Coverage Information 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 Mylnsurance area at: www.esecutive.com/Mylnsurance

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: AGS002652-2129180
- Your Date of Birth:

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

Insurance ID-Card



♥aetna[™]

Aetna ID#: 0 Aetna Group#: 863961-012-00100 Policy: AGS002652-2129180 Start Date: End Date:

End Date: Co-ins: 0%

Emergency Room Co-Payment: \$250 (waived if admitted)

Office Visit Co-Payment: \$25 Urgent Care Co-Payment: \$50

RxBIN#: 004336 PCN: ADV RXGrp#: RX1923 RxID#: 0

Eligibility/Benefit Verification /Member & Provider Services /Pre-authorization /Emergency Assistance

GBG Assist - 24 Hour Customer Service: U.S./Canada Toll-free: 1.866.914.5333 Worldwide Collect: 1.905.669.4920 Email: GBGAssist@gbg.com

 Claims Submission
 AETNA Providers mail to: (U.S. Aetna Providers Only)

 P.O. Box 981543
 EDI Payor ID# 60054

 EI Paso, TX 79998-1543 USA
 EDI Help Desk 1.800.414.0596

Non-AETNA providers mail to GBG: 7600 Corporate Center Drive, Suite 500 Miami, FL 33126

Online: www.gbg.com









www.careington.com

(800) 290-0523

Member: Suberscriber ID: 0 Group Code: GBGDV Start Date: End Date:

GBG



Dental - Careington - POS - (800) 290-0523 - www.careington.com

Vision - Vision Savings Pass - (800) 877-7195 - <u>www.vsp.com</u>



THIS IS NOT INSURANCE. IT IS A DISCOUNT PROGRAM.

THIS IS NOT INSURANCE.

Disclosures: THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com. A written list of participating providers is at www.careington.com.

This plan is not available in Vermont or Washington.



Membership Agreement

Discount Plan Organization: Careington International Corporation (Careington)

7400 Gaylord Parkway Frisco, TX 75034

Member ID: 0

Member Name:
Start Date:
End Date:
Total Fees: There is no cost for this plan.

For assistance using your plan, please call Careington's Member Services at 1-800-290-0523.

<u>Termination Conditions</u>: Global Benefits Group and Careington reserve the right to terminate plan members from its plan for any reason.

<u>Cancellation Conditions</u>: Please notify Global Benefits Group if for any reason you are dissatisfied with the plan and wish to cancel. Global Benefits Group will accept and cancel program memberships at any time during the membership period.

<u>Description of Services</u>: Please see the enclosed materials for a specific description of the programs included in your plan.

Limitations, Exclusions & Exceptions: This plan is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide health care services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time Careington may substitute a provider network at its sole discretion. Careington cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters.

<u>Complaint Procedure</u>: If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

Schedule of Benefits

Group Code: GBGDV

Disclaimer: This is not your official insurance ID card. If you don't have an official copy of your insurance ID card, please download or print it at www.esecutive.com/myinsurance



Insurance Guide for travel to the

USA / Canada

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by GBG Insurance Limited and serviced by Global Benefits Group. Please contact GBG Assist if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed. GBG Assist can also help you find a provider in the preferred provider organization (PPO) network (Aetna) in the United States.

Global Benefits Group 27422 Portola Parkway, Suite 110 Foothill Ranch, CA 92610 USA Email: GBGAssist@gbg.com

Hotline: 1 888 258 8597*

* For claims questions and if you need help to find a provider, please call the hotline.



Carry your insurance ID card with you at all times.

When you go to a Doctor's office or to the Hospital, be sure to bring your insurance identification card.



It is extremely important that you always carry your insurance ID card with you - you never know when you may need it. The medical providers can only bill the insurance company direct when you provide the insurance card which contains all of the necessary information needed to do so.

If you become ill or injured: How to find a medical provider within the PPO Network?

Your policy utilizes the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy's administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill GBG Assist direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call GBG Assist for assistance at 1 888 258 8597

GBGASSIST

Search for an Urgent Care or Walk-in Clinic at: Passport to Healthcare

or call Customer Service at: 1 888 258 8597

Pre-Authorization

The following treatments and/or supplies should always be pre-authorized:

- Hospitalization
- Outpatient Surgery
- Any Condition, including any Chronic Condition, or Outpatient services that are expected to accumulate over \$5,000 of medical treatment per Policy year.
- Air Ambulance (this service will be coordinated by the underwriter's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

Please submit a completed Pre-Authorization Request Form to GBG Assist a minimum of 5 business days prior to the scheduled procedure or treatment date. For more information, please call **1 888 258 8597**

Don't use an Emergency Room (ER) unless you are having a serious or lifethreatening medical problem!

Services rendered in the emergency room are extremely expensive in the USA so you need to carefully determine

whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a non-serious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a \$250 copayment in addition to any applicable deductible or co-insurance. Go to the emergency room only for serious or life threatening conditions such as: difficulty breathing, excessive bleeding, severe burns, and loss of consciousness.

NOTE: Non-Emergency Use of a hospital Emergency Room for an illness that DOES NOT result in admission will have a 250 USD deductible that must be paid by you, the insured.



Use an Urgent Care or Walk-In Clinic

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life-threatening conditions. If the condition you have is one that you would normally visit your doctor's office, then you should go to Urgent Care instead of the ER



although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays - no appointment is necessary. You do want to visit one in network if possible (Passport to Healthcare) - select the Passport to Healthcare Primary PPO Network or call GBG Assist Customer Service at 1 888 258 8597. Go to Urgent Care for non-emergency conditions such as:

- ✓ Sore throat, Common Cold or Respiratory Infections
- ✓ Ear pain, Eye or Skin Infections
- ✓ Allergies
- ✓ Painful urination
- ✓ Vomiting
- ✓ Minor injury (sprains/strains)
- ✓ Minor broken bones (such as hand, fingers, foot, toes)

Search for an Urgent Care or Walk-in Clinic at: Passport to Healthcare or call Customer Service at: 1 888 258 8597*



Are Pre-Existing medical conditions covered?

A Pre-Existing Condition means any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date of the policy. This policy reimburses up to \$5,000 maximum in the first six months of the policy for eligible medical expenses for pre-existing conditions. Once you have been continuously insured for six months, the policy will then reimburse eligible expenses for pre-existing conditions up to the policy maximum.

Routine health checkups or preventive care is NOT covered under this policy.

This policy is only intended to cover you for an eligible illness or injury which you incur during your program. The policy does not provide any coverage for routine care such as annual gynecological exams, school or sports physicals, or immunizations.

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到美国/加拿大旅行的保险指南

您的交流机构为您投保了由全球福利集团保险有限公司 (GBG Insurance Limited) 承保,全球福利集团 (Global Benefits Group) 提供服务的疾病和受伤健康保险保单。如果您对您的医疗福利、如何提出索赔、或者已经提出的索赔的状态有任何疑问,请联系 GBG 援助中心 (GBG Assist)。GBG 援助中心还能帮您在美国的优先提供方组织 (PPO) 网络(安泰)中找到一家提供方。

全球福利集团

27422 Portola Parkway, Suite 110

Foothill Ranch, CA 92610 USA (加利福尼亚州山麓牧场)

电子邮件: GBGAssist@gbg.com

热线: 1888 258 8597*

*如有索赔问题,或需要协助寻找提供方,请致电我们的热线。



随时将您的保险身份卡携带在身边。

当您去医生的办公室或者医院时,一定要带上您的保险身份卡。



随身携带您的保险身份卡是非常重要的,因为您永远不 知道什么时候需要用到它。只有当您提供包含所有必要 信息的保险卡时,医疗服务提供方才能直接向保险公司 开具索赔单。

如果您生病或受伤:如何在 PPO 网络内找到一家医疗服务提供方?

您的保单使用了安泰的医疗网络通行证 (Passport to Healthcare Network)。属于这个网络的医疗提供方都被认为是优先提供方,与您的保单管理方之间有合同,可以直接向他们收取向其参与者提供的服务的账单。这意味着,对于您保单下的符合条件的费用,优先提供方将在服务时直接向 GBG 援助中心开具账单,您将只需要负责任何的免赔额或共同付款的金额。您可以通过以下链接自己搜索一家优先网络提供方或者拨打 GBG 援助中心的号码 1888 258 8597 请求援助

在 <u>Passport to Healthcare</u> 搜索紧急护理或者免 预约诊所,或者呼叫客户服务: **1888 258 8597**



预先授权

下列治疗和/或供应总是应该获得预先授权:

- 住院治疗
- •门诊手术
- •任何预计每年累积医疗费用超过 5.000 美元的疾病,包括任何慢性疾病或门诊服务。
- •空中救护(这项服务将由承保方的空中救护提供方进行协调)
- •专业治疗和高度专业化的药物
- •物理治疗和康复服务

请在预定程序或治疗日期前至少 5 个工作日向 GBG 援助中心提交一份完整的预先授权申请表格。更多信息请拨打 1 888 258 8597

除非您有非常严重或者危及生命的医疗问题,否则不要使用急诊室(ER)!

在美国,急诊室里提供的服务极其昂贵,因此您需要小心地决定前往急诊室接受治疗是否合适。不要仅仅因为急诊室是

唯一开放的地方,或因为治疗较小的疾病或受伤而去急诊室。也存在急诊室的替代选 项。实际上,如果您因为不严重的情况去急诊室,那么请准备等待很长时间,因为病 情更严重的病人将会优先得到接待。此外,如果您没有被承认应该前往住院,那么除 了适用的免赔额和共同保险之外,您还将被收取 250 美元共同支付款项。只有在非常 严重或危及生命的情况下才应该去急诊室,例如:呼吸困难、大量出血、严重烧伤和 失去知觉。

注意:非紧急情况下因未被急诊室接受的疾病使用医院急诊室将会导致需要被保险方您本人支付 250 美元费用。



使用紧急护理或者免预约诊所

急诊室的替代选项是紧急护理中心 (Urgent Care Center),有时被称为免预约诊所 (Walk-In Clinics)或便捷护理 (Convenient Care)。紧急护理是针对当日治疗的,但不针对非常严重或危及生命的情况。如果您遇到的是通常会去医生 的办公室处理的情况,那么您应该去紧急护理而不是急诊室,虽然紧急护理并不是负责常规预防护理的。紧急护理的工 作时间比较长,周末和一些假期都会开放——紧急护理不需要预约。如果可能的情况下您确实想前往一家处于网络中的 (Passport to Healthcare) ——选择 Primary PPO 医疗网络通行证 (Passport to Healthcare Primary PPO Network),

> 或者呼叫 GBG 援助中心客户服务 1888 258 8597。在非紧急情况下请前往紧急护 理 (Urgent Care), 例如:



- ✔ 喉咙疼痛、普通感冒或者呼吸道感染
- ✓ 耳朵疼痛、眼睛或皮肤感染
- ✓ 过敏
- ✔ 排尿疼痛
- ✓ 呕吐
- ✔ 轻伤 (扭伤/拉伤)
- ✓ 轻微骨折(例如手臂、手指、脚、脚趾)



在 Passport to Healthcare 搜索紧急护理或者 免预约诊所,或者呼叫客户服务: 1888258 8597*



是否覆盖既有医疗状况?

"既有状况"是指被保险人在保单生效日期之前接受过任何诊断、治疗意见、或已服用任何处方药品、或有明显症状的任何疾病或受伤。本保单在前六个月内可为符合条件的既有状况的医疗费用赔偿多达 5,000 美元。一旦您连续投保六个月,保单就将为既有状况的符合条件的费用赔偿高达保单最高赔付额。

常规健康检查或预防性护理不在本保单范围内。

本保单仅适用于为您在计划期间发生的符合条件的疾病或伤害提供保障。本保单不包括任何常规护理的保障,如年度妇科检查、学校或体育体检、或疫苗接种。

