



## Accident and Sickness Benefits for District 5010 Rotary Youth Exchange

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below.

**Class Description:** All participants in the Policyholder's Rotary Youth Exchange Program.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid.

**Term of Coverage:** This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or place of educational study. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). "Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

### Covered Activities:

**Educational Travel** - We will pay the benefits described only if you suffer a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) away from the your Home Country or Country of Permanent Residence; and 2) engaging in educational activities sponsored by the Policyholder.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at your home, place of work, or place of educational study. It will end on the first of the following dates to occur: 1) the date you return to your home; 2) the schedule trip return date; or 3) the date your Personal Deviation is more than 10 days. "Personal Deviation" means: 1) an activity that is not reasonably related to the Covered Activity; and 2) not incidental to the purpose of the trip.

### Description of Benefits

**Medical Expense Benefits** - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date your Trip ends, or 364 days from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits is \$1,000,000; subject to a Deductible of \$100 per Covered Accident or Sickness.

The following limits apply:

Maximum for Preexisting Conditions:	treated as any other medical condition
Maximum for Dental Treatment (Alleviation of Pain):	\$500
Maximum for Emergency Medical Treatment of Pregnancy:	treated as any other medical condition
Maximum for Room & Board Charges:	average semi-private room rate
Maximum for ICU Room & Board Charges:	two (2) times average semi-private room rate
Maximum for Chiropractic Care:	up to \$50 per visit; up to 10 visits per Covered Accident or Sickness
Maximum for Mental and Nervous Disorders:	
Inpatient:	\$25,000
Outpatient:	\$2,500

Benefits for all other Covered Expenses for you will be paid at 100% of the Usual and Customary Charges. Other limitations, if any, may apply as shown in the Policy.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while on a covered Trip.

### **Covered Medical Expenses**

1. Hospital Room and Board Expenses: the daily room rate when you are Hospital Confined and general nursing care is provided and charged for by the Hospital where you are confined. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.
3. Daily Intensive Care Unit Expenses: the daily room rate where you are confined when you are Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
5. Outpatient diagnostic X-rays, laboratory procedures and tests.
6. Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
7. Physiotherapy expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy.
8. Chiropractic Expenses on an inpatient or outpatient basis.
9. Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the accident and emergency alleviation of dental pain.
10. Outpatient Registered Nurse Services if ordered by a Doctor.
11. Ambulance Expenses for transportation from the emergency site to the Hospital.
12. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
13. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor.
14. Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for you. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.
15. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
16. Mental and Nervous Disorders: expenses for treatment of a disorder that results directly and from no other cause, from a Covered Accident, while Hospital Confined or on an outpatient basis. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
17. Emergency medical treatment of pregnancy.
18. Therapeutic termination of pregnancy.

**Emergency Medical Evacuation Benefit** - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider 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, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your 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) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer 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 you to join you during your emergency medical evacuation to a different hospital, treatment facility or your 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 your 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 Usual and Customary Charges 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.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. If expenses are not authorized in advance by Us or Our assistance provider, We will pay such expenses to the extent that We or Our assistance provider determine(s) that such authorization would have been provided to you.

**Repatriation of Remains Benefit** - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. 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 which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. If expenses are not authorized in advance by Us or Our assistance provider, We will pay such expenses to the extent that We or Our assistance provider determine(s) that such authorization would have been provided to you.

**Emergency Reunion Benefit** - We will pay up to \$12,500 for expenses incurred to have your Family Member accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for you to have a Family Member at your side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date you are confined in the Hospital, or the date of the occurrence of the Felonious Assault.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed \$300 per day up to 10 days.

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. 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. If expenses are not authorized in advance by Us or Our assistance provider, We will pay such expenses to the extent that We or Our assistance provider determine(s) that such authorization would have been provided to you.

“Family Member” means your parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

**Accidental Death and Dismemberment Benefits** - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$100,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**Schedule of Covered Losses**

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life .....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia .....	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Uniplegia .....	25% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum

“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). “Severance” means the complete separation and dismemberment of the part from the body.

**Aggregate Limit** - We will not pay more than \$1,000,000 for all Accidental Death and Dismemberment losses. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

**Exclusions and Limitations:** We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not.
- flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth’s surface, except as: a) a fare-paying passenger on a regularly scheduled commercial or charter airline; b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
- commission of, or attempt to commit, a felony, an assault or other illegal activity.
- 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 (Applicable to accident benefits only).
- piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- commission of or active participation in a riot, or insurrection.
- an accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment, except as provided in the Policy.
- treatment by persons employed or retained by Rotary International, or by any Immediate Family Member or member of your household.
- expenses payable by any automobile insurance policy without regard to fault.
- medical expenses for which you would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are not recognized and generally accepted medical practices in the United States.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- cosmetic or plastic surgery, except for reconstructive surgery needed as a result of Injury.
- routine nursery care.
- custodial care.
- any condition for which you are entitled to benefits under any Workers’ Compensation Act or similar law.
- Injury sustained while participating in intercollegiate or professional sports.
- organ or tissue transplant and related services.
- Any treatment, services or supplies received by you that are incurred or received while you are in your Home Country, except as specifically provided in the Policy.
- skydiving, mountain climbing (where ropes or guides are used), scuba diving (except if you are certified in accordance to the laws of the country in which he or she is diving), racing by motor vehicle.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder’s activity (unless Personal Deviations are specifically covered).
- any expense paid or payable by any other valid and collectible group insurance plan.

If We determine the benefits paid under the Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement.

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.

**Definitions:** “**Country of Permanent Residence**” means a country or location in which you maintain a primary permanent residence. “**Covered Accident**” means an accident that occurs while coverage is in force for you and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable. “**Covered Person**” means any eligible person for whom the required premium is paid. “**Home Country**” means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. Home Country also includes your Country of Permanent Assignment or Country of Permanent Residence. “**Injury**” means accidental bodily harm sustained by you that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. “**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. “**Sickness**” means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. “**Trip**” means Policyholder sponsored travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy. Coverage ends according to the Term of Coverage. “**We, Our, Us**” means the insurance company underwriting this insurance or its authorized agent.

You must notify ACI within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: GLM N04849759, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Contact Information:** For customer service, eligibility verification, plan information, or to file a claim, contact: **Administrative Concepts, Inc. (ACI)** at 1-888-293-9229 (from inside the U.S.) or 610-293-9229 (from outside the U.S.); fax 610-293-9299 for claims or inquiries or e-mail [www.visit-aci.com](http://www.visit-aci.com). Mail claims to: **Administrative Concepts, Inc., 994 Old Eagle School Rd., S. 1005, Wayne, PA 19087-1706.**

**For medical evacuation, repatriation, or other assistance services call: AXA Assistance at 855-327-1414 (Toll-Free) or 630-694-9764 (Direct Dial) or e-mail [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us).**

**To access ACE’s Travel Assistance Website go to <http://www.acetravelassistance.net> and enter your username and password (shown on your Travel Assistance ID card).**

**Travel Assistance Services:** In addition to the insurance protection provided by your insurance plan, ACE USA has arranged with our Assistance Provider to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, verifies medical benefits and assists with medical claims process.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling.

When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person’s name, age, sex, and the policy number for your insurance plan; 3) a description of the insured’s condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers’ compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Our Assistance Provider makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by ACE's Assistance Provider are not employees or agents of our Assistance Provider and the choice of provider is yours alone. ACE's Assistance Provider assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. 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.

#### IMPORTANT NOTICE

This plan provides travel insurance benefits for individuals traveling outside of their home country. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).