

This is a Description of Coverage for
United Work and Travel, Inc.

a Division of American Pool Enterprises, Inc.

Underwritten By: Markel Insurance Company (Herein Referred to as "the Company")

Eligibility: You will be covered under this plan if you are participating in the work & travel programs conducted by United Work and Travel, Inc.

Period of Coverage: Coverage will begin: a) for Accidental Death & Dismemberment Benefits, the time of departure from the Insured's point of last domicile or temporary residence in their Home Country directly to the point of embarkation on the scheduled program of United Work and Travel, Inc; and b) for all other benefits, the time of the insured's departure from their Home Country. Coverage will end: a) for Accidental Death & Dismemberment Benefits, the time of return to the Insured's domicile or temporary residence in their Home Country directly from the point of disembarkation from the scheduled program of United Work and Travel, Inc. for benefits and b) for all other benefits, the time of arrival in the Insured's Home Country. This insurance only covers the participant while he/she is participating in an intern program at the direction and expense of United Work and Travel, Inc.

Definitions: **Sickness:** Means an Illness, disease or condition of the Insured that causes a loss which an insured 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. **Injury:** means accidental bodily harm sustained by an Insured 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. **Home Country:** means a country from which the insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to the Company in writing as his or her Home Country. **Medically Necessary:** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured's condition; and 3) 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.

Medical Expense Benefits: If a covered Injury or Sickness occurs during the Period of Coverage and the Insured requires medical or surgical treatment, The Company will pay:

Medical Expense

\$1 - \$2,500

\$2,500 - \$10,000

\$10,000 - \$100,000

In Network

Paid at 100% of negotiated fee

Paid at 80% of negotiated fee

Paid at 100% of negotiated fee

Out of Network

Paid at 90% of Usual & Reasonable

Paid at 70% of Usual & Reasonable

Paid at 90% of Usual & Reasonable

In no event will: (1) the Company's liability exceeds \$100,000 for each covered Injury or Sickness; and (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered, as determined by the Company. Outpatient prescription drug expenses is 100% inpatient and 100% outpatient subject to a \$25 deductible per prescription.

Deductible: (The dollar amount for which you are responsible and after which policy benefits will be paid)

\$150.00 per accident or sickness per Physician visit

Emergency Room

\$ 100.00 deductible to maximum of \$500 – Injury only - Outpatient

\$ 250.00 per accident or sickness if admitted to the hospital

To be considered a Covered Expense under this plan, it must: a) have been incurred as the result of and within 52 weeks of a covered Sickness or Injury outside of the Home Country during the Period of Coverage; b) not be excluded by provisions of this Plan; and c) be specifically included in the following list of expenses:

1. Expenses made by a hospital for room and board, including registered nursing services and any other medically necessary hospital services, but not including personal services of a non-medical nature. However, allowable expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests and services
5. Expenses for durable medical equipment (includes rehabilitative braces and appliances, both inpatient and outpatient).
6. Expenses for Physiotherapy, if recommended by a doctor for the treatment of a specific disablement administered by a licensed physiotherapist, subject to a maximum benefit 20 days per policy year, inpatient only.
7. Expenses for prescription drugs including dressings, drugs, and medicines prescribed by a doctor, 100% inpatient and 100% outpatient subject to a \$25 deductible
8. Expenses for dental expenses resulting from an injury to sound, natural teeth, up to; \$1,000 maximum benefit per occurrence; Alleviation of Pain; Maximum Benefit \$500 per occurrence.
9. Outpatient surgery & related ancillary expenses – maximum of \$1500

Emergency Medical Evacuation Benefit: The Company will pay Emergency Medical Evacuation Benefits up to the maximum of \$500,000 for expenses incurred for the medical evacuation of an Insured. Benefits are payable if the Insured: 1) is traveling outside his or her Home Country; 2) suffers an Injury or Sickness during the course of the Trip; and 3) requires Emergency Medical Evacuation. Benefits will not be payable unless: 1) the doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Injury or Sickness requires an Emergency Medical Evacuation; 2) all transportation arrangements 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 level of 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. "Emergency Medical Evacuation" means; 1) the Insured's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or 2) the Insured'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 an Injury or Sickness. An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. An Emergency Medical Evacuation of an Insured to their Home Country will terminate all benefits except Accidental Death and Dismemberment Benefits under the plan. **All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

Repatriation of Remains: The Company will pay the usual and customary covered expenses, up to a maximum of \$500,000, to return an Insured's body home to his or her Home Country if he or she dies while covered by this plan. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. **All arrangements must be made by the Assistance Provider and approved by the company in order for expenses to be considered eligible.**

Emergency Reunion Benefit:

For Hospital Stay or Felonious Assault

Total Benefit Maximum:	\$12,500
Daily Benefit Maximum:	\$300
Maximum Number of Days:	10

For Repatriation of Remains

Total Benefit Maximum:	\$2,500
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Accidental Death and Dismemberment Benefit: If an insured's covered Injury results in any of the following losses within 365 days after the date of accident, the Company will pay the sum shown opposite the loss. The Company will not pay more than the Principal Sum for all losses due to the same Accident.

Principal Sum: \$15,000

Description of Loss

Life, Both Hands or Both Feet or 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
Thumb and Index Finger of the same hand

Indemnity

Principal Sum
One-Half the Principal Sum
One-Quarter the Principal Sum

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

Excess Benefits: All benefits, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted.

Exclusions and Limitations:

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

1. For pre-existing conditions (defined as a Sickness, disease or other condition, of the Insured, that in the 6 month period before the Insured'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. Losses incurred for Pre-existing Conditions are covered under this plan provided the Insured demonstrates that they had continuous insurance coverage for 6 months prior to becoming insured under this plan. After the Pre-Existing Condition requirement is met, coverage will be considered continuous provided there is not a break in coverage. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion or Repatriation of Remains Benefits).
2. For services, supplies, or treatment including any period of hospital confinement, which was not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature.
3. For loss incurred as a result of war or any act of war, whether declared or not.
4. For Injury sustained while participating in professional, intercollegiate sports or interscholastic sports.
5. For routine physicals and immunizations.
6. For cosmetic surgery, except as the result of an injury.
7. For elective surgery.
8. For dental care, except as provided in the Policy.
9. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury while insured hereunder.
10. For expenses as a result of, or in connection with, intentionally self-inflicted injury.
11. For suicide or attempted suicide while sane or insane.
12. For expenses as a result of, or in connection with, the commission of or attempt an assault or a felony.
13. For scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), skydiving, and professional or amateur racing.
14. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual.
15. Injury or Sickness covered by Worker's Compensation, Employer's Liability Laws or similar occupational benefits.
16. For treatment by an immediate family member.
17. For alcoholism or drug addiction or use of any drug or narcotic unless prescribed by a doctor.
18. For Loss incurred as a result of pregnancy and childbirth. (does not include complications of pregnancy).
19. Treatment for or related to any congenital condition.
20. For charges for use of Emergency Room for treatment of Injury or Sickness unless the patient is directly admitted to the Hospital as an Inpatient for further treatment of that Injury or Sickness.
21. For mental health disorders or substance abuse.
22. Which are not incurred during the Insured's period of coverage and charges that are not remitted for payment within 60 days from the end day of the Insured's Termination Date of Insurance.
23. For Physiotherapy expenses on an outpatient basis.
24. For not medically necessary and not administered or ordered by a Physician.
25. Which exceed the Usual and Customary charge.
26. For investigational, experimental or for research purposes.
27. While confined to primarily receive custodial care, educational or rehabilitative care.
28. For venereal disease and treatment of HIV or AIDS.
29. For chiropractic care.
30. For diseases of the skin.
31. For treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
32. Charges for travel or accommodations.
33. Organ or tissue transplants or related services.

For the Accidental Death and Dismemberment Benefit, this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide, while sane or insane.
3. War or act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. Sickness, Disease, or infection of any kind, except bacterial infections due to an accidental cut, wound, botulism or ptomaine poisoning.
6. Piloting or acting as a crewmember or riding in any aircraft; except as a fair paying passenger on a scheduled airline.

Claims Administrators: MCA Administrators, Inc.; PO Box 6540; Harrisburg, PA 17112 Toll Free 1-800-427-9308 • Fax 717-652-8328.

A CLAIM FORM MUST BE COMPLETED FOR EACH CLAIM.

Preferred Provider Organization: NHBC – 888-621-7900. <http://providers.nhbc.com> Access code: AMA411

Emergency Assistance: AXA Assistance USA 1 (888) 735-8473. 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 AXA Assistance USA toll-free, using the telephone number 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 doctors in the United States; urgent message relay between family, friends, personal doctor, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, and Repatriation of Remains; 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.

Program Arranged By: Markel Insurance Company. Policy Number: 11200713 Effective 11/20/2011 Terminates 11/20/2012

Claim forms and instruction are available from the website: www.amastudentplans.com

This Description of Coverage 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 11200713. The policy is subject to the laws of the state in which it was issued (Maryland). Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.