

BLANKET PARTICIPANT ACCIDENT INSURANCE SUMMARY

This information is a brief description of the important benefits and features of Blanket Accident Policy BAB 006440, provided by Life Insurance Company of North America. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions are set forth in the policy issued to Regents, University of California.

POLICYHOLDER: Regents, University of California

UNDERWRITTEN BY: Life Insurance Company of North America

POLICY NUMBER: BAB 006440

POLICY EFFECTIVE DATE: June 1, 2009

ELIGIBILITY: Enrolled participants and registered chaperones, other than employees, of the Policyholder.

COVERED ACTIVITIES: While participating in Policyholder Supervised and Sponsored overnight camps, day camps and adult activities as on file with the Company. Coverage is not provided for tackle football and adult athletics (with exception of Parent/Child activities). Overnight Supervised and Sponsored Activities and related travel with duration of more than 8 weeks are not covered.

BENEFITS:

ACCIDENT MEDICAL EXPENSE BENEFIT:	up to \$15,000 per Covered Person per Covered Accident
EMERGENCY SICKNESS BENEFIT (Applicable to Residential Camps only):	up to \$1,000 per Covered Person
PLAN TYPE:	Full Excess
BENEFIT PERCENTAGE:	100% of Usual and Customary Charge
DEDUCTIBLE AMOUNT:	\$0
BENEFIT PERIOD:	365 Days from Date of Covered Accident
DENTAL LIMIT:	included in the Accident Medical Maximum
ACCIDENTAL DEATH:	\$15,000
ACCIDENTAL DISMEMBERMENT or PARALYSIS:	up to \$15,000
AGGREGATE LIMIT:	\$500,000 per Covered Accident

ACCIDENTAL DEATH, DISMEMBERMENT AND PARALYSIS BENEFIT:

When accidental injuries result in death, dismemberment, paralysis, loss of sight, speech or hearing within 365 days of the date of the Covered Accident, the Company will pay the following:

<u>Loss of</u>	<u>Benefit Amount</u>
Life.....	\$15,000
Loss of both hands or both feet or sight of both eyes.....	\$15,000
Loss of one hand and one foot.....	\$15,000
Loss of one hand and entire sight of one eye.....	\$15,000
Loss of one foot and entire sight of one eye.....	\$15,000
Loss of speech and hearing (both ears).....	\$15,000
Quadriplegia (total Paralysis of both upper and lower limbs).....	\$15,000
Hemiplegia (total Paralysis of upper and lower limbs on one side of body).....	\$15,000
Paraplegia (total Paralysis of both lower limbs).....	\$15,000
Loss of one hand or one foot or sight in one eye.....	\$7,500
Loss of speech or hearing (both ears).....	\$7,500
Loss of thumb and index finger of the same hand.....	\$3,750

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint. Loss of Sight means the total, permanent Loss of Sight of the eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. Loss of Speech means total and permanent loss of audible communication, which is irrecoverable by natural, surgical or artificial means. Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger means complete Severance through or above the joints between the fingers and the hand. Severance means the complete separation and dismemberment of the part from the body. Paralysis means total loss of use, without Severance, of a limb. This Loss must be determined by a Doctor to be complete and not reversible. If more than one Loss results from any one Covered Accident, only one amount, the largest, will be paid in addition to the medical expense benefit.

ACCIDENT MEDICAL EXPENSE COVERAGE:

Provides benefits for Covered Injuries that result, directly and independently of all other causes, from a Covered Accident, while coverage is in effect. The Covered Accident must occur during a Supervised and Sponsored Policyholder Activity. The first eligible medical expense must be incurred within 180 days of the date of the Covered Accident.

Accident Medical Expense benefits are paid on a full excess basis. As such, benefits are only payable for eligible medical expenses that are in excess of benefits paid by any other Health Care Plan. In the event no other health insurance exists, benefits will be payable on a primary basis.

Covered Expenses will be reduced by 50% if the Covered Person has coverage under an HMO, PPO or similar arrangement, and does not use the facilities or services of the HMO, PPO or similar arrangement. Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

EMERGENCY SICKNESS MEDICAL EXPENSE BENEFIT (Applicable to Residential Camps Only):

Provides benefits when a Covered Person requires immediate treatment for an illness or disease and which first manifests itself suddenly and unexpectedly while the Covered Person is participating in a Covered Activity. The Covered Person must (1) require care and treatment rendered in a Hospital or by a Physician; and (2) incur Covered Expenses in excess of the Emergency Sickness Deductible. Benefit Period is 365 days from the first date of treatment of an Emergency Sickness.

IMPORTANT DEFINITIONS:

“Covered Accident” means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss.

“Covered Injury” means bodily harm that results, directly and independently of all other causes, from a Covered Accident. A Covered Injury does not include aggravation of an injury sustained before the Covered Accident.

“Health Care Plan” means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured agreements or arrangements;
4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans;
5. medical benefits provided under automobile "fault"- type contracts;
6. medical benefits provided by any governmental plan or coverage or other benefit law, except:
 - a) a state-sponsored Medicaid plan; or
 - b) a plan or law providing benefits only in excess of any private or non-governmental plan;
7. other valid and collectible medical or health care benefits or services.

“Usual and Customary” means the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

Where appropriate, the Company will determine the Usual and Customary Charge based on a relative value schedule appropriate to the area and type of service provided. The final determination of a Usual and Customary Charge rests solely with the Company.

LIMITATIONS AND EXCLUDED EXPENSES

Excluded Expenses

The following will not be considered Covered Expenses:

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescription for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, braces, appliances, orthopedic braces, or orthotic devices.
5. Treatment in any Veteran’s Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.
10. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic, intercollegiate and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Services or treatment provided by an infirmary operated by the Policyholder.
13. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
14. Treatment or service provided by a private duty nurse.
15. Repair or replacement of existing artificial limbs, eyes and larynx.
16. Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
17. Charges for any article of clothing intended for use more than once.

EXCLUSIONS:

This policy does not cover loss by or resulting from any one or more of the following:

1. intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline;
7. travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learners permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. release of nuclear energy or radiation, including Sickness or disease resulting from such release;
12. travel or activity outside the United States;
13. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. injuries compensable under Workers' Compensation law or any similar law;
16. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
17. a cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Covered Person participates in a Covered Activity;
18. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
4. the Covered Person.

CLAIMS

Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.

Contact the Claims Administrator for Claim Forms.

Claims Administrator:

Health Special Risk, Inc.
HSR Plaza
4100 Medical Parkway
Carrollton, TX 75007
(866) 523-3186
claims@hsri.com