



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	To be treated as any other medical condition
Mental and Nervous Disorders: Inpatient Treatment	To be treated as any other medical condition
Mental and Nervous Disorders: Outpatient Treatment	To be treated as any other medical condition
Prescription Drugs	100% of the usual and customary charges
Preexisting Conditions	To be treated as any other medical condition

Additional Coverages	Limit
Accidental Death & Dismemberment	\$50,000 (subject to the policy maximum aggregate limit of \$2,500,000)
Emergency Medical Benefits	\$10,000, if pre-approved by Europ Assistance

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
- ♦ war or any act of war, whether declared or not
- ♦ routine physicals and 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

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
Access to Travel Health Information	Included
On-line Travel Health Reports	Included – Europ Assistance website: http://www.europ-assistance.com/uk/infos_pratiques/default.html
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

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 (subject to the policy maximum aggregate limit of \$500,000)
Natural Disaster Evacuation	\$50,000 for usual and customary transportation charges due to a natural disaster in a host country (subject to the policy maximum aggregate limit of \$500,000)
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 Chapman University, and services are coordinated and rendered by Europ Assistance.




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.

International Medical Insurance and Assistance Services

Chapman University provides International Medical Insurance and Assistance Services to all members of the Chapman University community who are traveling on University business. Coverage can extend to a spouse and legal dependents who are accompanying the University member on such travel.

Below is your ACE TRAVEL ASSISTANCE PROGRAM identification card. Print this document and cut and fold the ID card to wallet size. You may print additional copies of the card for each enrolled member. Use this card whenever you are traveling internationally and require medical assistance or other benefits provided by the plan.

 ACE TRAVEL ASSISTANCE PROGRAM Plan Number: 01AH585 Insured/Employer: Chapman University Policy Number: GLM N04251738 Assistance Provider: Europ Assistance USA Europ Assistance provides emergency medical & travel services and pre-trip information services. Please call when: <ul style="list-style-type: none">• You require a referral to a hospital or doctor• You are hospitalized• You need to be evacuated or repatriated for medical or security reasons• You need to guarantee payment for medical expenses• You experience local communication problems and need a translator or interpreter	<p>For medical evacuation, repatriation or other services please call:</p> <p>ACE Travel Assistance Program 1-800-243-6124 (Inside the U.S.A.) 1-202-659-7803 (Outside the U.S.A. Call Collect) OPS@europassistance-usa.com</p> <hr/> <p>Name of Insured Traveler</p>
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