

This is a Description of Coverage for:
The American University in Cairo



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 may be covered under this plan if you are an American Student (U.S. citizen or permanent resident of the U.S.), International Student, Faculty or Staff Member of The American University of Cairo and are temporarily pursuing educational activities outside the United States or your Home Country. International students, faculty, and staff members are not eligible for coverage in their Home Country. You may also enroll 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. Any children born to you and your spouse while you are covered under the plan will be insured from the moment of birth. Coverage on a newborn child will cease 31 days after the date of birth unless the Company receives notification of the birth, a completed enrollment form and required premium.

Period of Coverage: Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) your departure from your Home Country; b) the date your enrollment form and premium are received by the Company or its designated administrator; or c) the date you requested on the enrollment form for coverage to begin. Coverage will end on the earliest of the following: a) the termination date as shown on your ID card; b) the date through which premium has been paid; or c) the coverage termination date under Policy provisions. Coverage is not available once you or any covered dependent has returned to the United States or your Home Country, unless the Extended Benefit Option has been selected

Definitions: **Sickness** means an illness, disease or condition of the covered person that causes a loss for which 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. Pregnancy is included in the definition of 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 Benefits: If a covered Injury or Sickness occurs during the Period of Coverage and you or any covered dependent requires medical or surgical treatment, the Company will pay according to the following schedule. The Company will pay 100% of covered expenses up to \$500,000, after the covered person has paid the first \$50 (deductible) per covered Sickness or Injury. The deductible is waived for any condition which is first treated at the following clinics and hospitals: The AUC Student Health Clinic, As-Salam Hospital Mohandessin, Cleopatra Hospital in Heliopolis, International Medical Center, Ismailia Road As-Salam Hospital, Maadi & El Bank El Ahly Hospital, Dar El Fouad, and El Mokhtam Hospital, Kidney & Urology International Hospital, Shaalan Surgical Center, Eye International Hospital, Magrabi Hospitals & Centers, French Kasr El Aini, Ain Shams Specialized Hospital.. The deductible amount consists of covered expenses which would otherwise be payable under the Policy. This deductible is the covered person's responsibility. The Covered Expenses shall in no event include any amount which is in excess of usual and customary charges for similar treatment, services or supplies in the locality where the expense is incurred. In no event shall the Company's liability for each insured person exceed \$500,000.

Covered Expenses

To be considered a covered expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of the United States or your Home Country during the Period of Coverage; b) not be excluded by provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of charges:

1. Expenses made by a hospital for room and board, including general nursing services and any other medically necessary hospital services, but not including personal services of a non-medical nature. However, allowable 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 anesthetics and their administration.
4. Expenses for x-ray services, laboratory tests and services, and durable medical equipment, both inpatient and outpatient.
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 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. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental treatment resulting from an accident, up to \$100 per tooth, \$500 maximum benefit.
8. Expenses for therapeutic termination of pregnancy, up to a \$500 maximum.
9. Expenses for newborn nursery care, up to a \$500 maximum.
10. Expenses incurred for treatment of nervous or mental disorders: up to \$300 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 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.

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 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.

Principal Sum: \$15,000

<u>Description of Loss</u>	<u>Benefit Amount</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.

Coordination of Benefits: If a covered person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the covered person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the covered person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the covered person for the longer time. If the benefits of this plan are reduced to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this Plan.

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 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. (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 loss incurred as a result of declared or undeclared war, or any act thereof;
4. For injury sustained while participating in professional, club, interscholastic or intercollegiate sports;
5. For routine physicals;
6. For cosmetic or plastic surgery, except as the result of an Injury;
7. For elective surgery;
8. For dental care, except as the result of Injury to natural teeth caused by accident;
9. 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;
10. For expenses as a result of, or in connection with, the commission of a felony offense;
11. For scuba diving, jet, and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing;
12. For treatment furnished under any mandatory government program or facility set up for treatment without cost to any individual;
13. For treatment by an immediate family member;
14. Piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.

For the Accidental Death and Dismemberment Benefit, the Policy 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, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
6. Piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline.
7. Commission of or active participation in a riot or insurrection.

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.

Security Evacuation Expense Rider

Schedule of Benefits: \$100,000 Maximum Benefit per Covered Person; \$500,000 Aggregate Limit per Occurrence

Description of Benefits

We will pay Security Evacuation Expense Benefits described in this Rider 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 or Country of Residence.

Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits of this Rider. 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. Security Evacuation Benefits are payable only once for any one Occurrence.
2. The Covered Person's Transportation and Related Costs within 14 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 while covered by the Policy; or
 - b. the Covered Person's Home Country or Country of Residence; or
 - c. where the education institution 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 cases, if the Covered Person is considered kidnapped or a Missing Person by local or international authorities.

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. FrontierMEDEX 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 Rider 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 Rider.

Definitions

The following definitions apply to this Rider. **Appropriate Authority(ies)** means 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 FrontierMEDEX 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 Authorities

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.

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;

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 Authorities 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 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 of his or her being found.

Related Costs means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety. **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.

Exclusions and Limitations

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

1. Payable under any other provision of the Policy to which this Rider is attached.
2. That are recoverable through the Covered Person's employer.
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 30 days after the Appropriate Authority(ies) Advisory was issued.

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.

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 Frontier MEDEX.

Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., S. 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

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

www.cmi-insurance.com claim forms and instructions available on the web site

Policy Number: GLM N 01173662, ACE American Insurance Company 436 Walnut Street, Philadelphia, PA 19106



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 its student health insurance 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.

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 GLMN01173662, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia for The American University in Cairo. 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. 08/2011

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.

FrontierMEDEX Assistance Coordinators are available 24/7 to help you with travel emergencies. For immediate assistance, contact FrontierMEDEX through one of the toll-free numbers listed below or call the multilingual Emergency Response Center collect.

FrontierMEDEX EMERGENCY RESPONSE CENTER

Baltimore, Maryland, USA

Call Collect: 1-410-453-6330

TOLL-FREE ACCESS - The numbers below must be dialed from within the country.

If your location is not listed or the call will not go through, call the 24-hour FrontierMEDEX Emergency Response Center

COLLECT 1-410-453-6330.

Australia and Tasmania	1-800-127-907
Austria	0-800-29-5810
Belgium	0800-1-7759
Brazil	0800-891-2734
China (northern regions)	108888 (pause for tone) 800-527-0218
China (southern regions)	10811 (pause for tone) 800-527-0218
Dominican Republic	1-888-567-0977
Egypt (inside Cairo)	2-510-0200 (pause for tone) 877-569-4151
Egypt (outside of Cairo)	022-510-0200 (pause for tone) 877-569-4151
Finland	0800-114402
France and Monaco	0800-90-8505
Germany	0800 1 811401
Greece	00-800-4412-8821
Hong Kong	800-96-4421
Indonesia	001-803-1471-0621
Israel	1-809-41-0172
Italy, Vatican City and San Marino	800-877-204
Japan	00531-11-4065
Mexico	001-800-101-0061
Netherlands	0800-022-8662
New Zealand	0800-44-4053
Philippines	1-800-1-111-0503
Portugal	800-84-4266
Republic of Ireland (Eire)	1-800-409-529
Republic of South Africa	0800-9-92379
Singapore	800-1100-452
South Korea	00798-1-1-004-7101
Spain and Majorca	900-98-4467
Switzerland and Liechtenstein	0800-55-6029
Thailand	001-800-11-471-0661
Turkey	00-800-4491-4834
UK & N. Ireland, Isle of Jersey and Isle of Man	0800-252-074
United States, Canada, Puerto Rico, US Virgin Islands, Bermuda	1-800-527-0218

PLEASE NOTE:

The toll-free for Israel line is not available from payphones and there is a local access charge.

The toll-free for Italy, Vatican City and San Marino number has a local charge for access.

The toll-free for Japan is only available from touchtone phones (including payphones) equipped for International dialing.

If dialing the toll-free access number for Mexico from a payphone, the payphone must be a La Datel payphone.