

Notice to State of Washington Residents: This is not Your Description of Coverage. To obtain Your state-specific insurance policy, call 1.800 732-5309.

Semester at Sea

DESCRIPTION OF COVERAGE

Schedule of Premium Coverages and Services
Maximum Benefit for all Coverages.....\$100,000
Emergency Accident and Sickness Medical Expense
Deductible per Injury or Sickness.....\$100
Emergency Dental sublimit.....\$200
Deductible per occurrence.....\$100
Sports Coverage sublimit.....\$10,000
Deductible per occurrence\$100
Emergency Accident and Sickness Evacuation and Repatriation of Remains

PROGRAM DETAILS

If You need medical attention:

Call the 24-hour MEDEX Emergency Response Center. Telephone numbers are listed on Your I.D. card. The multilingual coordinators will provide direct access to MEDEX Physician Advisors, approved hospitals, and other service providers around the world. Be prepared to give Your name, I.D. number, and a brief description of Your problem. MEDEX Assistance will immediately take appropriate action to assist You and monitor Your care until the situation is resolved. Trained multilingual assistance coordinators are available 24 hours a day, to make the necessary arrangements on Your behalf.

In the case of an emergency, go IMMEDIATELY to the nearest Physician or hospital without delay, then notify MEDEX Assistance of Your situation.

REMEMBER to call MEDEX Assistance. The traveler's assistance services are provided to help You and provide the skilled professional assistance necessary. Please do not attempt to provide Your own solutions to Your problems and subsequently ask us to pay for all of the expenses incurred. MEDEX Assistance is there to provide You with the skilled professional assistance necessary.

Payments arranged by MEDEX Assistance:

Most Physicians and hospitals will provide you with the necessary medical treatment and will either send their bill directly to MEDEX Insurance Services, or in the case of small dollar amounts, may ask You to pay at time services are rendered. Ask the hospital or Physician to contact MEDEX Assistance. MEDEX Assistance will confirm Your protection plan coverage and arrange for prompt payments. You will be

asked to pay for any deductible amount or items not covered by Your plan.

Payments made by You:

If You are required to pay for medical treatment, obtain a signed receipt and a signed statement by a Physician describing the problem and the treatment. Once Your other insurance has processed Your claim, submit a copy of their final disposition along with a MEDEX Insurance Services claim form and a copy of Your receipts to:

MEDEX Insurance Services
8501 LaSalle Road, Suite 200
Baltimore, MD 21286
1-800-732-5309 or 1-410-453-6380

For claim forms or questions, call between 8:00 A.M. and 5:00 P.M. Monday through Friday Eastern Time.

EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

Emergency Accident and Sickness Medical Expense: The Insurer will pay benefits up to the maximum shown on the Schedule of Coverages and Services, subject to a \$100 deductible, if You incur Covered Medical Expenses as a result of an Accidental Injury or a Sickness which occurs on the covered Trip outside the United States. You must receive Emergency Treatment while on the covered Trip outside the United States.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include, but are not limited to: the services of a Physician; charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; ambulance service; and drugs, medicines, prosthetic and therapeutic services and supplies.

The Insurer will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Insurer will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Insurer will pay benefits, up to \$200.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

If the Insured is hospitalized due to an Accidental Injury or Sickness which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until the Insured is released from the hospital or until maximum benefits under the policy have been paid.

Sports Coverage: The Insurer will pay benefits up to \$10,000, subject to a \$100 deductible, if You incur Covered Medical Expenses as a result of an Accidental Injury due to participation in bodily contact sports or scuba diving.

EMERGENCY EVACUATION

The Insurer will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while You are on a Trip. Benefits payable are subject to the maximum amount per person shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company.

The Insurer will also pay reasonable and customary charges, up to the maximum limit shown on the policy, for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by the Insurer's attending Physician and must be pre-approved by the Assistance Company. The Company will pay for the services and transportation expenses for a qualified escort.

Return of Dependent Children

The Insurer will pay the expenses incurred to return to where they reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.

Transportation to Join a Hospitalized Member

If You are going to be hospitalized for more than 7 days, the Company will pay subject to the limitations set out herein,

for expenses to bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of one round-trip economy airfare ticket.

Transportation After Stabilization

In addition to the above covered expenses, if the Company has previously evacuated You to a medical facility, the Company will pay Your airfare costs from that facility to Your primary residence, less refunds from Your unused transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class, or in business or first class as in compliance to Your medical necessities and requirements upon the discharge, less refunds from Your unused transportation tickets.

All transportation must be authorized and arranged by the Assistance Company.

To access Emergency Assistance, call the Assistance Company's operation center collect at: 1-410-453-6330.

REPATRIATION OF REMAINS

The Insurer will pay reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverages and Services.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, minimally necessary coffins for transport, and transportation.

EXCESS INSURANCE PROVISION

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

EXCLUSIONS

PRE-EXISTING CONDITIONS

"Pre-Existing Condition" means any Injury, Sickness or condition of Yourself, a Traveling Companion or You and/or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription

The following exclusions apply. This plan does not cover any loss caused by or resulting from:

1) Pre-Existing Conditions (except for Emergency Evacuation and Repatriation of Remains);

- 2) Injury or Sickness when traveling against the advice of a Physician;
- 3) Traveling for the purpose of securing medical treatment;
- 4) Suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane;
- 5) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 6) Participation in any military maneuver or training exercise;
- 7) Service of the armed forces of any country;
- 8) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 9) Participation as a professional in athletics;
- 10) Commission or the attempt to commit a criminal act;
- 11) Participating in skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest;
- 12) Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- 13) Pregnancy and childbirth (except for Complications of Pregnancy);
- 14) Being under the influence of drugs or intoxicants, unless prescribed by a Physician.

DEFINITIONS

- 1) "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.
- 2) "Accidental Injury" means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the loss.
- 3) "Assistance Company" means MEDEX.
- 4) "Bodily Injury" means identifiable physical Injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such Injury, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.
- 5) "Common Carrier" means any land, sea, and/or air conveyance operating under a license for the transportation of passengers for hire.
- 6) "Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.
- 7) "Dependent Child(ren)" means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance;
- 8) "Effective Date" means the date and time Your coverage begins, as outlined in the General Provisions section of this policy.

- 9) "Emergency Evacuation" means Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained.
- 10) "Emergency Sickness" means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Trip.
- 11) "Family Member" means You or Your Traveling Companion's legal spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, ward, brother, sister, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew.
- 12) "Injury" means Bodily Injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.
- 13) "The Insurer" means Arch Insurance Company.
- 14) "Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision, or order.
- 15) "Physician" means a licensed practitioner of medical, surgical, or dental services acting within the scope of his/her license. The treating Physician may not be Yourself, a Traveling Companion, or a Family Member.
- 16) "Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.
- 17) "Sickness" means illness or disease which is diagnosed and treated by a Physician on or after the Effective Date of the protection plan and while You are covered under this plan.
- 18) "Transportation" means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.
- 19) "Traveling Companion" means a person who is sharing travel arrangements with You to a maximum of 4 persons including You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.
- 20) "Trip" means prepaid land/sea arrangements and shall include flight connections to join and depart such land/sea arrangements.
- 21) "Unforeseen" means not anticipated or expected and occurring after the Effective Date of the policy.

22) "You," "Your," or "the Insured" means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

CLAIMS PROCEDURE

To facilitate prompt claims settlement:

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

TO OBTAIN CLAIM FORMS AND ANY ADDITIONAL INFORMATION ON HOW TO REPORT A CLAIM, CALL OR WRITE MEDEX INSURANCE SERVICES AND REFER TO THE TRAVMED ABROAD PRODUCT.

TERM OF COVERAGE

1. All coverages take effect at 12:01 a.m. local time at Your location on the departure date of Your Trip.
2. All coverage shall terminate on the earlier of the following dates: (a) Your return to the origination point as specified in the travel tickets; (b) 11:59 p.m. local time at Your location on the date Your Trip is completed.
3. If You extend the return dates, all coverage will terminate at 11:59 p.m. local time at Your location on the date originally Scheduled Return Date.

SUBROGATION. To the extent the Insurer pays for a loss suffered by an Insured, the Insurer will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Insurer to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Insurer may reasonable require. If the Insurer takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Insurer.

Plan is designed by MEDEX.

This Insurance, under policy #AIC-TRVL-P (2/03) is underwritten by: Arch Insurance Company, with its principal place of business in New York, NY.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with American Group Travel Trust, BankNewport as Trustee. The use of a Trustee is not permitted in Kansas, New York, Oregon, Texas or Washington. In the event of any conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.