

This is a Description of Coverage for:



**Old Dominion University**  
**Study Abroad Accident and Sickness Insurance Plan**  
Underwritten By: ACE American Insurance Company (Herein referred to as "The Company")

**You are entitled to the benefits described 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 pursuing educational activities outside the United States, and you are a U.S. citizen, permanent resident of the U.S., or an international student in the U.S., and you are enrolled as a student at Old Dominion University; or you are an Old Dominion University faculty or staff member participating in an Old Dominion University study abroad program or experience. International students, international faculty or international staff members are not eligible for coverage in their Home Country.

**Period of Coverage:** Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) your departure from the United States; b) the date requested and when premium is received by the Company or its designated administrator. Coverage will end on the earliest of the following: a) the termination date as shown on your ID card; b) the date through which premium has been paid; or c) the coverage termination date under Policy provisions. Coverage is not available once the Insured has returned to the United States.

**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. **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 a covered Injury or Sickness occurs during the Period of Coverage and the Insured requires medical or surgical treatment, the Company will pay 100% of the usual and customary expenses incurred for the Covered Expenses listed below, up to a maximum of \$100,000 per covered Injury or Sickness.

**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 outside of the United States during the Period of Coverage b) not be excluded by provisions of this Plan; and c) 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; provided, however, that expenses do not exceed the hospital's average charge for semiprivate 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. Physiotherapy is limited to 20 visits.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor: 100% of inpatient charges and 50% of outpatient charges will be covered.
7. Expenses for accident related dental expenses limit: \$100 per tooth, \$500 maximum; and emergency alleviation of pain, \$500 maximum.
8. Expenses for therapeutic termination of pregnancy, up to a maximum of \$500.
9. Expenses for newborn nursery care, up to a maximum of \$500.
10. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable at: a) 100% of Covered Expenses, up to a \$500 maximum for outpatient treatment; and b) 100 % of Covered Expenses, up to a \$5,000 lifetime maximum benefit for inpatient treatment.

**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. During the course of an Emergency Medical Evacuation of a Covered Person to their Home Country, all benefits under this plan are terminated 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. **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 Benefit:** 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. **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.**

**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 was 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. **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.**

**Trip Interruption Benefit:** We will reimburse the cost of a round trip economy air and/or ground transportation ticket of a Covered Person's Trip, up to the Benefit Maximum of \$2,500, if his or her Trip is interrupted as the result of: 1. the death of a Family Member; or 2. the unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of the Covered Person's principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person 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. "Family Member" means a Covered Person's parent, sister, brother, husband, wife, or children, or grandparent. 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 to be considered eligible.**

**Trip Cancellation Benefit:** We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to the Benefit Maximum of \$2,500, if the Covered Person is prevented from taking his or her Trip as the result of Injury, Sickness or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member. "Family Member" means a Covered Person's parent, sister, brother, husband, wife, or children, or grandparent.

**Trip Cancellation Benefit – Terrorism** We will reimburse the Covered Person for the amount of non-refundable money he or she paid for his or her Trip, up to the maximum benefit of \$2,500, if the Covered Person is prevented from taking his or her Trip as the result of Terrorism. "Terrorism" means: 1. An act of violence directed against American interests and determined by United States officials to be a terrorist act. The terrorist act must occur within the country scheduled to travel to and after the Covered Person's enrollment form and premium are received for the Trip Cancellation coverage and within 45 days of the date the Covered Person is ticketed to travel; or 2. An act of violence directed at or occurring in an aircraft traveling or scheduled to travel between the United States and Western Europe in either direction, or between the United States and a country where the Covered Person is ticketed to travel, that is determined by United States officials to be a terrorist act. The terrorist act must occur after the enrollment form and premium are received for the Covered Person's Trip Cancellation coverage and within 45 days of the date the Covered Person is ticketed to travel; or 3. The issuance of a travel warning by the United States Department of State to avoid a country of destination to which the covered person is ticketed to travel. The travel warning must be issued after the enrollment form and premium are received for the Covered Person's Trip Cancellation coverage, and within 45 days of the date the Covered Person is ticketed to travel.

**Lost Baggage Benefit:** We will reimburse the Covered Person's replacement costs of clothes and personal hygiene items, up to the Benefit Maximum of \$500.00, if the Covered Person's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her 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 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.

**Home Country Benefit:** Your coverage will be continued on a limited basis, for a period of 30 days, after your return to the United States (or your Home Country). Benefits will be paid for Covered Expenses incurred only for the recurrence or continuance of a covered Sickness or Injury for which treatment was received during the time you were abroad. Under the Home Country Benefit Option, benefits will be payable up to a maximum of \$10,000. In no event will the total maximum benefit for Covered Expenses incurred under the Medical Expense Benefit and the Home Country Benefit Option exceed \$100,000. There is a separate deductible of \$100 per covered Sickness or Injury.

**Political Evacuation:** If, due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the Insured to leave the host country, or if the Insured is expelled or declared persona non-grata by the host country, We will pay the Usual and Customary Charges incurred for transportation to the nearest place of safety or for repatriation to the Insured's home country/country of residence, up to the Benefit Maximum of \$2,500. Evacuation and Repatriation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with the Insured's health and safety. Evacuation and Repatriation costs will be paid once per Insured, per occurrence. **Exclusions:** This Benefit will not be payable: 1) for losses recoverable under any other insurance or through an employer; or 2) for losses arising from or attributable to: a) alleged violation of the laws of the host country, unless We determine such allegations to be fraudulent; or b) failure to maintain required documents and visas; or 3) if there is a travel warning issued by the United States in effect on or within 6 months prior to the Insured's date of arrival in the host country. **Benefits will not be paid unless all expenses are approved in advance by Us, (or Our authorized assistance provider) and services are rendered by Our assistance provider.**

**Accidental Death and Dismemberment Benefit:** If Injury to the covered person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same covered accident.

**Principal Sum: \$25,000**

Description of Loss	Benefit Amount
Life .....	100% of the Principal Sum
Quadriplegia .....	100% of the Principal Sum
Two or more Members .....	100% of the Principal Sum
One Member .....	50% of the Principal Sum
Hemiplegia .....	50% of the Principal Sum
Paraplegia .....	50% of the Principal Sum
Uniplegia .....	25% 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. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "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 through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from 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. 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, Repatriation of Remains, and Home Country Benefits, no benefit shall be payable with respect to expenses incurred:**

1. For pre-existing conditions (defined as 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. The pre-existing condition limitation applies to medical expenses which exceed \$500.00 per Covered Sickness or Covered Injury. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, Home Country or Repatriation of Remains Benefits.) Losses incurred for Pre-existing Conditions are covered under this plan, provided the Covered Person demonstrates that they had continuous Creditable Coverage for 63 days prior to becoming insured under this plan. After the Pre-existing Condition requirement is met, coverage will be considered continuous provided there is not a break in coverage. "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 or that 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.
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, interscholastic 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 any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
8. For dental care, except as the result of Injury to natural teeth caused by accident and emergency pain relief to sound, natural teeth, as shown under Covered Expenses.
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, intentionally self-inflicted injury.
11. For suicide or attempted suicide, while sane or insane.
12. For expenses as a result of or in connection with the commission or attempt to commit an assault or a felony, or commission or active participation in a riot or insurrection.
13. For specific named hazards: scuba diving, jet, and water skiing, mountain climbing (where ropes or guides are normally used), bungee jumping, sky diving, professional or amateur racing and piloting an aircraft.
14. For treatment by an immediate family member or member of the Covered Person's household.
15. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
16. Piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.
17. Injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
18. For organ or tissue transplants and related services.
19. For treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
20. For expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child.
21. For any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country, unless provided by the policy (see the Home Country Benefit).

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

1. Suicide or attempted suicide; intentionally self-inflicted injury.
2. War or any act of war, whether declared or not.
3. Service in the military, naval, or air service of any country.
4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
5. 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.

## Personal Liability Rider

**Eligibility:** All persons who participate in the Old Dominion University study abroad programs are eligible for coverage under the Plan.

**Period of Coverage:** The insurance is effective from the time the participant leaves his/her residence and terminates upon his/her return to their residence after completion of the exchange program. The insurance only covers the participant while he/she is participating in an exchange program at the direction and expenses of Old Dominion University (the Participating Organization). This does not include extension outside of the defined trip duration.

### SCHEDULE OF BENEFITS

**Personal Liability Insurance Coverage:**

Maximum Benefit per Claim:	\$100,000
Deductible per Claim:	None
Aggregate Limit per Insured:	\$200,000

**Medical Payments Coverage:**

Limit per Coverage Period:	\$5,000
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**Additional Living Expense Coverage:**

Limit per Coverage Period:	\$5,000
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**Payment of Deductible Under Homeowner's Insurance Coverage:**

\$1,000

**Personal Liability Insurance Coverage:** We will pay the benefit shown in the *Schedule of Benefits*, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs: (a) on or after the Policy Effective Date on which this Rider becomes effective; or (b) on or after the effective date of the earliest claims-made policy covering the Insured. We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

**Other Insurance:** If other valid and collectible insurance is available to the Insured for a covered loss, Our obligations are limited as follows: (a) **Primary Insurance:** This insurance is primary over the Participating Organization's liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Participating Organization's insurance is also primary. Then we will share with all that other insurance by the Method of Sharing (b) **Method of Sharing:** If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

**Medical Payments Coverage:** We will pay benefits up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to: (a) a person who is on the Insured Location with the permission of the Host Family; or

(b) a person not on the Insured Location. Medical Expenses are defined as those expenses recommended and approved by a doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to the Insured.

**Additional Living Expenses Coverage:** If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured per Policy Term for Additional Living Expenses. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the Additional Living Expenses incurred.

**Payment of Deductible Under Homeowner's Insurance Coverage:** If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the *Schedule of Benefits*, per Insured per Policy Term. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

**Exclusions and Limitations:** No Benefit will be payable as the result of:

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured;
2. Based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
3. Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting there from;
4. Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
5. Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured;
6. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);
7. Arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
8. Property Damage to property: a) owned or being transported by the Insured, or b) rented to, occupied by or in the care of the Insured;
9. Brought against any Insured alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
10. Injuries caused by or contributed to by the use of controlled substances not administered by doctor;
11. Bodily Injury or Property Damage arising from the use of alcohol, intoxicants or any drug unless prescribed by a doctor;
12. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
13. Personal Injury to the Insured;
14. Brought against any suit arising out of the Insured's business pursuits, investments, or other for profit activities;
15. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused; or
16. Injuries caused directly or indirectly by pollution or asbestos, regardless of how it was caused.

**Definitions:** **Automobile** means: a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto. **Bodily Injury** means: bodily injury, sickness or disease sustained by any person, including death. **Claim(s)** means: a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered. **Claim(s) Expenses** means: (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters; (b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon; (c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond; (d) Up to \$250 for loss of earnings to each Insured for each day or part of a day of their attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed \$5,000. **Damages** mean: compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law. **Host Family** means: the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program. **Incident** means: any act or omission committed by the Insured during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by the Insured was during the Policy Term. **Insured Location** means: (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying. **Mobile Equipment** means: a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or

maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders. **Personal Injury** means: (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or (c) a publication or an utterance in violation of an individual's right of privacy. **Property Damage** means: (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

**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, Hunt Valley, MD* *www.cmi-insurance.com*  
**Underwritten By:** *ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106* *Policy # GLM N01060910*

This Description of Coverage provides 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 N01060910 issued to the Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of Old Dominion University. Please keep this information as a reference.

Old Dominion University 2009 rev



# 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.

### • **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.

### • **Trip Interruption**

In the event of your need to use the Trip Interruption benefit, EA USA will make the necessary travel arrangements.

### • **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.