

Policy Type	Student On/Off Campus Accident
Insurance Co.	ACE American Insurance Company
Policy Number	ADD N04223822
Policy Term	October 1, 2017 – October 1, 2018
Insured Persons	<p>Class 1 – All Students and Traveling Companions of the University of California registered at any campus of the University while in an off campus activity (including OAP, IOP and NUSCA events) sponsored by the University of California</p> <p>Class 2 – Students Participating in a NCAA activity off campus, sponsored by the University (Medical Evacuation, Political Evacuation, and Repatriation of Remains benefits only)</p> <p>Class 3 – All Dance, Cheer, Yell Crew and Mascots who are on the UCLA Spirit Squad and the UC Berkeley cheerleading team</p> <p>Class 4 – All Students of the University of California registered at any campus of the University while participating in on campus events/functions held by recognized, registered student groups</p> <p>Class 5 – All incoming freshmen of the University of California</p> <p>Class 6 – Students of the University of California (not classes 1, 2, 3, 4 or 5) registered at any campus of the University while participating in Club Sports</p> <p>Class 7 – All non-student members of Registered Campus Organizations and Registered Student Organizations while participating in events/functions sponsored by the University of California</p> <p>Class 9 – All students and non-students attending a non-UC Study Abroad Program</p> <p>Class 10 – Students of the Participating Organization participating in the NRS Program <i>Traveling Companion means a person or persons with whom the Insured has a coordinated travel arrangement and intends to travel with during the covered trip.</i></p> <p><i>Off Campus activity does not include participation in 1) NCAA Activities or 2) Education Abroad Program</i></p>
Benefits	<p>§ Accidental Death & Dismemberment including paralysis</p> <p>§ Accident Medical Expense (Excess)</p>
Principal Sum	<p>AD&D: \$25,000 (Classes 1, 4, 5 & 7) \$5,000 (Class 3 & 6)</p> <p>AME: \$15,000 (Classes 1,3,4,5,6,7,8 & 9) \$250,000 (Class 6)</p> <p><i>Accident & Sickness Rider doesn't apply to Classes 2 & 3</i></p>
Aggregate Limit	\$2,500,000 per Aircraft Accident
Coverage	Accident protection while engaging in Sponsored Activities, including travel to and from home to the site of Covered Activity.
Covered Expenses/Additional Benefits	<p>§ Paralysis - Quadriplegia 200% of the Principal Sum; Paraplegia 200% of the Principal Sum; Hemiplegia 200% of the Principal Sum; Uniplegia: 50% of Principal Sum</p> <p>§ Bereavement & Trauma Benefit – \$300 per session, 10 sessions maximum, \$3,000 maximum per Covered Accident</p> <p>§ Coma Benefit - 10% of the Principal Sum per Month up to 11 months; any accidental death benefit payable after 1 month of coma benefits paid will be reduced by the benefits paid under the coma benefit</p> <p>§ Emergency Medical Benefit – up to \$10,000</p> <p>§ Security Evacuation – \$50,000 maximum, \$1M aggregate</p> <p>§ Travel Assistance - Emergency Medical Evacuation & Repatriation of Remains (100% of Covered Expenses)</p> <p>§ Home Alteration and Vehicle Modification Benefit – 10% of the Principal Sum to a maximum of \$25,000</p> <p>§ Personal Deviation – up to 7 days international; 3 days domestic</p> <p>§ Seat Belt Benefit – \$10,000</p>

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	<p>§ Airbag Benefit - \$10,000</p> <p><i>Accident Medical Expense:</i></p> <p>§ \$15,000 benefit maximum (\$250,000 - Class 6 only)</p> <p>§ 100% Coinsurance, \$0 deductible</p> <p>§ <u>Covered Benefits:</u></p> <ul style="list-style-type: none"> Ø Hospital Room and Board Expenses - the daily room rate Ø Ancillary Hospital Expenses Ø Medical Emergency Care- room and supplies Ø Outpatient Surgical Room & Supplies Ø Outpatient Diagnostic X-ray & Laboratory tests Ø Diagnostic Imaging Ø Dental Expenses – including X-rays for the repair of damage to sound, natural teeth Ø Doctor Non-Surgical Treatment/Expenses Ø Doctor Surgical Expenses Ø Assistant Surgeon Ø Anesthesiologist Expenses Ø Physiotherapy – Inpatient/Outpatient Ø Ambulance Expenses Ø Rehabilitative braces or appliances Ø Prescription Drugs (for injuries only) Ø Medical Equipment Rental Expense Ø Medical Services & Supplies Ø Daily Intensive Care Unit Expenses Ø Outpatient Registered Nurse Ø Mental/Nervous Disorders Ø Inpatient Registered Nurse Services <p><i>Out of Country Medical Expense:</i></p> <p>§ \$500,000 benefit maximum</p> <p>§ 100% Coinsurance, \$0 deductible</p> <ul style="list-style-type: none"> Ø Lost Baggage Benefit: \$2,000 per trip, \$500 per set of items Ø Personal Property Benefit: \$5,000 per trip, \$2,500 per set of items Ø Trip Cancellation Benefit: \$2,000 maximum Ø Laptop Damage/Replacement: \$500 per trip Ø Trip Delay Benefit - \$300 per day up to 5 days Ø 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 physician believes it would be beneficial for the Insured to have a Family Member at his or her side (2) the victim of Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member up to \$5,000 per incident. <p>§ <u>Covered Benefits:</u></p> <ul style="list-style-type: none"> Ø Hospital Semi-Private Room & Board; Hospital Ancillary Services Ø Services of a Doctor or Registered Nurse Ø Ambulance Service Ø Laboratory Tests Ø Radiological Procedures Ø Anesthetics and Their Administration Ø Blood, Blood Products, Artificial Blood and the Transfusion Thereof Ø Physiotherapy Ø Medicines or Drugs Administered by a Doctor of that can be obtained only with a written prescription

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	<ul style="list-style-type: none"> Ø Dental Charges for Injury to Sound Natural Teeth Ø Emergency Medical Treatment of Pregnancy Ø Artificial Limbs or Eyes Ø Casts, Splints, Trusses, Crutches or Braces Ø Oxygen or Rental Equipment for Administration of Oxygen Ø Rental of Wheelchair or Hospital Bed Ø Rental of Mechanical Equipment for Treatment of Respiratory Paralysis
Exclusions	<ul style="list-style-type: none"> § Services, supplies, or treatment, includes any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor, or expenses that are not medical in nature. § Loss incurred as a result of war or any act of war, whether declared or not. § 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. Any elective treatment, surgery, health treatment or examination (a) deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States. § Dental care, except as the result of Injury to natural teeth cause by Accident or for emergency pain relief treatment to sound, natural teeth. § Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder. § Expenses as a result of, or in connection with, intentionally self-inflicted injury. § For suicide or attempted suicide, while sane or insane. § Expenses as a result of, or in connection with, the commission of or attempt to commit an assault or a felony. Commission or active participation in a riot or insurrection. § 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. § Piloting or acting as a crewmember or riding in any aircraft, except as a fare-paying passenger on a scheduled airline. § Injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits. § Injury or sickness where the Covered Person's Trip to the Host Country is undertaken for treatment or advice for such Injury or Sickness. § Rest cures or custodial cures. § Expenses for birth control including surgical procedures and devices. § Elective Termination of pregnancy. § Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child. § Expenses payable by any automobile insurance without regard to fault. § Any treatment, supplies or services received by the Covered Person that are incurred or received while he or she is in his or her Home Country. § Nasal or sinus surgery, except surgery made necessary as a result of a covered injury.