



ACE American Insurance Company  
(A Stock Company)  
Philadelphia, PA 19106

## Blanket Accident and Sickness Policy

**POLICYHOLDER:** Trustee of the ACE USA Accident & Health Insurance Trust on behalf of the Participating Organization

**PARTICIPATING ORGANIZATION:** Dickinson College

**POLICY NUMBER:** GLM N0415843A

**POLICY EFFECTIVE DATE:** July 1, 2015

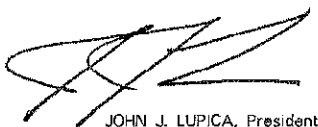
**POLICY TERM:** July 1, 2015 at 12:01 a.m. to June 30, 2016 at 11:59 p.m.

**STATE OF DELIVERY:** District of Columbia

This Policy takes effect at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at the Participating Organization's address, on the last day of the Policy Term unless the Participating Organization and We agree to continue coverage under this Policy for an additional Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

### IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

**PLEASE READ THE POLICY CAREFULLY.**

## **SCHEDULE OF BENEFITS**

### **CLASSES OF ELIGIBLE PERSONS:**

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

- |         |  |
|---------|--|
| Class 1 | All Employees and Trustees of Dickinson College while outside the United States participating in the Off Campus Studies Program or Immersion Programs of Dickinson College or a participating University or College in cooperation with Dickinson. |
| Class 2 | All Students of Dickinson College while outside the United States participating in the Off Campus Studies Program or Immersion or Service Programs of Dickinson College or a participating University or College in cooperation with Dickinson.    |
| Class 3 | All foreign national employees while on Dickinson College scheduled, sponsored and supervised business/activities outside the United States.   |
| Class 4 | All staff and members of the College Alumni Association and their guests while traveling outside of the United States and participating in College Alumni Association scheduled and sponsored events/activities.                                   |

\*Dependents of Class(es) 1, 2 Insureds are eligible for Coverage under this Policy.

### **COVERED ACTIVITIES:**

- |                       |                    |
|-----------------------|--------------------|
| Class 1               | Educational Travel |
| Dependents of Class 1 | Educational Travel |
| Class 2               | Educational Travel |
| Dependents of Class 2 | Educational Travel |
| Class 3               | Educational Travel |
| Class 4               | Educational Travel |

### **BENEFITS:**

#### **Medical Expense Benefits**

Total Maximum for all Accident or Sickness Expense Benefits:

- |          |           |
|----------|-----------|
| Class 1: | \$100,000 |
| Class 2  | \$100,000 |

Class 3	\$100,000
Class 4	\$100,000
Spouse of Class 1	\$100,000
Spouse of Class 2	\$100,000
Children of Class 1	\$100,000
Children of Class 2	\$100,000
Maximum for Preexisting Conditions:	treated as any other medical condition
Maximum for Dental Treatment (Injury Only):	\$100 per tooth to a maximum of \$500
(Alleviation of Pain):	\$500 lifetime maximum
Maximum for Emergency Medical Treatment of Pregnancy:	treated as any other medical condition
Maximum for Room & Board Charges:	average semi-private room rate
Maximum for ICU Room & Board Charges:	two (2) times average semi-private room rate
Maximum for Chiropractic Care:	100% of Usual and Customary Charges subject to a \$50 per visit, up to 10 visits
Maximum for Mental and Nervous Disorders:	
Inpatient:	up to \$2,500
Outpatient:	up to \$1,000
Maximum for Newborn Nursery Care:	\$500
Maximum for Prescription Drugs:	
Inpatient Co-insurance:	100% of Covered Expenses
Outpatient Co-insurance:	80% of Covered Expenses
Maximum for Therapeutic Termination of Pregnancy:	\$500
Deductible:	\$0 per Covered Accident or Sickness
Co-insurance Rate:	80% of the Usual and Customary Charges
Incurral Period:	90 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date the Covered Person's Trip ends, or 52 weeks from the date of a Covered Accident or Sickness

Maximum Period of Coverage:	365 days
<b>Emergency Medical Benefits</b>	
Benefit Maximum:	up to \$10,000
<b>Emergency Medical Evacuation Benefit</b>	
Benefit Maximum:	100% of the Covered Expenses
<b>Repatriation of Remains Benefit</b>	
Benefit Maximum:	100% of the Covered Expenses
<b>Chaperone Replacement Benefit</b>	
Benefit Maximum:	\$2,500
<b>Emergency Reunion Benefit</b>	
Benefit Maximum:	\$5,000
Daily Benefit Maximum:	\$300
Maximum Number of Days:	10
<b>Lost Baggage Benefit</b>	
Deductible per Trip:	\$50
Benefit Maximum per Trip:	\$250
Benefit Maximum per Item or Set of Items:	\$100 subject to a Maximum of 2 bags
<b>Security Evacuation Expense Benefit</b>	
Benefit Maximum:	\$100,000
Aggregate Limit per Occurrence:	\$500,000
<b>Trip Cancellation Benefit</b>	
Benefit Maximum:	\$2,500 per Policy Term
<b>AGGREGATE LIMIT:</b>	
Benefit Maximum:	\$2,500,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

## Accidental Death & Dismemberment Benefits

### Principal Sum:

Class 1	Five (5) times Annual Salary subject to a minimum of \$200,000 and a maximum of \$500,000
Class 2	\$50,000
Class 3	\$50,000
Class 4	\$50,000
Spouse of Class 1	\$10,000
Spouse of Class 2	\$10,000
Children of Class 1	\$10,000
Children of Class 2	\$10,000

"Annual Salary" means an employee's annual wage or salary as reported by the Policyholder for work performed for the Policyholder as in effect just prior to the date of the Covered Loss. It does not include amounts received as bonus, commissions, overtime pay, or other extra compensation.

For hourly employees, Annual Salary means an employee's earnings as reported by the Policyholder for work performed for the 12 months immediately prior to the date of the Covered Loss. If the employee was not employed by the Policyholder for the full 12 months, Annual Salary means the employee's average monthly earnings from the employer for the months employed times twelve. It does not include amounts received as bonus, commissions, overtime pay, or other extra compensation.