

This is a Description of Coverage for:

**Thomas Jefferson National Accelerator Facility
Accident and Sickness Insurance Plan 2007 - 2008**



Underwritten By: ACE American Insurance Company (Herein referred to as "The Company")

Policy Term: The insurance under Thomas Jefferson National Accelerator Facility's Accident and Sickness Insurance Plan for the Annual Policy is effective 12:01 a.m. on October 1, 2007. The Annual Policy terminates at 12:01 a.m. on October 1, 2008, or at the end of the period through which premiums are paid.

Eligibility: All International Visitors, Students, Graduate Students, Graduate Research Assistants, and Post Doctoral Researchers of Thomas Jefferson National Accelerator Facility are eligible to enroll in the Accident and Sickness Insurance Plan as described in this brochure.

Effective Date of Coverage: Your coverage and coverage for any covered dependent become effective on October 1, 2007, or the date the Enrollment Form and full premium are received by the Company or Program Administrator. Coverage will remain in effect for the Period of Coverage selected on the Enrollment Form by you.

Termination Date of Coverage: The insurance for a Covered Person shall terminate on the first of the following dates: 1) the date the Policy is terminated; 2) the premium due date if the required premium for the Covered Person is not paid; 3) the date the Covered Person enters military service, in which case a pro-rata refund of premium will be made to such Covered Person; or 4) the end of the Period of Coverage. Termination of Insurance for a Covered Person shall be without prejudice to any claim which starts prior thereto.

Extension of Benefits: If a Covered Person is confined to a Hospital on the date his or her insurance terminates, expenses incurred during the continuation of that hospital confinement shall also be included in the term expense, but only while they are incurred during the 90 day period following such termination of insurance.

Dependent Coverage : You may also enroll their spouse and/or unmarried child(ren) under the age of 19. A child born to you shall be covered for Injury, Sickness, congenital defects, congenital defects, birth abnormalities, pre-maturity and routine nursery care associated with a Sickness for 31 days from the date of birth. To continue coverage beyond the 31-day period, you must complete and return the Enrollment Form to the Program Administrator. Your adopted child will be covered on the same basis as a newborn child from the date of placement for the purpose of adoption. Coverage will continue for an adopted child unless the placement is disrupted and the child is removed from placement.

Accidental Death and Dismemberment Benefit:

If your Injury results in any of the following losses within 365 days after the date of accident, We will pay the sum shown opposite the loss. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum: \$15,000

Description of Loss

Life; Both Hands or Both Feet; Sight of Both Eyes;
One Hand and One Foot; Either Hand or Foot and Sight of One Eye
Either Hand or Foot or Sight of One Eye

Indemnity

Principal Sum
One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, the actual severance through or above wrist or ankle joint, and with regard to eyes, the entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part from the body.

Medical Expense Benefits: If a covered Injury or Sickness occurs during the Period of coverage and you or any covered dependent requires medical or surgical treatment, the Company will pay 100% of covered expenses up to a maximum of \$100,000 per covered Sickness or Injury. A deductible of \$100 will apply per Emergency Room visit per covered Sickness or Injury. The Emergency Room deductible will be waived if the Covered Person is admitted to the hospital. The deductible amounts consist of covered expenses that would otherwise be paid by the policy. The deductibles are the Covered Person's responsibility. The Covered Expenses shall in no event include any amount which is in excess of usual and customary charges for similar treatment, services or supplies in the locality where the expense is incurred. In no event shall the Company's liability for each covered person exceed \$100,000 per covered Injury or Sickness.

Covered Expenses:

To be considered a Covered Expense under this Plan, it must: 1) have been incurred and as a result of a covered Sickness or Injury during the Period of Coverage; 2) not be excluded by the provisions of this Plan; 3) be Medically Necessary; and 4) be specifically included in the following list of expenses:

1. Expenses for hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation.
2. Expenses for treatment by a Doctor/surgeon.
3. Expenses for the cost and administration of anesthetics.
4. Expenses for medication, x-ray services, laboratory tests and services, and other medical services and supplies.
5. Expenses for use of an ambulance, up to a \$100.00 maximum per covered Injury or Sickness.
6. Expenses for treatment of biologically based mental Sickness.
7. Expenses for routine and necessary immunizations for newborn children from birth to 36 months.
8. Expenses for annual cytologic screening (pap smears) or more frequently if recommended by a Doctor, and annual testing performed by any FDA approved gynecologic cytology screening technologies. Benefits will include the examination, laboratory fee, and the Doctor's interpretation of the laboratory results.
9. Expenses for home treatment of hemophilia and congenital bleeding disorders.
10. Expenses for Mammography Examination. We will pay for the following: 1) one baseline mammogram for any woman thirty-five through forty years of age; or 2) a mammogram every year for any woman forty years of age or older.
11. Expenses for reconstructive breast surgery following mastectomy.

12. Expenses for inpatient coverage following mastectomy for a minimum stay in hospital of not less than 48 hours for a patient following a radical or modified radical mastectomy and not less than 24 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for the treatment of breast cancer.
13. Expenses for early intervention services up to \$5,000 per Covered Person, per Period of Coverage. Early intervention services, means Medically Necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. Sections 1471 et seq.).
14. Expenses for prostate cancer screening. We will pay benefits for one PSA test in a 12-month period and digital rectal examinations to persons age 50 and over, or age 40 and older if at high risk for prostate cancer (according to the most recently published guidelines of the American Cancer Society.)
15. Expenses for colorectal cancer screening. We will pay benefits for colorectal cancer screening with an annual fecal occult test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiological imaging.
16. Coverage for clinical trial costs for patient costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.
17. Expenses for laparoscopy-assisted vaginal hysterectomy and vaginal hysterectomy.
18. Diabetes coverage. Covered Expenses include charges for diabetes, including benefits for equipment, supplies and in-person outpatient self-management training and education by qualified professionals, including medical nutrition therapy, treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non insulin-using diabetes if prescribed by a qualified health care professional
19. Expenses for hospice care services for terminally ill individuals.
20. Expenses for mental health and substance abuse.
When the Covered Person receives:
 - a) inpatient treatment in:
 - 1) a hospital or mental health facility for the treatment of a mental or nervous condition; or
 - 2) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,
We will pay benefits for Covered Expenses incurred on the same basis as any other covered Sickness, up to 20 days of inpatient treatment per Policy Term for Covered Persons age 19 and older, and up to 25 days of inpatient treatment per Policy Term for Covered Persons under age 19. Up to ten days of inpatient treatment benefits may be converted, when Medically Necessary at the option of the Covered Person, to 1.5 days of Partial Hospitalization coverage for each inpatient day of coverage.
 - b) outpatient treatment in:
 - 1) a hospital or mental health facility for the treatment of a mental or nervous condition; or
 - 2) a hospital, alcohol or drug rehabilitation facility, or Intermediate Care Facility for treatment of physiological or psychological dependence on alcohol or substance abuse,
We will pay 100% of the expenses incurred, up to five visits and thereafter 50% of expenses incurred, up to a maximum of 20 visits per Policy Term.
22. Expenses incurred for annual well care visit from the moment of birth to age 16, including physical exam, development assessment and anticipatory guidance, appropriate immunizations and lab tests consistent with prevailing medical standards, limited to one provider per visit.

Emergency Medical Evacuation Benefit: The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.
Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. 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 Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence 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.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

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 Covered Expenses 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. An Emergency Medical Evacuation of a covered person to their Home Country, terminates all benefits under this plan except Accidental Death and Dismemberment Benefits.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

"Emergency Medical Evacuation" means: 1) the Covered Person's immediate transportation from the place where he or she suffers Medical Emergency to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or 2) the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering a Medical Emergency. An Emergency Medical Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

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

Repatriation of Remains: The Company will pay Repatriation Benefits of 100% of Covered Expenses 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) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

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 Our assistance provider.

Coordination of Benefits: If a Covered Person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the Covered Person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the Covered Person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the Covered Person for the longer time. If the benefits of this Plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this plan.

Exclusions and Limitations:

With respect to Medical Expense, Emergency Medical Evacuation, and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:

This Plan does not cover nor provide benefits for:

1. For Pre-existing conditions as defined. However, this will not apply if the Insured: 1) has not received treatment, care, diagnosis, advised, or symptom were not manifested for 3 consecutive months while covered by the Policy; 2) has been covered by the Policy for more than 3 consecutive months; or 3) was previously covered for such Pre-existing Conditions under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the Effective Date of the coverage under the Policy. "Creditable Coverage" means: 1. a self-funded employer group health plan under ERISA; 2. a group or individual health Insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of a tribal organization; 7. a state health benefits risk pool; 8. a health plan offered under the federal employees health benefits program (FEHBP); 9. a public health plan; or 10. a health benefit plan. (This Pre-existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains Benefits).
2. Expense incurred as the result of dental care, except as the result of Injury to natural teeth caused by an accident.
3. Services normally provided without charge by the Thomas Jefferson National Accelerator Facility's health service, infirmary, or hospital, or by health care providers employed by Thomas Jefferson National Accelerator Facility.
4. Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore.
5. Injury or Sickness resulting from commission of or active participation in a riot or insurrection.
6. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
7. Injury or Sickness resulting from loss incurred as a result of war or any act of war, whether declared or not.
8. Injury or Sickness for which benefits are payable under any Workers Compensation or Occupational Disease Law.
9. Injury sustained or Sickness contracted while in service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Covered Person.
10. Treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.
11. Treatment by an immediate family member.
12. Routine physicals, except as specifically provided.
13. Elective treatment or elective surgery, except as specifically provided.
14. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder.
15. Cosmetic or plastic surgery, except as the result of a covered Injury.
16. Treatment of mental or nervous disorders, except as specifically provided.
17. Treatment of substance abuse, except as specifically provided.
18. For international Covered Persons, expenses incurred within the Covered Person's Home Country or country of regular domicile.
19. Preventive medicines, serums, vaccines or oral contraceptives as prescribed.
20. Blood plasma, except charges by a hospital for the processing of administration of blood.
21. Voluntary or elective abortions.
22. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor, or expenses non-medical in nature.
23. For expenses as a result of, or in connection with, the commission of or attempt to commit an assault or a felony.
24. Suicide, attempted suicide, or intentionally self-inflicted injury.
25. The Covered Person being under the influence of drugs, unless taken under the advice of a Doctor.
26. Injury resulting from the play or practice of intercollegiate sports, including intercollegiate club sports.
27. Expense incurred for the treatment of temporomandibular joint dysfunction and associated myofacial pain.

DEFINITIONS

You, Your or Yours means a person described in the Eligibility section who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

We, Us or Our means ACE American Insurance Company.

Covered Person means you and any covered dependent(s) while insured under this Plan.

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: 1) a Covered Person; 2) a member of the Covered Person's immediate family member or household; 3) a person retained by Thomas Jefferson National Accelerator Facility.

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

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 and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury.

Intermediate Care Facility means a licensed, residential public or private facility that is not a hospital and that is operated primarily for the purpose of providing a continuous, structured twenty-four-hour per day, state-approved program of inpatient substance abuse services.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) 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. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the covered expense.

Sickness means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of Sickness.

Partial Hospitalization means a licensed or approved day or evening treatment program that includes the major diagnostic, medical, psychiatric and psychosocial rehabilitation treatment modalities designed for patients with mental, emotional, or nervous disorders who require coordinated, intensive, comprehensive and multi-disciplinary treatment. Such a program shall provide treatment over a period of six or more continuous hours per day to Covered Person's who are not admitted as inpatients.

Pre-existing conditions means a Sickness, disease or other condition of the Covered Person, that in the 12 month period before the Covered Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a 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.

Usual and Customary Charges 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.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. Notify the Claims Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
2. Complete the claim form in full, sign it, and have the Attending Doctor Statement completed by the Doctor.
3. The completed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Administrative Concepts, Inc. at the address below.
4. Itemized medical bills must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the Claims Administrator at the address below. No additional claim forms are needed as long as the Covered Person's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to, the Claims Administrator at the address below.

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CONDITION.

Program Underwritten By: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106
Policy Number: GLM N0117308A

Program Administered By: CMI Insurance, 1447 York Road, Lutherville, MD 21093
Phone 410-583-2595, Fax 410-583-8244
Claim instructions and forms are available from the web site. www.cmi-insurance.com

Claims Administrator: Administrative Concepts, Inc., 997 Old Eagle School Road, Suite 215, Wayne, PA 19087-1706
Phone 610-293-9229, 888-293-9229, Fax 610-293-9299
www.visit-aci.com

This Description of Coverage provides 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 GLM N0117308A issued to the Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of Thomas Jefferson National Accelerator Facility. Please keep this information as a reference.

10/2007



Emergency Assistance: *Europ Assistance USA*

Toll Free from within the USA and Canada: 1-800-546-6349; from France 0800-901-570; Germany 0800-817-6080; Italy 800-877-145; Mexico 001-800-368-7878; UK 0800-894-035
Outside the USA or Canada call direct or collect: 202-659-7785

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Europ Assistance USA toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the Home Country; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Repatriations Remains, and Emergency Reunion, Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

Europ Assistance USA is under contract with ACE American Insurance Company to provide international services in conjunction with the insurance benefits. The following is a brief summary of their services:

24-Hour Access

You will be able to reach the multilingual Europ Assistance USA coordination center, toll-free or calling direct or collect by telephone, telex, and facsimile 24-hours a day, 365 days a year to confirm coverage and obtain access to the following services.

Emergency Medical Assistance

• **Location of Medical Providers**

Upon your request, Europ Assistance USA will provide the names, addresses and telephone numbers of Doctors, hospitals, dentists, and dental clinics in the area where you're traveling. Europ Assistance USA will also attempt to confirm the availability of the provider, ascertain required payments which you will be required to pay and make an appointment for you with the medical provider of your choice.

In a serious medical emergency, it is advisable that you first try to arrange for immediate emergency help through local sources and then call Europ Assistance USA. Europ Assistance USA cannot guarantee the quality of the medical services provider or the medical facility. The final selection of a local Doctor or medical facility is your right and responsibility.

• **Medical Monitoring**

When notified of your medical emergency resulting from an accident or sickness, Europ Assistance USA's multilingual staff will, whenever appropriate in the judgment of Europ Assistance USA or a Doctor designated by Europ Assistance USA, attempt to contact you or your local attending medical personnel and attempt to monitor your condition. Europ Assistance USA continues to monitor your condition and will remain in communication with your family until the medical problem is resolved.

• **Emergency Medical Transport**

If in the event of a medical emergency and upon your request and that of a Doctor designated by Europ Assistance USA, in consultation with a local attending Doctor, transportation under medical supervision to a different hospital or treatment facility or repatriation to your place of residence for treatment is determined to be medically necessary, then Europ Assistance USA will arrange and pay for the medical evacuation or repatriation under proper medical supervision. As part of a medical evacuation, Europ Assistance USA will also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital.

All medical decisions (such as the medical need for evacuation, medical equipment and the medical personnel to be used) and the final destination will be made by Europ Assistance USA's designated Doctors in consultation with a local attending Doctor based on medical factors. Their decisions shall be conclusive in determining the need for such services.

• **Repatriation of Remains**

In the event of your death while on a covered trip, Europ Assistance USA will arrange and pay for all necessary government authorization, including a container appropriate for transportation and will arrange for the repatriation of the remains to your place of residence for burial.

• **Emergency Reunion**

In the event of an Emergency Medical Evacuation, Europ Assistance USA will arrange for a family member to be involved according to the benefits of the insurance.

• **Replacement of Medication**

If you have an unexpected need for prescription medication while on a covered trip, or you lose, forget, or run out of prescription medication while traveling, Europ Assistance USA will attempt to locate the medication or its equivalent and attempt to arrange for you to obtain it locally, where it is available, or to have it shipped to you, subject to local laws, if it is not available locally. You will be provided with a cost estimate for the replacement medication and/or shipment costs that are subject to your approval.

• **Guarantee of Payments and Method of Payments**

Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, Europ Assistance USA will work with ACE American Insurance Company to make that guarantee under the insurance benefits. Europ Assistance USA may further assist you by advancing money in dollars or local currency to medical providers according to repayment provisions worked out with ACE, you or a family member.

• **Travel and Communication Assistance/Telephone Interpretation Service**

If you need help communicating in an emergency, Europ Assistance USA will provide telephonic interpretation services in all major languages. In emergency situations that require extensive translation, Europ Assistance USA will make referrals to local translators.

• **Transmission and Retention of Urgent Messages**

In an emergency, Europ Assistance USA will use its best efforts to transmit an urgent message to your family, friends, and/or business associates. Worldwide will also accept and retain messages for you at the Europ Assistance USA North American coordination center for up to fifteen (15) days.

• **Legal Assistance**

In an emergency, Europ Assistance USA will use its best efforts to provide you with the names, addresses and telephone numbers of lawyers in the area in which the you are traveling in case of a car accident, traffic violations, and other civil offenses. However, the selection of and the expenses associated with a particular attorney will be your responsibility.

The above description is a brief summary and not the contract of insurance. Please refer to the stated Description of Coverage for the insurance benefits provided under the plan.