

UNIVERSITY OF WASHINGTON ALUMNI ASSOCIATION
Accident and Sickness Insurance – Plan Summary
Underwritten by: Advent Syndicate 780 at Lloyd's

Plan Effective Date: 3/29/2019

Plan Termination Date: 3/27/2020

Participant's Departure Date:

Participant's Return Date:

Plan Number:

Eligibility

Class 1: Non-United States Citizen traveling outside their Home Country and holds a current and valid passport. Who are eligible with **University of Washington Alumni Association.**

Class 2: United States Citizen and traveling outside of the United States or if not a U.S. citizen, resides permanently in the United States and holds a current and valid passport. Who are eligible with **University of Washington Alumni Association.**

Participants/Members: Questions about your travel plan call: USI Affinity Travel Insurance Services call 610.537.1336 | toll-free 800.937.1387.

International Assistance Service Provided by ON CALL INTERNATIONAL SERVICES

Inside US and Canada 866-509-7715 Outside US and Canada 603-328-1728 (collect) You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, repatriation or return of mortal remains.

SCHEDULE OF BENEFITS

Medical Maximum Per Plan Term:	\$5,000
Coinsurance:	100% of URC
Benefit Period:	26 weeks
Terms of Payment:	Primary
Initial Treatment Period:	30 Days from the date of Injury

ACCIDENT and SICKNESS MEDICAL EXPENSE BENEFITS

We will pay Accident and Sickness Medical Expense Benefits for Eligible Expenses. These benefits are subject to the Deductibles, Coinsurance Factors, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident and Sickness Medical Expense Benefits are only payable:

- 1) for Usual, Reasonable and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Eligible Expenses incurred by or on behalf of the Plan Participant;
- 3) for Eligible Expenses received while the coverage is in force.

No benefits will be paid for any expenses incurred that are in excess of Usual, Reasonable and Customary Charges.

Eligible Medical Expenses listed below are paid on an aggregate basis in accordance with the total benefit amount shown in the Schedule. Once the maximum amount payable for Eligible Medical Expenses is met, no further benefits will be payable for the below expenses.

- 1) Eligible Medical Expenses include: Hospital Admission Expenses: Charges for each hospital admission.
- 2) Outpatient Pre-Surgical Testing benefit – charges for Pre-surgical testing. A scheduled surgical procedure must occur within 3 days of the testing.
- 3) Nursing Services – Outpatient Charges for nursing services by a Registered Nurse or Licensed Professional.
- 4) Skilled Nursing Facility
- 5) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 6) Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- 7) In-Patient Hospital Room & Board Benefit, Intensive Care/Cardiac Care Unit Benefit, Hospital Miscellaneous Expense Benefit, Surgeon (In Or Outpatient) Benefits, Assistant Surgeon Benefit.
- 8) Pre-Admission Testing Benefit, Anesthesia Benefit, Surgery Miscellaneous Benefit, Diagnostic X-Ray and Laboratory Benefit

- 9) Ambulance Benefit
- 10) Physician Visit Benefit (Inpatient), Physician Visit Benefit (Outpatient), Consultant Physician Benefit, Radiation/Chemotherapy Benefit, Emergency Room Benefit, Emergency Dental Expense Benefit Accident, Emergency Dental Expense Benefit Palliative (\$500), Durable Medical Equipment Expense Benefit
- 11) Emergency Medical Evacuation Medical Repatriation (\$200,000), Return Of Remains (\$200,000),
- 12) Out-Patient Prescription Drug Benefit.

Emergency Medical Evacuation, Emergency Medical Repatriation And Return Of Mortal Remains Expense Benefit When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, **up to the Maximum Benefit Amount of \$200,000.**

- 1) **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician **and the authorized travel assistance company** determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
- 2) **Emergency Medical Repatriation:** If the local attending Legally Qualified Physician **and the authorized travel assistance company** determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company: a) one-way Economy Transportation; b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.
- 3) **Return of Mortal Remains:** In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial. **Must be authorized travel assistance company.**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum: \$5,000
 Aggregate Limit: \$300,000

<u>Loss of:</u>	<u>Benefit:</u> <u>(Percentage of Principal Sum)</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side the body)	50%
Uniplegia (total paralysis of one limb)	25%

Primary Medical Expense: If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services on the SCHEDULE OF BENEFITS, We will pay the applicable benefit, subject to any applicable Benefit Period, and Coinsurance Percentage. The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for treatment of a covered Injury or Sickness:

- 1) While the person is a Plan Participant under the Plan Document; or
- 2) During the Benefit Period stated on the SCHEDULE OF BENEFITS.

Such benefits will be paid on a primary basis, regardless of any other coverage the Plan Participant may have. The first Eligible Expense must be incurred within the time frame stated on the SCHEDULE OF BENEFITS. The total of all medical benefits payable under the Plan Document is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

Definitions

Benefit Period means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

Covered Accident means an Accident that occurs by a Plan Participant and results in a Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Plan Document is in force.

Emergency/Emergency Treatment means a Sickness or Injury for which the Plan Participant seeks immediate Medical Treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause: a. His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child; b. His bodily functions would be seriously impaired; or c. A body organ or part would be seriously damaged.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered on injury.

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and to which he or she has the intention of returning and holds a current and valid passport.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury; and
- 2) Prescribed or ordered by a Physician or furnished by a Hospital; and
- 3) Performed in the least costly setting required by the condition; and
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Physician means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 60 day period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant 1) received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine.

Sickness means illness, malady or disease which requires treatment by a Physician while covered by this Plan Document. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.

EXCLUSIONS

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) Organ transplants;
- 8) Treatment for an Injury or Sickness caused by, contributed to or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 9) Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
- 10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
- 11) Treatment of acne;
- 12) Charges which are in excess of Usual, Reasonable and Customary charges;
- 13) Charges that are not Medically Necessary;
- 14) Charges provided at no cost to the Plan Participant;
- 15) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500
- 16) Expenses incurred for treatment while in Your Home Country;
- 17) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 18) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 19) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participation Organization; or an Immediate family member of the Plan Participant;
- 20) Duplicate services actually provided by both a certified nurse midwife and Physician;
- 21) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participation Organization;
- 22) Benefits for enrolling solely for the purpose of obtaining Medical Treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 23) Pre-existing conditions; This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Remains;
- 24) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 25) Pregnancy or childbirth; miscarriage; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant;
- 26) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
- 27) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 28) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;

- 29) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident;
- 30) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 31) Weak, strained or flat feet, corns, calluses, or toenails;
- 32) Private-duty nursing services;
- 33) The cost of the Covered Person's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
- 34) Expenses payable under any prior Plan Document which was in force for the person making the claim;
- 35) For the cost of a one way airplane ticket used in the transportation back to the Plan Participant's country where an air ambulance benefit is provided and medically necessary;
- 36) Treatment paid for or furnished under any other individual or group Plan Document, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 37) Travel in or upon:
 - (a) A snowmobile;
 - (b) A water jet ski;
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
- 38) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
- 39) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
- 40) Rest cures or custodial care;
- 41) Treatment of Mental and Nervous Disorders;
- 42) Weight reduction programs or surgical treatment of obesity or treatment of venereal disease;
- 43) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 44) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participation Organization of any subsidiary or affiliate of the Participation Organization, or by the Plan Participant or any member of his household.
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
 Except as a fare paying passenger on a regularly scheduled commercial airline.
- 45) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 46) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

Please keep this Plan Summary as a general summary of the insurance as specified in the Plan Document issued to and on file at **University of Washington Alumni Association**. The Plan Document contains a complete description of all of the terms and conditions including: the benefits, provisions, exclusions of the insurance plan as underwritten by Advent Syndicate 780 at Lloyd's. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

Travel Assistance is an invaluable service that is provided and administered by **ON CALL INTERNATIONAL SERVICES**

Inside US and Canada 866-509-7715 Outside US and Canada 603-328-1728 (collect) You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, repatriation or return of mortal remains.

For claims form or questions call: 800-513-2981 Toll free in the USA or go to www.globalunderwriters.com to download a claim form.

All claim forms must be completed, signed and mailed to: **Global Claims Administrators
3195 Linwood Rd, Suite 201
Cincinnati OH 45208**

Providers: Eligibility & Benefits call: 513-533-1500 / toll free 800-423-8496 ext. 20

Participants/Members: Questions about your travel plan call: USI Affinity Travel Insurance Services call 610.537.1336 | toll-free 800.937.1387

Short Form Notice and Consent

To provide our services as an insurer, Global Underwriters will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by Global Underwriters and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, sub-contractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by Global Underwriters and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to firstname.lastname@adventgroup.co.uk

Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end.

Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.

More information about how we use your personal information is set out in our Privacy Notice which can be found at www.adventgroup.co.uk/privacy. You can also request a copy of our Privacy Notice by contacting firstname.lastname@adventgroup.co.uk.