

# Mountain and Plains Rotary Youth Exchange District 5470

## Accident & Sickness Description Of Coverage



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

**Eligibility:** All persons who participate in Mountain and Plains Rotary Youth Exchange District 5470 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 Mountain and Plains Rotary Youth Exchange District 5470. This does not include extension outside of the defined trip duration.

**Definitions:** **Sickness** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of 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. **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; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the Covered Expense.

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

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

1. Expenses made by a hospital for room and board, floor nursing and other services inclusive of charges for professional, but not including personal services of a non-medical nature. However allowable expenses may not exceed the hospital's average charge for semi-private room and board accommodation, or two times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing hospital, whichever is less.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies (includes blood and blood transfusions; oxygen and its administration).
5. Expenses for physiotherapy, if recommended by a physician for the treatment of an Injury or Sickness; and administered by a licensed physiotherapist; Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
7. Expenses for mental and nervous disorders while confined in a hospital for one hospital stay up to 60 days or until the Insured returns to his/her Home Country, whichever occurs first.

**Emergency Medical Evacuation Benefit:** The Company will pay Emergency Medical Evacuation Benefits for covered expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) is traveling outside of his or her Home Country; 2) suffers an Injury or Sickness during the course of the Trip; and 3) requires Emergency Medical Evacuation. Benefits will not be payable unless: 1) the doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness 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 level of 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. "Emergency Medical Evacuation" means: 1) the Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or 2) the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. An Emergency Medical Evacuation of a Covered Person to their Home Country will terminate all benefits except Accidental Death and Dismemberment Benefits under the Plan.

**All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

**Repatriation of Remains:** The Company will pay covered expenses for preparation and return of a Covered Person's body to his or her Home Country if he or she dies while covered by this Plan. Covered expenses include, but are not limited to: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains by the most direct and least costly conveyance and route possible.

**All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

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

**All arrangements must be made by the Assistance Provider and approved by the Company in order for expenses to be considered eligible.**

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

**Description of Loss**

Life, Both Hands or Both Feet or Sight of Both Eyes, One hand and One Foot  
Either Hand or Foot and Sight of One Eye  
Either Hand, or Foot or Sight of One Eye  
Movement of Both Upper and Lower Limbs (Quadriplegia)  
Movement of Both Lower Limbs (Paraplegia)  
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)  
Speech and Hearing  
Thumb or Index Finger of Either Hand

**Principal Sum: \$20,000**  
**Indemnity**  
Principal Sum  
Principal Sum  
One-Half the Principal Sum  
Principal Sum  
Three-Quarters the Principal Sum  
One-Half the Principal Sum  
One-Half the Principal Sum  
One-Quarter the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body.

**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 (defined as 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. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.) 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.
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 suicide or attempted suicide, while sane or insane.
4. For loss incurred as a result of war or any act of war, whether declared or not.
5. For injury sustained while participating in a professional, or intercollegiate sports.
6. For loss incurred as a result of pregnancy and childbirth. This does not include complications of pregnancy.
7. For routine physicals.
8. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
9. For elective surgery.
10. For any mental and nervous disorders except as specifically provided in the Plan.
11. For dental care; except as the result of Injury to natural teeth caused by an accident.
12. 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.
13. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
14. For expenses as a result of or in connection with intentionally self-inflicted injury.
15. For expenses as a result of or in connection with the commission or attempt to commit an assault or a felony.
16. 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.
17. 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.

18. For treatment by an immediate family member.
19. For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

**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.

**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.

**Emergency Assistance: Europ Assistance USA**

Toll Free from within the USA and Canada: 1-800-546-6349; from France 0800-901-570; Germany 0800-817-6080; Italy 800-877-145; Mexico 001-800-368-7878; UK 0800-894-035      Outside the USA or Canada call direct or collect: 202-659-7785

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at Europ Assistance USA toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the United States; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, 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 items including lost ticket application processing.

**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      Inquires may be made through web site [www.visit-aci.com](http://www.visit-aci.com)**

**Program Administrator: CMI Insurance , Lutherville MD [www.cmi-insurance.com](http://www.cmi-insurance.com)**

**Underwritten by: ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106**  
**Policy Number GLM N01060570**

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 GLM N01060570, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

District 5470 RYE 2008

