

This is a Description of Coverage for:

**ACE American Insurance Company
Accident & Sickness Insurance Plan**



Prepared for Georgetown University Education Abroad 2009-2010
Underwritten By: ACE American Insurance Company (Herein referred to as "the Company")

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

Eligibility: You are covered under this Plan if you are temporarily participating in the Georgetown University Education Abroad program or experience outside the United States, according to the following classifications. All United States citizens, permanent residents of the United States or international students in the United States who are enrolled as:

Class 1: All registered full-time students and who are temporarily pursuing educational activities outside of the United States and their Home Country.

Class 2: All graduate students of Georgetown University involved in thesis research or attending overseas conferences, whether enrolled for academic credit or in pursuit of a degree requirement.

Class 3: All students who are not in Class 1 or Class 2 who are sponsored by Georgetown University. International students are not eligible for coverage in their Home Country.

Period of Coverage: Coverage will begin at 12:01 a.m. Local Time on the date of your embarkation from the United States provided the appropriate premium is paid. Coverage will end on the latest of the following: a) the date of your disembarkation to the United States, b) the termination date requested; c) the date through which premium has been paid; or d) the coverage termination date under the Policy provisions. Coverage is not available once you have returned to the United States or your Home Country.

Definitions:

Sickness: means an illness, disease or condition of the Insured that causes a loss for which an Insured 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. (Pregnancy is included in the definition of Sickness.)

Injury: means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external 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.

Pre-existing conditions: means a Sickness, 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.

Home Country: means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to the Company in writing as his or her Home Country.

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 Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the Covered Expense.

Medical Expense Benefits: If an Insured requires medical or surgical treatment for a covered Injury or Sickness that occurs during the Period of Coverage, the Company will pay the benefits described below. In no event will: (1) the Company's liability exceed \$500,000 for each covered Injury or Sickness; and (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered.

Covered Expenses

To be considered a Covered Expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a Covered Sickness or Injury during the Period of Coverage; b) not be excluded by provisions of this Plan; and c) be Medically Necessary; and d) be specifically included in the following list of expenses:

1. Expenses made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional services with the exception of personal services of a non-medical nature. However, allowable expenses will not exceed the hospital's average charge for semi-private room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies (includes blood and blood transfusions; oxygen and its administration).
5. Expenses for physiotherapy, if recommended by a doctor, for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care is limited to 80% of covered expenses, up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The Company will pay 100% of inpatient expenses, and 50% of outpatient expenses.
7. Expenses for Injury to sound, natural teeth, up to: \$100 per tooth, \$500 maximum.
8. Expenses for newborn nursery care, up to a maximum of \$500.
9. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable: a) up to a \$500 maximum for outpatient treatment; or b) up to 50% of eligible expenses incurred for inpatient treatment for a maximum period of 30 days.
10. Expenses incurred for treatment of Pre-existing Conditions, up to \$500 per covered Injury or Sickness.

Emergency Medical Evacuation Benefit: The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.
Covered Expenses:

1. **Medical Transport:** expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's 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, a Covered Person's 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 the Covered Person's 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) the Covered Person is age 18 or older; and b) the Covered Person is 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 the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's 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 Covered Expenses 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. An Emergency Medical Evacuation of a covered person to their Home Country, terminates all benefits under this plan except Accidental Death and Dismemberment Benefits.

"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. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

"Emergency Medical Evacuation" means: 1) the Covered Person's immediate transportation from the place where he or she suffers Medical Emergency 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 a Medical Emergency. An Emergency Medical Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation. **Benefits will not be payable unless the Company (or its authorized assistance provider) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Provider.**

Repatriation of Remains: The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. 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: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred. **All arrangements must be made by the Assistance Provider and approved by the Company (or its authorized assistance provider) in order for expenses to be considered eligible.**

Emergency Reunion Benefit: In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days. In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. "Felonious Assault" means a violent or criminal act reported to the local authorities which were 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 the 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. **All arrangements must be made by the Assistance Provider and approved by the Company (or its authorized assistance provider) in order for expenses to be considered eligible.**

Trip Interruption Benefit: In the event of the death of a family member, or the unforeseen Injury or Sickness of the Insured or a Family Member; or the substantial destruction of the Insured's principal residence by fire or weather related activity; or a Medically Necessary covered Emergency Medical Evacuation to return the Insured to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness, the Company will pay for expenses reasonably incurred, up to a maximum of \$5,000, to have the Insured return home. Family member means parents, children, siblings, and grandparents. The benefit will not exceed the cost of one round trip (with 7 day interim maximum) economy airfare ticket. **All arrangements must be made by the Assistance Provider and approved by the Company (or its authorized assistance provider) in order for expenses to be considered eligible.**

Accidental Death and Dismemberment: If an Insured's Injury results in any of the following losses within 365 days after the date of accident, the Company will pay the sum shown opposite the loss. The Company will not pay more than the Principal Sum for all losses due to the same covered accident. **Principal Sum: \$15,000**

Description of Loss

Life, Both Hands or Both Feet or Sight of Both Eyes, One Hand and One Foot, Either Hand or Foot and Sight of One Eye
 Either Hand or Foot or Sight of One Eye

Indemnity

Principal Sum
 One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body.

Coordination of Benefits: If an Insured 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 Insured as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the Insured 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 Insured for the longer time. If the benefits of this plan are reduced to these rules, such reduction will be done in proportion. In addition,

this plan will pay benefits first if the Insured is also insured simultaneously under the Georgetown University Premier Plan student accident and sickness coverage for Georgetown University students. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this Plan.

Exclusions and Limitations:

With respect to Medical Expense, Emergency Medical Evacuation, Emergency Reunion and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:

1. For Pre-existing Conditions as defined. This limitation applies to medical expenses which exceed \$500.00 per covered Sickness or covered Injury. However, this will not apply if the Insured was previously covered for such Pre-existing Conditions under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the Effective Date of the coverage under the Policy. "Creditable Coverage" means: 1. a self-funded employer group health plan under ERISA; 2. a group or individual health Insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of 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. (This Pre-existing Condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion or Repatriation of Remains Benefits).
2. For services, supplies, or treatment including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature
3. For loss incurred as a result of war or any act of war, whether declared or not
4. For injury sustained while participating in professional, club, or intercollegiate sports. (This sports exclusion does not apply to the Emergency Medical Evacuation, Repatriation of Remains, or Emergency Reunion benefits with respect to club or intercollegiate sports.)
5. For routine physicals.
6. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. For elective surgery including elective abortion.
8. For dental care, except as the result of Injury to natural teeth caused by an accident
9. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.
10. For expenses as a result of or in connection with the commission of or attempt to commit an assault or a felony.
11. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
12. For treatment by an immediate family member.

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Intentionally self-inflicted Injury.
2. Suicide or attempted suicide, while sane or insane.
3. War or any act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. 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.
6. Piloting or acting as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

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.

Underwritten By: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106
Policy Number: GLM N0117230A

Assistance Provider: Europ Assistance USA, Washington DC, see contact information that follows..

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

Program Arranged By: CMI insurance, 11311 McCormick Rd., Hunt Valley, MD 21031
Telephone 410-583-2595, 800-677-7887
Fax 410-583-8244

www.cmi-insurance.com

Claim instructions and forms are available from the web site.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N0117230A, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of Georgetown University, Education Abroad . 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.

Georgetown University 2009-2010





Emergency Assistance: *Europ Assistance USA*



Toll Free from within the USA and Canada: 1-800-546-6349; from France 0800-901-570; Germany 0800-817-6080; Italy 800-877-145; Mexico 001-800-368-7878; UK 0800-894-035 Outside the USA or Canada call direct or collect: 202-659-7785

In addition to the health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Europ Assistance 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 Home Country; 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, Repatriations Remains, and Emergency Reunion, 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.

Europ Assistance USA (EA USA) is under contract with ACE American Insurance Company to provide international services in conjunction with the insurance benefits. The following is a brief summary of their services:

24-Hour Access

You will be able to reach the multilingual EA USA coordination center, toll-free or calling direct or collect by telephone, telex, and facsimile 24-hours a day, 365 days a year to confirm coverage and obtain access to the following services.

Emergency Medical Assistance

• **Location of Medical Providers**

Upon your request, EA USA will provide the names, addresses and telephone numbers of Doctors, hospitals, dentists, and dental clinics in the area where you're traveling. EA USA will also attempt to confirm the availability of the provider, ascertain required payments which you will be required to pay and make an appointment for you with the medical provider of your choice.

In a serious medical emergency, it is advisable that you first try to arrange for immediate emergency help through local sources and then call EA USA. EA USA cannot guarantee the quality of the medical services provider or the medical facility. The final selection of a local Doctor or medical facility is your right and responsibility.

• **Medical Monitoring**

When notified of your medical emergency resulting from an accident or sickness, EA USA multilingual staff will, whenever appropriate in the judgment of EA USA or a Doctor designated by EA USA, attempt to contact you or your local attending medical personnel and attempt to monitor your condition.

EA USA continues to monitor your condition and will remain in communication with your family until the medical problem is resolved.

• **Emergency Medical Transport**

If in the event of a medical emergency and upon your request and that of a Doctor designated by EA USA, in consultation with a local attending Doctor, transportation under medical supervision to a different hospital or treatment facility or repatriation to your place of residence for treatment is determined to be medically necessary, then EA USA will arrange and pay for the medical evacuation or repatriation under proper medical supervision. As part of a medical evacuation, EA USA will also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital.

All medical decisions (such as the medical need for evacuation, medical equipment and the medical personnel to be used) and the final destination will be made by EA USA designated Doctors in consultation with a local attending Doctor based on medical factors. Their decisions shall be conclusive in determining the need for such services.

• **Repatriation of Remains**

In the event of your death while on a covered trip, EA USA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and will arrange for the repatriation of the remains to your place of residence for burial.

• **Trip Interruption**

In the event a trip is interrupted due to the death of a family member, or the unforeseen Injury or Sickness of the Insured or a Family Member; or the substantial destruction of the Insured's principal residence by fire or weather related activity; or a Medically Necessary covered Emergency Medical Evacuation to return the Insured to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness, EA USA will make all arrangements for economy airfare ticket.

• **Emergency Reunion**

In the event of an Emergency Medical Evacuation, EA USA will arrange for a family member to be involved according to the benefits of the insurance.

• **Replacement of Medication**

If you have an unexpected need for prescription medication while on a covered trip, or you lose, forget, or run out of prescription medication while traveling, EA USA will attempt to locate the medication or its equivalent and attempt to arrange for you to obtain it locally, where it is available, or to have it shipped to you, subject to local laws, if it is not available locally. You will be provided with a cost estimate for the replacement medication and/or shipment costs that are subject to your approval.

• **Guarantee of Payments and Method of Payments**

Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, EA USA will work with ACE American Insurance Company to make that guarantee under the insurance benefits. EA USA may further assist you by advancing money in dollars or local currency to medical providers according to repayment provisions worked out with ACE, you or a family member.

• **Travel and Communication Assistance/Telephone Interpretation Service**

If you need help communicating in an emergency, EA USA will provide telephonic interpretation services in all major languages. In emergency situations that require extensive translation, EA USA will make referrals to local translators.

• **Transmission and Retention of Urgent Messages**

In an emergency, EA USA will use its best efforts to transmit an urgent message to your family, friends, and/or business associates. EA USA will also accept and retain messages for you at the EA USA North American coordination center for up to fifteen (15) days.

• **Legal Assistance**

In an emergency, EA USA will use its best efforts to provide you with the names, addresses and telephone numbers of lawyers in the area in which you are traveling in case of a car accident, traffic violations, and other civil offenses. However, the selection of and the expenses associated with a particular attorney will be your responsibility.

Claim Instructions, Administrative Concepts, Inc.

There are three general ways claims may be treated by medical providers:

1. You may be billed for services by the health care providers instead of paying for the services immediately, and then you may submit the bills and a claim form to the Claim Administrator and authorize payment of the medical benefits directly to the provider. Or, you may pay the bills and then submit a claim to the Claims Administrator for reimbursement.
2. You may be asked to pay for the medical services when they are provided. This is called fee-for-service health care. After you pay for the health care provider, you can then file a claim for reimbursement of the covered expenses with the Claims Administrator.
3. The health care provider may accept the insurance and claim form and will file the claim on your behalf.

Under all three of the above, it is extremely important that the claim form be completed fully as to the nature of the accident or illness and that the Insured Person sign the authorization to release information as well as the assignment of benefits if you want payment to do directly to the provider.

All claims (original medical bills, completed claim form, and original receipt for prescription charges, if applicable) should be submitted to:

Administrative Concepts, Inc. (ACI)
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

From within the US & Canada 1-888-293-9229
Outside the USA & Canada 1-610-293-9229
Fax 1-610-293-9299 www.visit-aci.com

Contact Administrative Concepts, Inc. at the above numbers. ACI should be called with any questions concerning claims processing.

ACI may be contacted via their web site for specific questions as to the status of your claim submission.

It is the Insured Person's responsibility to make sure that the original bills, etc. and a completed claim form are submitted to Administrative Concepts, Inc. Do not assume that the provider will do this for you.

Claim forms are also available from www.cmi-insurance.com. Look for the tab labeled claims.