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
Deductible per Injury or Sickness…………...$100
Emergency Dental Sublimit…………………$200
Sports Coverage Sublimit……………………$10,000
Emergency Evacuation, Emergency Reunion and Repatriation of Remains……100% up to Maximum

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 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 of Your situation.

REMEMBER to call MEDEX. 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 is there to provide You with the skilled professional assistance necessary.

Payments arranged by MEDEX:
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. MEDEX 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.

MEDICAL EXPENSE BENEFIT

The Insurer will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductibles, Benefit Periods, Benefit Maximums and other terms and/or limits shown in the *Schedule of Benefits*.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; and 3) for charges incurred for services rendered to the Covered Person while traveling on a scheduled Trip. In the event that the Covered Person is hospitalized beyond the date the insurance coverage terminates, the Insurer will continue to pay Medical Expense Benefits for Covered Medical Expenses until: a) the Covered Person is released from the hospital, or b) the maximum benefit is paid.

Covered Expenses: 1) Confinement in a Hospital; 2) Treatment by a Doctor; 3) Services and supplies ordered by a Doctor, 4) Care given by a graduate nurse; 5) Ambulance service to and from the Hospital; 6) Prescription drugs prescribed by a Doctor and administered on an outpatient basis; and 7) Dental care due to Injury to sound, natural teeth.

Additional Exclusions: Coverage is not provided for: 1) Routine physical examination; 2) Hearing aids, eyeglasses, contact lenses, sunglasses, and artificial teeth.

Payment of Loss: The Covered Person must provide Us with: (a) all medical bills and reports for Medical Expenses claimed; and (b) a signed patient authorization to release medical information to Us.

The Insurer will not pay benefits in excess of the Usual and Customary Charges commonly used by providers of medical care in the locality in which the care is furnished. The Insurer will not pay for hotel accommodations and extra living expenses for the Covered Person or Traveling Companion incurred while being hospitalized or treated on an outpatient basis.

EMERGENCY MEDICAL EVACUATION BENEFIT

The Insurer will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Maximum Benefit shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires a Medically Necessary Emergency Medical Evacuation; and
3. is traveling outside of their Home Country.

Covered Expenses:

Medical Transport: expenses for transportation under medical supervision to a different hospital, or treatment facility for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by the Assistance Company in consultation with the local attending Doctor.

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 the

Assistance Company to the Covered Person's location to make the assessment.

Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence, not to exceed the Benefit Maximum shown in the *Schedule of Benefits*, 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.

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 Usual and Customary Charges 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.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Company.

EMERGENCY REUNION BENEFIT

In the event the Covered Person is or will be confined in a Hospital for at least 3 consecutive days due to a covered Injury or Sickness and is traveling alone, the Insurer will pay the expenses incurred for travel of a person chosen by him or her, up to the Benefit Limit shown in the *Schedule of Benefits*. Covered expenses are limited to a round-trip economy airline ticket. All travel arrangements must be made by the Assistance Company and approved in advance.

MEDICAL REPATRIATION BENEFIT

The Insurer will pay expenses incurred for medical repatriation after a hospitalization or medical treatment for a Covered Accident or Sickness, if the Covered Person is (a) unable to continue his or her Trip as recommended by the treating Doctor in consultation with the Assistance Company or (b) if it is Medically

Necessary for the Covered Person to return home for continued medical treatment.

The Assistance Company will coordinate with the local attending Doctor to arrange the Covered Person's return to his or her Home Country and will provide the appropriate medical personnel to accompany the Covered Person during the return Trip if it is Medically Necessary.

Covered Expenses include transportation, medical treatment, medical services and medical supplies incurred in connection with a Covered Person's repatriation. All transportation arrangements made for repatriating the Covered Person must be by the most direct and economical route possible. Expenses for transportation must be: (a) recommended by the local attending Doctor; (b) required by the standard regulations of the conveyance transporting the Covered Person; and (c) arranged and authorized in advance by the Assistance Company.

The expenses paid will be less the value of any unused ticket.

If the Assistance Company and the local attending Doctor determine the Covered Person is eligible for medical repatriation; but the Covered Person refuses to be repatriated, the Insurer will not be liable for any medical expenses incurred after the date medical repatriation is refused.

REPATRIATION OF REMAINS BENEFIT

The Insurer will pay Repatriation Benefits as shown in the *Schedule of Benefits* 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) documentation fees.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless authorized in writing, or by an authorized electronic or telephonic means, in advance, and services are rendered by the Assistance Company.

SCOPE OF COVERAGE

Excess Coverage The benefits payable under the Policy, except for Accidental Death and Dismemberment Benefit, will only be paid on an excess basis over and above any benefits or services provided for by: a) any other valid or collectible insurance; or b) any other form of indemnity payable by those responsible for the loss, such as an airline.

GENERAL EXCLUSIONS

Pre-existing Medical Condition Exclusion Applicable To All Coverages (Except Emergency Medical Evacuation and Repatriation of Remains)

The Policy will not pay for loss or expense incurred as the result of Injury or Sickness of the Covered Person which manifests itself during the 6 months immediately preceding and including the Effective Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled (without any change) throughout the 6 month period.

In addition to any exclusion which applies to a particular benefit (called "Additional Exclusions"), the Policy does not cover loss due to:

1. traveling expressly for the purpose of obtaining medical treatment.
2. intentionally self-inflicted Injury, suicide, or attempted suicide, while sane or insane (in Missouri, while sane).
3. war or any act of war, whether declared or not, civil disturbance or insurrection.
4. military duty or service; while serving as a member of the naval, air or Armed Services of any country.
5. piloting or serving as a crewmember or riding in any Aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. participation in professional athletic events.
7. any non-emergency treatment or surgery.
8. commission of, or attempt to commit, a felony, an assault or other criminal activity.
9. bodily contact sports, bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, mountaineering (the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, pick-axes, anchors, bolts, crampons, carabineers and lead or top-rope anchoring equipment), any race, scuba diving (unless Sports Coverage premium is paid) and speed contest.
10. pregnancy or childbirth, other than Complications of Pregnancy.
11. replacement of hearing aids unless a covered Injury has caused impairment of hearing.
12. replacement of eyeglasses or contact lenses, or eye examinations for the correction of vision or fitting of glasses unless a covered Injury has caused impairment of sight.
13. Injury or Sickness where the Covered Person is traveling against the advice of a medical professional.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Covered Person is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

"Assistance Company" means MEDEX. **"Complication of Pregnancy"** means a condition requiring Hospital confinement, whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy, such as: a) acute nephritis or nephrosis; b) cardiac decompensation; c) missed abortion; and d) similar medical and surgical conditions of comparable severity.

Complications of Pregnancy will also include: a) non-elective cesarean section; b) termination of ectopic pregnancy; and c) spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. However, the term Complication of Pregnancy will not include: a) false labor, occasional spotting, or morning sickness; b) Doctor prescribed rest; c) hyperemesis gravidarum; d) pre-eclampsia; or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

"Covered Accident" means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

"Covered Person" means any eligible person, including Dependents if eligible for coverage under the Policy, who applies for coverage and for whom the required Premium is paid. If the cost for this insurance is paid for by the {Participating Organization/Policyholder}, individual applications are not required for an eligible person to be a Covered Person.

"Covered Trip" means a) A period of round-trip travel away from Home to a Destination outside of the Covered Person's Home Country; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Covered Person applies; the trip does not exceed 90 days; or b) A period of one-way travel that starts in the U.S. (except U.S. citizens may begin their trip outside the U.S., if returning to the U.S.); the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and arrival dates and defined departure and arrival places specified when the Covered Person applies; and the trip does not exceed 90 days in length.

In this policy, Covered Trip is also referred to as "Trip".

"Deductible" means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person before benefits are payable under the Policy.

"Dependent" means an Insured's lawful Spouse; Domestic Partner; or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for

support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child's birth and pays any required Premium.

"Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

"Domestic Partner" means a person of the same or opposite sex of the Covered Person who:

1) shares the Covered Person's primary residence;
2) has resided with the Covered Person for at least 6 months prior to the date of enrollment and is expected to reside with the Covered Person indefinitely;
3) is financially interdependent with the Covered Person in each of the following ways;
   a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
   b. by owning or leasing their permanent residence as joint tenants;
   c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
   d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
4) has signed a Domestic Partner declaration with the Covered Person, if recognized by the laws of the state in which they reside;
5) has not signed a Domestic Partner declaration with any other person within the last 12 months.
6) is older than 18 years old;
7) is not currently married to another person;
8) is not in a position as a blood relative that would prohibit marriage.

"Economy Airfare" means the lowest published rate for a one-way ticket.

"Family Member" means a) the Covered Person's Traveling Companion(s); and b) the Covered Person's or Traveling Companion's: 1) Spouse; 2) child; 3) parent; 4) sibling; 5) grandparent or child; 6) step-parent, child or sibling; 7) son- or daughter-in-law; 8) parents-in-law; 9) brother- or sister-in-law; 10) aunt; 11) uncle; 12) niece or nephew; 13) legal guardian; 14) legal ward; 15) Domestic Partner.

"Financial Insolvency" means a Travel Supplier has ceased operations either after filing a petition for bankruptcy or as a result of a denial of credit or inability to meet financial obligations.

"Home Country" means a country from which the Covered Person holds a passport or greencard. If the Covered Person holds passports or greencards from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

"Hospital" means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provide organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All Injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insurer" means ACE American Insurance Company

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself during the Covered Trip which requires immediate and emergent medical treatment not available in the Covered Person's location and without which there would be a significant risk of death or serious impairment.

"Medically Necessary" means a treatment, service or supply that is: 1) required to treat an Injury; prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

"Pre-existing Condition" means – an illness, disease or other condition of the Insured, that in the 6-month period before the Insured's coverage became effective under this Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent 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.

"Scheduled Departure Date" means the date on which the Covered Person is scheduled to leave on his or her Trip. This date is shown on the Covered Person's Application.

"Sickness" means an illness, disease or condition of the Covered Person that occurs during the Trip, and requires treatment by a Doctor. Sickness includes Complications of Pregnancy.

"Transportation" means any land, water, or air conveyance required to transport the Covered Person during an Emergency Evacuation.

"Travel Supplier" means the Tour operator, cruise line or airline providing prepaid travel arrangements for a Trip. Travel Supplier does not mean the person, organization or firm from whom the Covered Person directly purchased and paid for the Covered Person's Trip.

"Traveling Companion" means a person who accompanies the Covered Person on the entire trip.

"Unforeseen" means not anticipated or expected and occurring after the effective date of the Covered Person's coverage.

"Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

"We", "Our", "Us" means the insurance company underwriting this insurance or the Assistance Company.

EFFECTIVE DATE OF INSURANCE

All other coverages will begin on the later of:

1. the date and time the Covered Person starts his or her trip, or
2. the scheduled Trip Departure Date shown on the Application;
3. the date after the Premium is paid.

TERMINATION DATE OF INSURANCE

All coverage ends on earliest of:

1. the date the Trip is completed; or
2. the scheduled Trip Completion Date shown on the individual Application; or
3. cancellation of the Trip covered by the Policy; or
4. upon arrival in the United States.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary Our records indicate the Insured designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following:

1. Spouse;
2. Children;
3. Parents;
4. Brothers and sisters.

If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

Assignment: At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end Our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy before 60 days following the date proof of loss was given to Us. No such action can be brought after expiration of the applicable statute of limitations from the time written proof of loss is required to be furnished.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Policyholder, and any individual applications of Covered Persons, are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by Our President or Secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date at 12:00 a.m. (midnight) at the address of the Policyholder where this Policy is delivered. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. This Policy may be terminated at any time by mutual written or authorized electronic/telephonic consent of the Policyholder and Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium due date if Premiums are not paid when due. Termination takes effect at 12:00 a.m. (midnight) at the Policyholder's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms. **Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Subrogation: We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Injury or Sickness by a third party, another insurer, or the Covered Person's uninsured motorist insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.

Plan is designed by MEDEX.

This Insurance, under policy form #AH-18102 is underwritten by: ACE American Insurance Company at Philadelphia, Pennsylvania.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy . In the event of any conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.

MIS-SAS-PREM-0914