or expected by the Covered Person, and are outside the Covered Person's control; during Covered Activities described in the Schedule of Benefits.

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This coverage does not cover loss caused by:

(a) carrier caused delays, including an announced, organized, sanctioned union labor Strike that affects public transportation, unless the Policy effective date is prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike; (b) travel arrangements canceled or changed by an airline, cruise line, or Tour operator, unless the cancellation is the result of bad weather or Financial Default, as defined; (c) changes in plans by the Covered Person, a Family Member, or Traveling Companion, for any reason; (d) financial circumstances of the Covered Person, a Family Member, or a Traveling Companion; (e) any business or contractual obligations of the Covered Person, a Family Member, or a Traveling Companion, except for termination or layoff of employment as defined above; (f) Default by the person, agency, or Tour operator from whom the Covered Person bought his or her coverage or purchased his or her travel arrangements; (g) any government regulation or prohibition; (h) an event or circumstance which occurs prior to the effective date of coverage; (i) personal reasons; (j) weather. or, (k) Default caused by Financial Insolvency of the Travel Supplier, or Travel Arranger, from whom the Covered Person bought his or her coverage or purchased his or her travel arrangements, unless due to Financial Insolvency.

Limitations: The benefit does not cover:

(1) any expenses caused by Injury or Sickness which are not verified by an attending Doctor; (2) any expenses incurred due to a pregnancy, except Complications of Pregnancy; (3) any expenses incurred due to a Pre-existing Condition. NOTE: This limitation does not apply if the Pre-existing Conditions Waiver applies; (4) any expenses in excess of the amount shown in the *Schedule of Benefits*; and (5) any expenses incurred due to any Financial Insolvency: a) of the person, organization or firm from whom the Covered Person directly purchased or paid for the Covered Person's Covered Trip; b) which occurred before the Covered Person's effective date of Trip Cancellation Insurance; and c) which occurs within 7 days following the Covered Person's effective date of Trip Cancellation Insurance.

If the Covered Person fails to give Us Notice, We will limit payment under this benefit to the cancellation charges that would have been applicable had prompt Notice been given.

### **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 provided by the Policy.
- Emergency sickness dental expenses incurred for:
  - Routine oral examinations;
  - Fluoride applications;
  - Prosthetics (new and repaired);
  - Expenses for more than one dentist in excess of those that would have been incurred had all services been performed by one dentist;
  - Expenses in excess of the lowest fee in cases where there are optional treatment techniques carrying different fees;
  - Services primarily for cosmetic or aesthetic purposes;

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- Orthodontics;
  - Treatment already in progress or recommended by a dentist within six months of the Covered Person's effective date of coverage;
  - Replacement of denture or orthodontic appliance due to loss or theft;
  - Denture or bridgework replacement of teeth extracted prior to the Covered Person's effective date of coverage;
  - Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses 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 (Applicable to Accidental Death and Dismemberment Only).
- war or any act of war, whether declared or not.
- piloting or serving as a crewmember in any aircraft (except as provided by the policy).
- commission of, or attempt to commit, a felony.
- commission of or active participation in a riot or insurrection.

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

- loss or damage due to:
  - moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
  - mechanical or electrical failure;
  - any process of cleaning, restoring, repairing, or alteration.

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- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours of discovery.
- any loss due to confiscation or detention by customs or any other authority.

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 UnitedHealthcare Global Assistance 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 UnitedHealthcare Global 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 emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter.
- 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 Extension of Coverage?***

#### **Pre-Program Extended Out-of-Country Coverage**

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Students may enroll online and purchase extended out-of-country insurance coverage provided under policy number ADD N04951980, for up to 3 months before the date their UCEAP study term begins provided it is purchased 7 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 UCEAP must enroll online within 7 days of the end of their EAP program. The cost of extending coverage while traveling abroad before or after the program starts is \$32.13 per month, up to 3 months.

### ***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 a Covered Person and results directly and independently off all other causes 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, while traveling outside of his or her Home Country or Country of Permanent Residence.

**“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.

**"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)

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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 a UCEAP 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.

#### **IMPORTANT NOTE**

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