

## International Medical Insurance and Assistance Services

*Note: In the event of an emergency, please consult your ACE Identification Card for the appropriate toll-free access numbers for Europ Assistance:*

1-800-243-6124 (Inside the U.S.A.)  
1-202-659-7803 (Outside the U.S.A.; Call Collect)

### MEDICAL EXPENSE BENEFITS

If while insured a Covered Person incurs expenses due to a Covered Injury or Sickness, the plan will pay the Reasonable Charges for the Covered Expenses listed below. All Covered Expenses incurred as a result of the same or related cause (including any complications) will be considered as resulting from one Sickness or Injury.

The amount payable for any one Sickness or Injury will not exceed a maximum benefit limit of \$100,000, subject to the deductible amount and co-payment levels. The initial treatment must begin within 30 days of the Sickness or Injury, and the period of coverage ends when the Covered Person returns to his or her home country or country of permanent assignment, or 52 weeks from the date of the Sickness or Injury (whichever is earlier). Coverage is secondary to other applicable insurance.

**Deductible Amount.** The deductible is the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before certain benefits are payable under the policy. The medical deductible is \$100 per Injury or Illness.

### MEDICAL EXPENSE LIMITS

Covered Medical Expense	Limit
Hospital Room and Board Charges	Average semi-private room rate
ICU Room and Board Charges	Two times the average semi-private room rate
Hospital ancillary services (including use of the operating room or emergency room)	100% of the usual and customary charges
Services of a doctor or a registered nurse	100% of the usual and customary charges
Ambulance service to or from a hospital	100% of the usual and customary charges
Physiotherapy	100% of the usual and customary charges
Dental Treatment for accidental Injury to sound, natural teeth	\$1,000
Emergency Medical Treatment of Pregnancy	\$2,000
Mental and Nervous Disorders: Inpatient Treatment	\$5,000
Mental and Nervous Disorders: Outpatient Treatment	\$1,000
Prescription Drugs	100% of the usual and customary charges
Preexisting Conditions	\$500

Additional Coverages	Limit
Accidental Death & Dismemberment	\$50,000 (subject to the policy maximum aggregate limit of \$2,500,000)
Bereavement and Trauma Benefit	\$5,000 for family members
Emergency Medical Benefits	\$10,000, if pre-approved by Europ Assistance
Rehabilitation Benefit	\$5,000 for participation in a rehabilitation program due to accidental dismemberment

## POLICY EXCLUSIONS

Please refer to the Policy for a complete list of exclusions; the below list is not comprehensive.

The Policy does not cover losses caused by or resulting from any of the following:

- ◆ intentionally self-inflicted injury
- ◆ suicide or attempted suicide
- ◆ routine physicals and routine care of any kind
- ◆ services, supplies, or treatment (including any period of hospital confinement), which is not recommended, approved, and certified as medically necessary and reasonable by a doctor
- ◆ Coverage is excluded in the following countries *if the loss is due to an act of war*: the covered person's home country, Iran, Iraq, Israel, Nigeria, Pakistan, Saudi Arabia, and Somalia. This list is changeable based on world events. Please contact Risk Management (7677) with questions.

## MEDICAL, SECURITY and MISCELLANEOUS ASSIST SERVICES

Medical Evacuation Assistance Services*	Limit
Emergency Medical Evacuation Benefit	100% of covered expenses for medical transport of a Covered Person as well as escort services for an immediate family member or companion
Emergency Family Reunion Benefit for Transportation and Accommodations to Join a Hospitalized Member	\$10,000 for reasonable expenses incurred by an immediate family member, including the cost of a round trip economy airfare ticket and other local travel related expenses, as well as lodging and meals for 10 days
Repatriation of Mortal Remains	100% of covered expenses
Return Home of Minor Children	Included – emergency medical evacuation
Access to Travel Health Information	Included
On-line Travel Health Reports	Included – Europ Assistance website
Medical & Dental Referrals	Included
Outpatient Case Management	Included – medical monitoring only
Assistance with Insurance Claim Forms	Included
Medical Expense Guarantee and Payment	Included for emergency medical payments and hospital admission deposit (reimbursement required)
Dispatch of Medication and Medical Supplies	Included
Access to Owned Provider Clinics	Non-owned network

Security Evacuation Assistance Services*	Limit
Security/Political Evacuation	\$50,000 for usual and customary transportation charges due to political or military events in a host country
On-line Security Reports	Included
Access to Owned International Crisis Center	No owned network
Automated Security E-mail Alerts	Included
Consultations with Security Professionals	Included

Miscellaneous Assistance Services	Limit
Legal Referrals	Included
Emergency Message Transmission	Included
Translations and Interpreters	Included
Lost Document Assistance and Advice	Included
Advance of Emergency Personal Cash	Included (reimbursement required)

\*Note: The benefits for Medical and Security Assist Services will not be payable unless the expenses are authorized by University of San Diego, and services are coordinated and rendered by Europ Assistance and/or iJET.

## NOTICE OF CLAIM

Written notice of any event that may lead to a claim under the Policy must be given to ACE American Insurance Company within 30 days after the event, or as soon thereafter as is reasonably possible.