



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

Blanket Accident and Sickness Policy

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

PARTICIPATING ORGANIZATION: Dickinson College

POLICY NUMBER: GLM N0415843A

POLICY EFFECTIVE DATE: July 1, 2014


POLICY TERM: July 1, 2014 to June 30, 2015

STATE OF DELIVERY: District of Columbia

This Policy takes effect at 12:01 a.m. at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. at the Participating Organization's address, on the last day of the Policy Term.

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

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**THIS IS A BLANKET ACCIDENT AND SICKNESS INSURANCE POLICY.
IT PAYS OUT-OF-COUNTRY MEDICAL EXPENSE BENEFITS ONLY.
PLEASE READ THE POLICY CAREFULLY.**

BENEFITS:

Medical Expense Benefits

Total Maximum for all Accident or Sickness Expense Benefits:

Class 1:	\$100,000
Class 2	\$100,000
Class 3	\$100,000
Class 4	\$100,000

Spouse of Class 1	\$100,000
Spouse of Class 2	\$100,000

Children of Class 1	\$100,000
Children of Class 2	\$100,000

Maximum for Preexisting Conditions: treated as any other medical condition

Maximum for Dental Treatment
(Injury Only): \$100 per tooth to a maximum of \$500
(Alleviation of Pain): \$500 Lifetime maximum

Maximum for Emergency Medical
Treatment of Pregnancy: treated as any other medical condition

Maximum for Room & Board Charges: average semi-private room rate

Maximum for ICU Room & Board Charges: two (2) times average semi-private room rate

Maximum for Chiropractic Care: 100% of the Usual and Customary charges subject to a \$50 maximum benefit per visit, up to 10 visits

Maximum for Mental and Nervous Disorders:
Inpatient: up to \$2,500
Outpatient: up to \$1,000

Maximum for Newborn Nursery Care: \$500

Maximum for Prescription Drugs:
Inpatient Co-insurance: 100% of Covered Expenses
Outpatient Co-insurance: 80% of Covered Expenses

Maximum for Therapeutic Termination
of Pregnancy: \$500

Deductible: \$0 per Covered Accident or Sickness

Co-insurance Rate: 80% of the Usual and Customary Charges

Incurral Period:	90 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness
Maximum Period of Coverage:	364 days
Emergency Medical Benefits	
Benefit Maximum:	up to \$10,000
Emergency Medical Evacuation Benefit	
Benefit Maximum:	100% of the Covered Expenses
Repatriation of Remains Benefit	
Benefit Maximum:	100% of the Covered Expenses
Chaperone Replacement Benefit	
Benefit Maximum:	\$2,500
Emergency Reunion Benefit	
Benefit Maximum:	\$5,000
Daily Benefit Maximum:	\$300
Maximum Number of Days:	10
Lost Baggage Benefit	
Deductible per Trip:	\$50
Benefit Maximum per Trip:	\$250
Benefit Maximum per Item or Set of Items:	\$100 subject to a Maximum of 2 bags
Security Evacuation Expense Benefit	
Benefit Maximum:	\$100,000
Aggregate Limit per Occurrence:	\$500,000
Trip Cancellation Benefit	
Benefit Maximum:	\$2,500 per Policy Term
AGGREGATE LIMIT:	
Benefit Maximum:	\$2,500,000

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

Accidental Death & Dismemberment Benefits

Principal Sum:

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

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

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