This is a Description of Coverage for:

Thomas Jefferson National Accelerator Facility

Student Accident and Sickness Insurance Plan 2011 - 2012

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

JLab Medical Services Office will conduct quarterly medical information classes for all enrollees of our visitor medical plan

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, 2011. The Annual Policy terminates at 12:01 a.m. on October 1, 2012, or at the end of the period through which premiums are paid. You are entitled to the benefits described in this Description of Coverage if you have enrolled for this insurance and paid the required premium.

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

Period of Coverage: Your coverage and coverage for any covered dependent becomes effective on October 1, 2011, 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. For any international participants, the insurance is effective from the time the participant leaves his/her Home Country and shall terminate upon his/her return to their Home Country. The insurance only covers the participant while he/she is participating in the foreign visitor program at the direction and expenses of Thomas Jefferson National Accelerator Facility. 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; 4) the end of the Period of Coverage; or 5) for any international participants, the date the Covered Person returns to his/her Home Country. 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 your spouse and/or unmarried child(ren) under the age of 19. A child born to you shall be covered for Injury, Sickness, congenital defects, cleft lip, cleft palate or ectodermal dysplasia, 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. "Dependent" also means an Insured's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured who: 1) shares the Insured's primary residence; 2) has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to reside with the Insured indefinitely; 3) is financially interdependent with the Insured in each of the following ways; a. by holding one or more credit or bank accounts, including a checking account, as joint owners; b. by owning or leasing their permanent residence as joint tenants; c. by naming, or being named by the other as a beneficiary of life insurance or under a will; d. by each agreeing in writing to assume financial responsibility for the welfare of the other. 4) has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which he or she resides with the Insured; 5) has not signed a Domestic Partner declaration with any other person within the last 12 months. 6) is 18 years of age or older; 7) is not currently married to another person; 8) is not in a position as a blood relative that would prohibit marriage.

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	Indemnity
Life; Both Hands or Both Feet; Sight of Both Eyes; One Hand and One Foot; Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot or Sight of One Eye	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 85% of the Preferred Allowance for services rendered by Preferred Providers in the Multiplan Network. Services obtained at Out-of-Network providers (any provider outside the Multiplan network) will be paid at 75% of Usual and Customary charges. Plan maximum is $100,000 per covered Sickness or Injury. There is a $175 deductible per plan year. The deductible does not apply to the balance of co-pays. The deductible amounts consist of covered expenses that would otherwise be paid by the policy. The deductibles are the Covered Person's responsibility. There is a $30 per visit co-pay for each Doctor's office visit to Preferred Providers in the Multiplan Network (Deductible and Coinsurance are waived for Doctor's office visits to Preferred Providers in the Multiplan Network). Doctor's office visit to Out-of-Network providers are subject to the Out-of-Network Deductible and Coinsurance. There is a $250 co-pay for each visit to the Emergency Room of a hospital. The Emergency Room deductible will be waived if the Covered Person is admitted to the hospital or is the victim of a felonious assault. 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 x-ray services, laboratory tests and services, and other medical services and supplies.
5. Expenses for prescription drugs and medicines. Payment for outpatient prescription drugs will be limited to 85% of actual charges.
6. Expenses for use of an ambulance, up to a $250.00 maximum per covered Injury or Sickness.
7. Expenses for treatment of biologically based mental Sickness.
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 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.
10. 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.
11. 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 America Cancer Society.)
12. 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.
13. 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 noninsulin-using diabetes if prescribed by a qualified health care professional
14. Expenses for mental health .
    When the Covered Person receives:
    a) inpatient treatment to 10 day maximum subject to Deductible and Coinsurance
    b) outpatient treatment to $500 subject to Deductible and Coinsurance.
15. Expenses for in hospital physician's visits are limited to one visit per day.
16. Expenses of an anesthesiologist are limited to 25% of the surgeon's fees.
17. Expenses of an assistant surgeon are limited to 25% of the surgeon's fees.
18. Newborn Nursery Care to $500.

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 FrontierMEDEX 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 FrontierMEDEX 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) the charges do not include charges that would not have been made if there were no insurance. An Emergency Medical Evacuation of a covered person to his/her 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, or FrontierMEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

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 the Company, or FrontierMEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.**

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:

1. For Pre-existing conditions as defined. However, this will not apply if the Covered Person: 1) has not received treatment, care, diagnosis, advised, or symptoms 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. This limitation does not apply to pregnancy, and coverage provided to newborn and newly adopted children. "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 or that 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.
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 in the Policy.
13. Elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: a) are deemed by Us to be experimental' and b) are not recognized and generally accepted medical practices in the United States.
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, including but not limited to, breast implants and breast reduction surgery, except as a result of 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.
28. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness.'
29. Expenses payable by an automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
30. Treatment or service provided by a private duty nurse.
31. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.

32. Conditions that are not caused by a Covered Accident or Sickness.
33. Personal comfort or convenience items. These include but are not limited to: hospital telephone charges, television rental, or guest meals.
34. Birth defects and congenital anomalies; or complications which arise from such conditions.
35. Rest cures or custodial care.
36. Organ or tissue transplants and related services.
37. Nasal or sinus surgery, except surgery made necessary as the result of a covered Injury; a deviated nasal septum including submucous resection and surgical correction thereof.
38. Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
39. Treatment of acne.
40. Sexual transgendering surgery; sexual transformation surgery; sexual reassignment surgery.
41. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the ability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.

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.
3. War or any 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 or wound, botulism or ptomaine poisoning.
6. Piloting or acting as a crewmember or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

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 6 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.

Out-of-Network means a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

Preferred Allowance means the amount a Preferred Provider will accept as payment in full for Covered Medical Expenses.

Preferred Provider means the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

MULTIPLAN PREFERRED PROVIDER NETWORK

To access a member provider of the Multiplan, go to www.multiplan.com and conduct a provider search. Or, call the customer service line at 1-888-342-7427..

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, FrontierMEDEX, P.O. Box 19056, Baltimore, MD 21284**
Phone 410-583-2595, 800-586-0753, Fax 410-583-8244
Claim instructions and forms are available from the web site. **www.cmi-insurance.com**

Claims Administrator: **Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802**
Phone 610-293-9229, 888-293-9229, Fax 610-293-9299
www.visit-aci.com

Emergency Assistance: **FrontierMEDEX, Baltimore MD www.frontiermedex.com**
Toll Free from within the USA and Canada: 1-800-527-0218; or direct or collect: 410-453-6330

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Call the assistance center at FrontierMEDEX 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 United States; 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 and Repatriations 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.

This Description of Coverage provides a brief description of the important features of the insurance plan written under policy form number AH-15090. 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.

Important Notice: Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA. ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly. Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.