

# MEDICAL EVACUATION & REPATRIATION

2021–2022

## SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT INBOUND AND OUTBOUND TRAVEL INSURANCE

This is a benefit plan designed to protect students against unforeseen emergency medical evacuation or repatriation of remains expenses if an emergency medical event should occur while they are studying outside their home country. This is 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 the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the Policy on file with your school.



<b>Underwritten by:</b> Crum & Forster, SPC	<b>Claims Administrator:</b> Administrative Concepts, Inc. PO Box 4000 Collegeville, Pennsylvania 19426 <b>(800) 476-4802</b>
<b>Policy Number:</b> CC005126	<b>Administrative Agent:</b> Relation Insurance Services CA License No. 0G55426
<b>Coverage Dates:</b> 08/01/2021 to 07/31/2022	

### Eligibility

A person may be covered only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

- **Class 1:** Non-United States Citizens traveling to the United States, and who hold a current and valid passport.
- **Class 2:** All students and accompanying faculty and staff who are enrolled participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country.

### When Coverage Begins and Ends

The Plan begins at 12:01 a.m. at the address of the Policyholder and will continue in force until either a) the Plan expiration date stated above; or b) the Plan is cancelled pursuant to the terms of the Plan.

Termination takes effect at 11:59 p.m. at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

### Cost of Coverage

The cost of the coverage is \$40.00 per person.

### Schedule of Benefits

BENEFIT COVERAGE	BENEFIT AMOUNT
Emergency Medical Evacuation Expense Benefit	100% of actual expense up to \$250,000
Return of Mortal Remains Expense Benefit	100% of actual expense up to \$250,000

### Description of Coverage

The following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits:

- **Emergency Medical Evacuation Expense**

If the local attending Legally Qualified Physician and Claim Administrator 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.

- **Return of Mortal Remains Expense**

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.

### Claims

To access benefits, please call Administrative Concepts, Inc. at **(800) 476-4802**. All expenses must be approved and arranged in advance by the Claims Administrator.

### Non-Insurance Travel Assistance Services

Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.

Scholastic Emergency Services  
**(877) 488-9833** (in the U.S.)  
Call collect +1 **(609) 452-8570** (outside U.S.)  
Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)  
Reference Number: 01-SES-SUM-08123  
Available 24/7/365

## General Exclusions

The Policy does not cover any loss resulting from any of the following, unless otherwise covered under the Policy 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. Any Covered Loss 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. Any Covered Loss 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. For any Covered Losses resulting from the Plan Participant's intoxication or use of 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;
7. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
8. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
9. Charges that are not Medically Necessary;
10. Expenses incurred for treatment while in Your Home Country;
11. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
12. Any Covered Loss 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 Policyholder;
13. Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same Participating Organization;
14. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
15. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment 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;
16. 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, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; solo diving, snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding;
17. Practice or play in any interscholastic, intercollegiate, or professional or semi-professional sports contest or competition;
18. 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);
19. Ionizing 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.
20. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.
21. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome) in excess of a lifetime maximum of \$7,500.

## Definitions

The following are some of the important definitions that apply to this Plan (please review the Plan on file with the school for a complete list of all defined terms):

**Accident** means an unforeseeable event which 1) causes Injury to one or more Plan Participants; and 2) occurs while coverage is in effect for the Plan Participant.

**Class** means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

**Company** means Crum & Forster, SPC. Also hereinafter referred to as We, Us and Our.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

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

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

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis. The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered 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 Eligible Expense. A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the six (6) month period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant: 1) received or 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 or disease which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

## Privacy Notice and Consent

To provide our services as an insurer, Administrative Concepts, Inc. 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 Administrative Concepts, Inc., 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, subcontractors 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 Administrative Concepts, Inc. 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:

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, Pennsylvania 19426  
Fax: **(610) 293-9299**

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.visit-aci.com/MemberRes.aspx](http://www.visit-aci.com/MemberRes.aspx)  
Click PRIVACY, and choose Privacy Notice arrow.

You can also request a copy of our Privacy Notice by contacting:

[claims@visit-aci.com](mailto:claims@visit-aci.com)

## Complaints

In the event that You are dissatisfied and wish to make a complaint You can do so to the Complaints team at:

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, Pennsylvania 19426  
Fax: **(610) 293-9299**

## Notice

By purchasing this insurance provided by Crum & Forster, SPC, you become a member of the ITA Global Trust, LTD. Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable at the option of the insurer.

This is 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 the Plan issued to School. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. The policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster, SPC.

This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC.

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 U.S. citizens or U.S. 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 the policy meets any obligations you may have under PPACA. This plan is not designed to cover US residents and citizens.

*Revised June 23, 2021 10:49 AM*

AH-3131-T – D

If there are any discrepancies between this document and the Policy, the Policy will govern.





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**EDUCATION SOLUTIONS**

Plan Administered By  
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