

# Coverage Information Travel Medical Insurance

This document provides a brief summary of your insurance plan.


To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at: [www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance)

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: LF003938
- Your Date of Birth:

Please note: you can also use Facebook connect and log-in to MyInsurance with your Facebook account!

## Insurance ID-Card

 <p style="text-align: right;">Cultural Academic Student Exchange (CASE) Health Insurance Coverage / Supreme L Policy #: LF003938</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td style="width: 85%;"></td> </tr> <tr> <td>Member #</td> <td></td> </tr> <tr> <td>Effective Dates:</td> <td></td> </tr> </table> <p><b>Deductible:</b> \$ 0 per injury or sickness      <b>ER Copay:</b> \$350 (waived if admitted)</p> <p><b>PPO:</b> First Health Network <a href="http://www.firsthealthbp.com">www.firsthealthbp.com</a></p> <p>To find a provider or verify coverage prior to hospitalization, call Personal Insurance Administrators, Inc., at <b>1-800-314-3938</b>. Follow the telephone prompts for after-hours emergency assistance. When traveling outside of the USA, call <b>+1-818-735-3560</b> for 24/7 emergency assistance. (Ref.# 01-SES-SUM-08123)</p> <p><b>Prescriptions:</b> paid at 100% of URC charges (You must pay for prescription in full at the time of pick up, then submit a claim for reimbursement.)</p> <p>Please find all important Insurance Information online at: <a href="http://www.esecutive.com/myinsurance">www.esecutive.com/myinsurance</a></p>	Name:		Member #		Effective Dates:		<p style="text-align: center;"><b>Notice to Members and Providers:</b></p> <p>Benefits are subject to payment of appropriate premium and verification of eligibility. Both the effective and termination dates of coverage are subject to verification by the company.</p> <p><b>PROVIDERS SUBMIT CLAIMS TO:</b> PAYER ID 95397</p> <p><b>PARTICIPANTS, SUBMIT CLAIMS BY MAIL TO:</b> Personal Insurance Administrators, Inc. P.O. Box 6040 Agoura Hills, CA 91376-6040</p> <p><b>SUBMIT CLAIMS VIA EMAIL:</b> <a href="mailto:piaservice@ascensionins.com">piaservice@ascensionins.com</a></p> <p><b>For questions about claims, benefits, or for language assistance:</b> call <b>1-800-314-3938</b> in the U.S. or <b>+1-818-735-3560</b> outside the U.S.</p>
Name:							
Member #							
Effective Dates:							

## Schedule of Benefits

### Part A: Accident and Sickness Benefits

#### Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for Coverages marked "NIL".

**Per Injury or Sickness Maximum for all Injury and Sickness Medical Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness:** 500,000 USD  
0 USD

Initial Treatment Period: 30 Days from the date of Injury or Sickness  
 Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges  
 Terms of Payment: Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit:	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit	URC
Hospital Miscellaneous Expense Benefit	URC
Surgeon (In or Outpatient) Benefits	URC
Assistant Surgeon Benefit	URC
Pre-Admission Testing Benefit	URC
Anesthesia Benefit	URC
Day Surgery Miscellaneous Benefit	URC
Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit (Inpatient)	URC
Physician Visit Benefit (Outpatient)	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 copay, waived if admitted
Maternity and Pre-Natal Care Expense Benefit	URC

Benefit Coverage	Covered Benefit
Palliative Dental	URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient	URC
Physiotherapy Expense Benefit – Outpatient	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit	URC
Emergency Medical Evacuation Expense Benefit	100% of actual expense
Emergency Medical Repatriation Expense Benefit	100% of actual expense
Return of Mortal Remains	100% of actual expense
Emergency Reunion	100% of actual expense
Prescription Drug Benefit, Covered Percentage:	URC

**NOTES:**

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

**Accidental Death and Dismemberment Benefits**

Principal Sum: **\$15,000.00**  
*(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)*  
 Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

**Part B: Travel Arrangements Benefits**

Trip Interruption Benefit 100% of actual expense

**Exclusions**

- The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:
- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
  - 2) War or any act of war, declared or undeclared;
  - 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
  - 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
  - 5) Voluntary, active participation in a riot or insurrection;
  - 6) Organ transplants;
  - 7) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
  - 8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
  - 9) Charges which are in excess of Usual, Reasonable and Customary charges;
  - 10) Charges that are not Medically Necessary;
  - 11) Charges provided at no cost to the Plan Participant;
  - 12) Expenses incurred for treatment while in Your Home Country;
  - 13) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
  - 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
  - 15) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
  - 16) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
  - 17) Pre-existing conditions;
  - 18) Pregnancy or childbirth, except when conception occurs while covered under the Plan Document; miscarriage resulting from an accident, elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
  - 19) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
  - 20) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
  - 21) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
  - 22) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting;
  - 23) Practice or play in any amateur, intramural, intercollegiate, professional or semi-professional sports contest or competition;
  - 24) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
  - 25) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

**The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.**

# Coverage Information Third Party Liability Insurance

## Schedule of Benefits

Coverage	EUR
Personal injury / property damage each	500.000
Deductible per occurrence	150

The insurer grants coverage to the insured if a claim for damages is asserted against the insured by any third party for activities that have resulted in the death, the injury, or the health impairment of any person (injury to persons) or the damage to or destruction of property (property damage). The insurer will examine liability claims with respect to their validity, reject unjustified claims, and indemnify justified claims up to the maximum coverage as outlined in the policy.

Please note: Coverage does not include: the risks of the insured's own or a third-party business or trade, of a profession, service or official position (including honorary posts), of an activity entailing responsibility in an organization of any type, or of an unusual and perilous activity.

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This Plan is underwritten by Generali Versicherungs AG



## How to file liability insurance claims?

To file a liability insurance claim, please log-in to your MyInsurance area at [www.esecutivo.com/myinsurance](http://www.esecutivo.com/myinsurance) and fill out the online claim form under *Services & Claims*.

Liability Insurance Claims must be notified in writing to the insurer without any delay (within one week). Always make copies of all documents and receipts for your own records.

Please indicate the following policy number with your liability claim: 615FKH11920717.

Please submit claims in English or German only. Claims submitted in other languages may not be processed. If you need assistance writing your claim information in English or German, we suggest using Google Translate.

With personal liability claims, please submit comprehensive and truthful damage reports, inform the insurer of all circumstances relating to the claim and forward all documents relevant to assessing the claim.