

This is a Description of Coverage for:

Global Medical International

Underwritten By: ACE American Insurance Company (Herein 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: You will be covered under this plan if you are traveling outside of your Home Country to any other country, except the United States and you are participating in the Global Medical International Program. Your lawful spouse and unmarried children including adopted children, under age 19, who are traveling and residing with you, provided they are dependent upon you for maintenance and support, are also covered. Any children born to you and your spouse while you are covered under the Plan will be insured from the moment of birth.

Period of Coverage: Coverage will begin at 12:01 a.m. Local Time on the latest of the following: the date of the covered person's departure from their Home Country or the United States; b) the date the enrollment form and premium are received by the Company or its designated representative; or c) the date requested on the enrollment form. Coverage will end on the earliest of the following: a) the date of the covered person's return to their Home Country or the United States (there is no continuation of coverage upon return home, except as specifically indicated in the Extended Home Country Benefit); b) the date requested on the enrollment form; or c) the end of the period for which premium has been paid.

Definitions: **Sickness** means an illness, disease or condition of the covered person that causes a loss for which the he or she 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 a covered person 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. **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 covered person'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. **Home Country** means a country from which the covered person holds a passport. If the covered person holds passports from more than one country, his or her Home Country will be that country which the covered person has declared to the Company in writing as his or her Home Country.

Medical Expense Benefit: If a covered Injury or Sickness occurs during the Period of Coverage and the covered person requires medical or surgical treatment, the Company will pay 100% of Covered Expenses incurred after the deductible selected in the enrollment form is satisfied, up to a maximum benefit amount selected in the enrollment form. In no event will: (1) the Company's liability exceed the maximum benefit amount for each covered Injury or Sickness; and (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered, as determined by the Company. Medical Expense benefits are reduced to \$50,000 at age 70 and to \$10,000 at age 80.

Covered Expenses:

To be considered a Covered Expense under this plan, it must: a) be usual and customary charges incurred for Medically Necessary medical Covered Expenses; b) have been incurred as the result of, and within 52 weeks of a covered Sickness or Injury outside of the United States, during the Period of Coverage (except as specifically provided in the Extended Home Country Benefit, if applicable and enrolled); c) not be excluded by provisions of the Plan; and d) be specifically included in the following list of Covered Expenses:

1. Expenses made by a hospital for room and board, general nursing care and other services, including professional services, but not including personal services of a non-medical nature. However, Covered Expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.
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.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care: limited to 80% of covered expenses, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs, and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental expenses resulting from an accident, up to \$100 per tooth, \$500 maximum benefit.

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

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

Repatriation of Remains Benefit: 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 We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.

Home Country Benefit: The Company will pay benefits if, during the Period of Coverage, a covered person returns to the United States for incidental visits of up to two weeks total, provided: a) the period of coverage is for a period of at least 30 days; and b) the primary reason for the covered person's return to the United States is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

OPTIONAL BENEFITS: If the covered person elects and pays the required premium for each of the Optional Benefits, the Company will pay benefits as described. The election of Optional Benefits is shown on the covered person's enrollment form.

Optional Hazardous Activity Coverage: The Company will pay benefits if a covered person is injured and the covered accident results from: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. Note: Exclusion 16 does not apply when this coverage is purchased.

Optional Athletic Coverage: The Company will pay benefits if a covered person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded. Note: Exclusion 6a does not apply with respect to these named sports when this coverage is purchased.

Optional Extended Home Country Benefit: If the Home Country Benefit is payable, benefits will be extended for an additional month provided the covered person has enrolled for coverage under the Policy for at least six consecutive months.

Accidental Death and Dismemberment: If Injury to the covered person 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

<u>Principal Sum:</u>	<u>\$25,000</u>	<u>Benefit Amount</u>
<u>Description of Loss</u>		
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.

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.

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

1. For pre-existing conditions defined as an Sickness, disease or other condition of the covered person, that in the 12-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. However, this limitation will not apply if the Covered Person 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 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 loss incurred as a result of the covered person’s commission of, or attempt to commit, an assault or a felony;
6. a) For injury sustained while participating in an amateur, club, intramural, interscholastic or intercollegiate sport; b) For injury sustained while participating in a professional or semi-professional sport;
7. For loss incurred as a result of pregnancy, childbirth, or miscarriage, or any complications of any of these conditions;
8. For routine physicals;
9. For cosmetic or plastic surgery; except as the result of an Injury;
10. For elective surgery;
11. For any mental and nervous disorder or rest cures;
12. For dental care except as the result of Injury to natural teeth caused by an accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured under the Policy;
14. In connection with alcoholism or drug addiction; or the use of any drug or narcotic except as prescribed by a doctor;
15. For expenses as a result of, or in connection with, intentionally self inflicted injury;
16. For specific named hazards: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; parasailing;
17. For treatment furnished under any government program or facility set up for treatment without cost to any individual;
18. For treatment by a family member;
19. For treatment relating to birth defects and congenital conditions, or complications arising from those conditions;
20. For treatment of sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any Sickness or disease arising from these medical conditions;
21. Any treatment, services or supplies received by the covered person with respect to an Injury or Sickness which are incurred or received by the covered person while he or she is in his or her Home Country, except as provided by the Home Country Benefits provided or if selected by the covered person.
22. Organ or tissue transplant;
23. Injury or sickness where the covered person’s trip to the host country is undertaken for treatment or advice for such injury or sickness.

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss caused by or resulting from:

1. Suicide or attempted suicide, intentionally self inflicted injury;
2. War or any act of war, whether declared or not;
3. Service in the military, naval, or air service of any country;
4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
5. Piloting or acting as a crewmember 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 regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

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 call: 1-610-293-9229
Fax: 1-610-293-9299 www.visit-aci.com

Emergency Assistance: FrontierMEDEX

Toll Free from within the USA and Canada: 1-800-527-0218; from France 0800-90-8505; Germany 0800-1-811401; Italy 800-877-204; Mexico 001-800-101-0061; UK 0800-252-074; Spain 900-98-4467 Outside the USA or Canada call direct or collect: 410-453-6330

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 FrontierMEDEX 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 doctors in the Home Country; urgent message relay between family, friends, personal doctor, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations Remains; 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.

Program Arranged By: CMI Insurance, a FrontierMEDEX company, P.O. Box 19056, Baltimore, MD 21284

www.cmi-insurance.com www.globalmedicalinternational.com

Claim forms and instructions are available from the web site.

Policy Number: GLMN 01060880, ACE American Insurance Company 436 Walnut Street Philadelphia, PA. 19106

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 GLMN 01060880, 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.

GMI 07/2011

