

**District 6080 Rotary Youth Exchange Program
Accident & Sickness
Description of Coverage 2011**



Underwritten By: ACE American Insurance Company (Referred to as “the Company”)

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 persons who participate in the Rotary Youth Exchange Program are eligible for coverage under the Plan.

Period of Coverage: The insurance is effective from the time the participant leaves his/her residence and terminates upon his/her return to their residence after completion of the exchange program. The insurance only covers the participant while he/she is participating in an exchange program at the direction and expenses of the Rotary Youth Exchange Program. This does not include extension outside of the defined trip duration.

Definitions: **Sickness** means an illness, disease or condition of the Insured that causes a loss for 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. **Pre-existing condition** means a Sickness, disease or other condition of the Covered Person, that in the 3 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. **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; 2) prescribed or ordered by a doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured'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 consider the cost of the alternative to be the Covered Expense.

Medical Expenses Benefits: If an Insured requires medical or surgical treatment for a covered Injury or Sickness that occurs during the Period of Coverage, the Company will pay the benefits described below. In no event will: (1) the Company's liability exceed \$500,000 for each covered Injury or Sickness; (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered. For a covered Injury, the Company will pay 100% of the first \$5,000 Covered Expenses incurred, subject to a per Injury deductible of \$25. All Covered Expenses incurred as the result of an Injury exceeding \$5,000 will be paid at 80%, subject to a deductible of \$100 per Period of Coverage. For a covered Sickness, the Company will pay 80% of Covered Expenses, subject to deductible of \$100 per Period of Coverage. All Covered Expenses will be paid at 100% when the Insured's out-of-pocket expenses exceed \$2,500.

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

1. Expenses made by a hospital for room and board, floor nursing and other services inclusive of charges for professional, but not including personal services of a non-medical nature. However allowable expenses may not exceed the hospital's average charge for semi-private room and board accommodation, or two times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing hospital, whichever is less.
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, medical services and supplies (includes blood and blood transfusions; oxygen and its administration).
5. Expenses for physiotherapy, if recommended by a physician for the treatment of an Injury or Sickness; and administered by a licensed physiotherapist; Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
7. Expenses for mental and nervous disorders: up to \$300 for outpatient treatment, up to 50% of eligible expenses for inpatient treatment with a maximum of 30 days.

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 MEDEX Assistance (MEDEX) 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 MEDEX 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) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated 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.

Benefits will not be payable unless the Company, or MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.

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 MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.

Emergency Reunion Benefit: In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days. In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. "Family Member" means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

Benefits will not be payable unless the Company, or MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.

Accidental Death and Dismemberment Benefit: If Injury to the Insured results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

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
Movement of Both Upper and Lower Limbs (Quadriplegia)
Movement of Both Lower Limbs (Paraplegia)
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)
Speech or Hearing
Thumb and Index Finger of Either Hand

Principal Sum: \$20,000

Indemnity

Principal Sum
Principal Sum
One-Half the Principal Sum
Principal Sum
Three-Quarters the Principal Sum
One-Half the 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 or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body. "Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of 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 one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

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

1. For pre-existing conditions. However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 3 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 3 consecutive months; or 3) was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. "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 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. (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 were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.

3. For injury sustained while participating in professional or intercollegiate sports.
4. For loss incurred as a result of pregnancy and childbirth. This does not include complications of pregnancy.
5. For routine physicals.
6. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. For elective surgery.
8. For any mental and nervous disorders except as specifically provided in the Plan.
9. For dental care; except as the result of Injury to natural teeth caused by an accident.
10. 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 incurred while insured hereunder.
11. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
12. For expenses as a result of or in connection with intentionally self-inflicted injury.
13. For expenses as a result of or in connection with the commission or attempt to commit an assault or a felony.
14. For specific named hazards: motorcycle driving, scuba diving, mountain climbing (where ropes and/or guides are normally used), sky diving, professional and amateur racing and piloting an aircraft.
15. For treatment furnished under any other individual or group policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual.
16. For treatment by an immediate family member.
17. For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.
18. Injury or sickness covered by Worker's Compensation, Employer's Liability Laws or similar occupational benefits.

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 any act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical 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.
6. Piloting or acting as a crew member 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 other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

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

Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1802
From within the USA and Canada: 1-888-293-9229;
Outside the USA or Canada 1-610-293-9229
Fax: 1-610-293-9299
www.visit-aci.com
Inquires may be made through web site

Program Administrator: CMI Insurance, MEDEX Global Solutions, P.O. Box 19056, Baltimore, MD 21284
www.cmi-insurance.com

Underwritten by: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106
Policy Number GLM N04835098

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 its student health insurance 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.

This Description of Coverage is 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 N04835098, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of Rotary Youth Exchange. The policy is subject to the laws of the state in which it was issued. 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.

District 6080 RYE MEDEX 2011



ace usa

For students inbound to the USA, you may search for medical providers, doctors and medical facilities, by using the Multiplan Preferred Provider Network, call 1-888-342-7427, go to www.multiplan.com and search for doctor and facility. Note the logo identified here.



For students outbound from the USA, call MEDEX Assistance should you need referral to a doctor or medical facility. MEDEX contact information is included as follows: