

Rotary Youth Exchange Program



Description of Coverage 2012

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 a 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 Rotary Youth Exchange. This does not include extension outside of the defined trip duration.

Accident & Sickness Insurance

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.

Plan A

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 100% of the usual and customary expenses incurred for the Covered Expenses listed below, up to a maximum of \$1,000,000 per covered Injury or Sickness.

Plan B

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 \$1,000,000 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 dental alleviation of pain, \$350 per occurrence.
5. Expenses for x-ray services, laboratory tests, medical services and supplies (includes blood and blood transfusions; oxygen and its administration).
6. 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.
7. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
8. Expenses for mental and nervous disorders: up to \$1,000 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 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) 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 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.**

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 an Immediate 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 Immediate Family Member, up to the Benefit Maximum of \$12,500. The Immediate Family Member's travel must take place within 7 days of the date the Covered Person is confined in the Hospital, or the date of the occurrence of the Felonious Assault. 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. "Immediate Family Member" means a person who is related to the covered person in any of the following ways: spouse, child, brother, sister, parent, grandparent, or in-laws. **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.**

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.

Principal Sum: \$100,000

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
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

Indemnity

Principal Sum
Principal Sum
One-Half the Principal Sum
Principal Sum
One-Half the Principal Sum
One-Half the Principal Sum
One-Half the Principal Sum
One-Half the Principal Sum
Three-quarters 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 loss incurred as a result of war or any act of war, whether declared or not.
4. For injury sustained while participating in professional or intercollegiate sports.
5. For loss incurred as a result of pregnancy and childbirth. This does not include complications of pregnancy.
6. For routine physicals.
7. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
8. For elective surgery.
9. For any mental and nervous disorders except as specifically provided in the Plan.
10. For dental care, except as the result of Injury to natural teeth caused by an accident or for emergency pain relief treatment to sound, natural teeth.
11. 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.
12. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
13. For expenses as a result of or in connection with intentionally self-inflicted injury.
14. For expenses as a result of or in connection with the commission or attempt to commit an assault or a felony.
15. 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.
16. 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.
17. For treatment by an immediate family member.
18. For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.
19. 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 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.

Trip Cancellation Benefit: We will reimburse the Covered Person for the amount of non-refundable Covered Expenses the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Covered Person is prevented from taking his or her Trip as the result of Injury, Sickness, or death to the Covered Person or a Family Member prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If the Covered Person must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires the Covered Person's care. Cancellation due to the death of a Family Member is covered only if the death occurs within 30 days of the Covered Person's scheduled Trip departure date.

Covered Expenses:

1. any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip;
2. any prepaid, unused, non-refundable airfare and sea or land accommodations;
3. any other reasonable, additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

"Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or immediate in-law.

Trip Interruption Benefit: We will reimburse the cost of a round trip economy air and/or ground transportation ticket of a Covered Person's Trip, up to the Benefit Maximum of \$2,500, if his or her Trip is interrupted as the result of: 1. the death of a Family Member; or 2. the unforeseen Injury or Sickness of the Covered Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of the Covered Person's principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness. "Family Member" means a Covered Person's parent, sister, brother, husband, wife, or children, grandparent, or in-law. The benefit will not exceed the cost of one round trip (with 7 day interim maximum) economy airfare ticket. **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.**

Lost Baggage Benefit: We will reimburse the Covered Person's replacement costs of clothes and personal hygiene items, up to the Benefit Maximum of \$250.00, if the Covered Person's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.

1. In addition to the Policy Exclusions, We will not pay Lost Baggage Benefits for:
2. loss or damage due to:
 - a) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - b) mechanical or electrical failure;
 - c) any process of cleaning, restoring, repairing, or alteration;
3. more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
4. devaluation of currency or shortages due to errors or omissions during monetary transactions;
5. any loss not reported to either the police or transport carrier within 24 hours of discovery;
6. any loss due to confiscation or detention by customs or any other authority;
7. electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

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.

Personal Liability Rider

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 Central States Rotary Youth Exchange. This does not include extension outside of the defined trip duration.

SCHEDULE OF BENEFITS

Personal Liability Insurance Coverage:

Maximum Benefit per Claim:	\$500,000
Deductible per Claim:	None
Aggregate Limit per Insured:	\$500,000

Medical Payments Coverage:

Limit per Coverage Period:	\$5,000
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Additional Living Expense Coverage:

Limit per Coverage Period:	\$5,000
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Payment of Deductible Under Homeowner's Insurance Coverage:

\$1,000

Personal Liability Insurance Coverage: We will pay the benefit shown in the *Schedule of Benefits*, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs: (a) on or after the Policy Effective Date on which this Rider becomes effective; or (b) on or after the effective date of the earliest claims-made policy covering the Insured. We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

Other Insurance: If other valid and collectible insurance is available to the Insured for a covered loss, Our obligations are limited as follows: (a) **Primary Insurance:** This insurance is primary over the Participating Organization's liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Participating Organization's insurance is also primary. Then we will share with all that other insurance by the Method of Sharing (b)

Method of Sharing: If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

Medical Payments Coverage: We will pay benefits up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to: (a) a person who is on the Insured Location with the permission of the Host Family; or (b) a person not on the Insured Location. Medical Expenses are defined as those expenses recommended and approved by a doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to the Insured.

Additional Living Expenses Coverage: If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to the Limit per Coverage Period shown in the *Schedule of Benefits*, on behalf of the Insured per Policy Term for Additional Living Expenses. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the Additional Living Expenses incurred.

Payment of Deductible Under Homeowner's Insurance Coverage: If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the *Schedule of Benefits*, per Insured per Policy Term. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

Exclusions and Limitations: No Benefit will be payable as the result of:

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured;
2. Based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
3. Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting there from;
4. Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
5. Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured;
6. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);
7. Arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
8. Property Damage to property: a) owned or being transported by the Insured, or b) rented to, occupied by or in the care of the Insured;
9. Brought against any Insured alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
10. Injuries caused by or contributed to by the use of controlled substances not administered by doctor;
11. Bodily Injury or Property Damage arising from the use of alcohol, intoxicants or any drug unless prescribed by a doctor;
12. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
13. Personal Injury to the Insured;
14. Brought against any suit arising out of the Insured's business pursuits, investments, or other for profit activities;
15. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused; or
16. Injuries caused directly or indirectly by pollution or asbestos, regardless of how it was caused.

Definitions: **Automobile** means: a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto. **Bodily Injury** means: bodily injury, sickness or disease sustained by any person, including death. **Claim(s)** means: a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered. **Claim(s) Expenses** means: (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters; (b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon; (c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond; (d) Up to \$250 for loss of earnings to each Insured for

each day or part of a day of their attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed \$5,000. **Damages** mean: compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law. **Host Family** means: the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program. **Incident** means: any act or omission committed by the Insured during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by the Insured was during the Policy Term.

Insured Location means: (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying. **Mobile Equipment** means: a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasail's, parachutes and hang gliders. **Personal Injury** means: (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or (c) a publication or an utterance in violation of an individual's right of privacy. **Property Damage** means: (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

Security Evacuation Expense Rider

Schedule of Benefits: \$100,000 Maximum Benefit per Covered Person;

Description of Benefits

We will pay Security Evacuation Expense Benefits to the Covered Person, if:

1. an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and
2. while he or she is traveling outside of his or her Home Country.

Benefits will be subject to the Benefit Maximum shown in the *Schedule of Benefits*. Benefits will be paid for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant.
2. the Covered Person's Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by the Covered Person:
 - a. back to the country in which the Covered Person is traveling during the Covered Activity but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date the Covered Person is scheduled to return; or
 - b. the Covered Person's Home Country; or
 - c. where the Policyholder that sponsored the Covered Person's Trip is located.
3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if the Covered Person is considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Expense Benefits are payable only once for a Covered Person for any one Occurrence.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from the Covered Person.

Changes in Terms and Conditions - The terms and conditions of this benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and condition of this benefit.

Definitions

The following definitions apply to this benefit:

"Appropriate Authority(ies)" means the U.S. State Department, the government authority(ies) in the Covered Person's Home Country or Country of Residence or the government authority(ies) of the Host Country.

“Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

“Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

“Host Country” means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

“Missing Person” means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events.

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where:

1. the Covered Person can be assumed safe from the Occurrence that precipitated the Covered Person’s Security Evacuation; and
2. the Covered Person has access to Transportation; and
3. the Covered Person has the availability of temporary lodging, if needed.

“Occurrence” means any of the following situations involving a Covered Person that trigger the need for a Security Evacuation;

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authority(ies) issue an advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within seven (7) days of an event;
4. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence;
5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days.

“Related Costs” means lodging and, if necessary, physical protection for the Covered Person during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while a Covered Person is waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored the Covered Person’s Trip is located. Benefits will not be payable for Related Costs unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

“Security Evacuation” means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person.

“Transport” or **“Transportation”** means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person’s employer or other entity sponsoring the Covered Person’s Trip.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged: a. violation of the laws of the country in which the Covered Person is traveling while covered under the Policy; or b. violation of the laws of the Covered Person’s Home Country or Country of Residence.
5. due to the Covered Person’s failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to: a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person’s Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued.
12. failure of a Covered Person to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate the Covered Person, failure to follow the directions given by Our designated security consultants during a Security Evacuation. If a Covered Person refuses to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

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.

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, FrontierMEDEX, 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 N04849668

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 the Master Policy 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.

RYE FrontierMEDEX 2012



ace usa

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.

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 FrontierMEDEX should you need referral to a doctor or medical facility. FrontierMEDEX contact information is included as follows:



Emergency Assistance: *FrontierMEDEX*

With your health insurance program, you have access to the 24-hour FrontierMEDEX Emergency Response Center (ERC) for emergency assistance anywhere in the world. Simply call the FrontierMEDEX ERC using the toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. Services include: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by FrontierMEDEX Physician Advisors; 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, Repatriations Remains, and Emergency Reunion; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen travel documents, and more.

FrontierMEDEX is under contract with ACE American Insurance Company to provide international services in conjunction with the insurance benefits. The following is a brief summary of the FrontierMEDEX services:

24-Hour Access

You can reach the multilingual FrontierMEDEX Emergency Response Center, by calling toll-free or collect using the phone numbers below, or by emailing operations@frontiermedex.com. FrontierMEDEX is available 24-hours a day, 365 days a year to confirm your coverage and give you access to the following services.

Emergency Medical Assistance

• Location of Medical Providers

FrontierMEDEX can provide contact information for physicians, hospitals, dentists, and dental clinics in the area where you're traveling. FrontierMEDEX can also attempt to confirm the availability of the provider, ascertain payment requirements and make an appointment for you with the medical provider of your choice.

In a serious medical emergency, you should seek immediate care before contacting FrontierMEDEX. FrontierMEDEX medical experts will then consult with the local physician and determine the next most appropriate steps to provide proper care.

• Medical Monitoring

FrontierMEDEX Assistance Coordinators will continually monitor your case. In addition, FrontierMEDEX Physician Advisors will provide consultative and advisory services, including review and analysis of the quality of medical care you are receiving.

• Emergency Medical Transport

If you sustain an injury or suffer a sudden and unexpected illness and adequate medical treatment is not available in your current location, FrontierMEDEX will arrange and pay for a medically supervised evacuation to the nearest medical facility determined to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and FrontierMEDEX, you require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

• Repatriation of Remains

If you sustain an injury or suffer a sudden and unexpected illness that results in your death, FrontierMEDEX will assist in obtaining the necessary clearances for your cremation or the return of your mortal remains. We will coordinate and pay for the preparation and transportation of your mortal remains to your Home Country.

• Emergency Reunion

FrontierMEDEX will arrange for a family member to be involved according to the benefits of the insurance.

• Trip Interruption

FrontierMEDEX will arrange for your return home due to a Trip Interruption according to the benefits of the insurance.

- **Replacement of Medication**

If you have an unexpected need for prescription medication while on a covered trip, or you lose, forget, or run out of prescription medication while traveling, FrontierMEDEX will attempt to locate the medication or its equivalent and attempt to arrange for you to obtain it locally, where it is available, or to have it shipped to you, subject to local laws, if it is not available locally. You will be provided with a cost estimate for the replacement medication and/or shipment costs that are subject to your approval.

- **Guarantee of Payments and Method of Payment**

Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, FrontierMEDEX will work with ACE American Insurance Company to make that guarantee under the insurance benefits. FrontierMEDEX may further assist you by advancing money in dollars or local currency to medical providers according to repayment provisions worked out with ACE, you or a family member.

- **Travel and Communication Assistance/Telephone Interpretation Service**

If you need help communicating in an emergency, FrontierMEDEX will provide telephonic interpretation services in all major languages. In emergency situations that require extensive translation, FrontierMEDEX will make referrals to local translators.

- **Transmission and Retention of Urgent Messages**

In an emergency, FrontierMEDEX will use its best efforts to transmit an urgent message to your family, friends, and/or business associates.

- **Legal Assistance**

In an emergency, FrontierMEDEX will use its best efforts to provide you with the names, addresses and telephone numbers of lawyers in the area in which you are traveling in case of a car accident, traffic violations, and other civil offenses. However, the selection of and the expenses associated with a particular attorney will be your responsibility.

The above description is a brief summary and not the contract of insurance. Please refer to the stated Description of Coverage for the insurance benefits provided under the plan.