

**Blanket Participant Accident Insurance Summary** – (This Summary provides a brief outline of the coverage and benefits provided by the Master Policy BAB 006140. Full details are found in the Master Policy.)

**POLICYHOLDER:** Regents, University of California  
**Adult Activities Program**

**UNDERWRITTEN BY:** Life Insurance Company of North America

**POLICY NUMBER:** BAB 006140

**COVERAGE EFFECTIVE:** June 20, 2006

**ELIGIBILITY:** All registered participants of the Policyholder, other than employees.

**COVERAGE:** While participating in scheduled, sponsored and supervised activities of the Policyholder that have been reported to the Company.

**BENEFITS:**

**ACCIDENT MEDICAL EXPENSE:** up to \$15,000. per covered person per covered accident

**SICKNESS MEDICAL EXPENSE**  
**(Applies to Residential Camps only):** up to \$1,000. per covered person

**PLAN TYPE:** Full Excess

**BENEFIT AMOUNT:** 100% of Usual and Customary Charge

**DEDUCTIBLE AMOUNT:** \$0. per injury

**BENEFIT PERIOD:** 365 Days

**DENTAL LIMIT:** included in the Medical Maximum

**ACCIDENTAL DEATH:** \$15,000.

**ACCIDENTAL DISMEMBERMENT**  
**or PARALYSIS:** up to \$15,000.

**AGGREGATE LIMIT:** \$500,000 per 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 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, permanent and irrecoverable loss of audible communication. Loss of hearing means total

and permanent loss of hearing in both ears which cannot be corrected by any means. In California, Loss of thumb and index finger means loss by complete Severance of at least one whole phalanx of each. Severance means the complete separation and dismemberment of the part from the body. Paralysis means 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 accident, only one amount, the largest, will be paid in addition to the medical expense benefit.

**Aggregate Limit Of Indemnity**

Applies to: All Conditions of Coverage  
Amount: \$500,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

**ACCIDENT MEDICAL COVERAGE:**

Provides benefits for covered injuries that are a result, directly and independently of all other causes, from bodily injury which is suffered in an Accident and which is sustained during the hours and days of sponsored and supervised Policyholder activities.

Full Excess pays for eligible medical expenses, subject to the deductible amount, if any, that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provisions contained in such Health Care Plan. Any Covered Expenses payable under this provision will be reduced by the Other Health Care Plan Reduction Percentage shown in *Schedule of Benefits* if:

1. the Covered Person has coverage under another Health Care Plan; and
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. the Covered Person 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. The first eligible medical expense must be incurred within 180 days of the date of the covered accident.

**Full Excess Medical Expense:** the covered person must be under the care of a Doctor when the Eligible Expenses are incurred. The expense must be incurred:

- (1) solely for the treatment of a covered injury; and
- (2) while the person is insured; and
- (3) during the benefits period

**"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, We 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 Us.

## LIMITATIONS AND EXCLUDED EXPENSES

### Excluded Expenses

The following will not be considered Covered Expenses unless coverage is specifically provided.

- 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.

Other Exclusions and Limitations that apply to this Benefit are in the *Common Exclusions* Section and *Limitations* Section.

**SICKNESS MEDICAL COVERAGE (Applies to Residential Camps Only):**

Provides benefits for covered illnesses that are incurred within 30 days of the onset of the covered Sickness, and which is sustained during the hours and days of sponsored and supervised Policyholder activities.

**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.

**Benefits will not be paid for the following:**

- crutches, braces and other orthopedic appliances; or
- eyeglasses, contact lenses, or hearing aids

*Important Notice: This information is a brief description of the important features of this insurance plan. It is not a contract. Terms and conditions of coverage are set forth on policy form BA-01-1000.00. This Blanket Policy is subject to the laws of jurisdiction in which it is issued. The availability of this offer may change.*