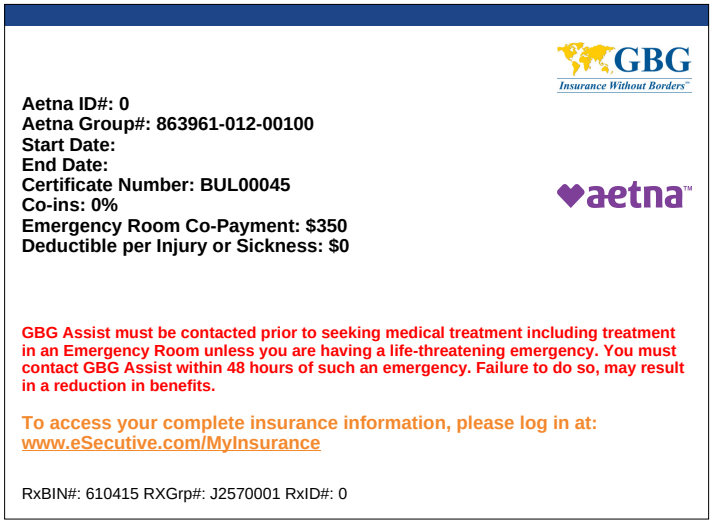
# Coverage Information Medical Insurance

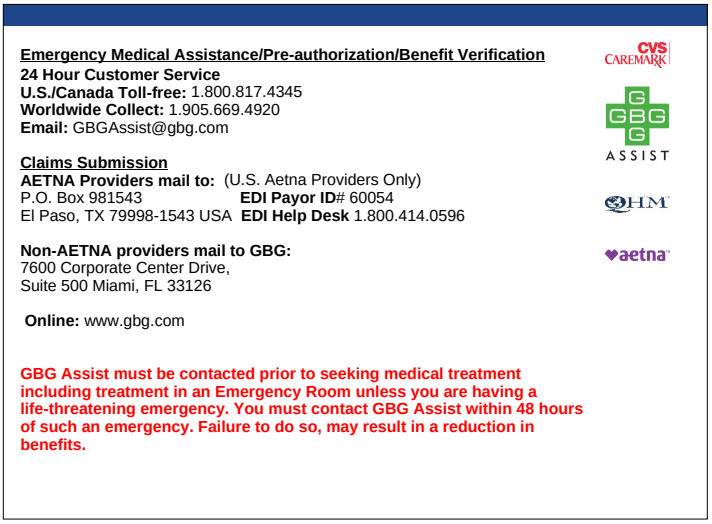
This document provides a brief summary of your insurance plan.
To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at:
**www.esecutive.com/MyInsurance**

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **BUL00045**
- Your Date of Birth:

## Insurance ID-Card




## Schedule of Benefits

The following benefits are per person per Policy period and subject to the Insured Person's Policy period Deductible. After satisfaction of the Policy period Deductible, the Underwriter will pay the eligible benefits set forth in this Schedule at the Allowable Charge, which is defined as the Negotiated Rate or the Usual, Customary, and Reasonable (UCR). This is the lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Underwriter to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose Injury or Illness is comparable in nature and severity, or the rate that has been negotiated.

Benefits will be paid on a Usual, Customary, and Reasonable basis or a negotiated basis with the contracted providers. Subject to Policy exclusions, limitations and conditions, for the charges listed, if they are:

• Incurred as a result of sickness or accidental bodily injury, under the care of a Physician; and
• Medically Necessary; and
• Ordered by a Physician; and
• Delivered in an appropriate medical setting.

All benefits shown are in USD

**Insured Amount per Person per Accident or Illness:** 500.000 USD
**Co-Payment:** 0 USD

| Benefit Coverage | Covered Benefit |
|---|---|
| Hospital Room & Board Benefit: | 100% of the Semi-private room rate |
| Intensive Care/Cardiac Care Unit Benefit: | 100% |
| Hospital Miscellaneous Expense Benefit: | 100% |
| Surgeon (In or Outpatient) Benefits: | 100% |
| Assistant Surgeon Benefit: | 100% |
| Pre-Admission Testing Benefit: | 100% |
| Anesthesia Benefit: | 100% |
| Day Surgery Miscellaneous Benefit: | 100% |
| Diagnostic X-Ray and Lab Benefit: | 100% |
| Ambulance Benefit: | 100% |
| Physician Visit Benefit (Inpatient): | 100% |

| | |
|---|---|
| Physician Visit Benefit (Outpatient): | 100% |
| Consultant Physician Benefit: | 100% |
| Radiation/Chemotherapy Benefit: | 100% |
| Emergency Room Benefit:<br>• Triage is mandatory<br>• Co-Payment only applies to services rendered in the USA | 100% subject to a $350 Co-Payment, waived if admitted. |
| Emergency Dental Expense Benefit: | 100% |
| Palliative Dental: | 100% up to $200 maximum benefit per tooth |
| Physiotherapy Expense Benefit – Inpatient: | 100% |
| Physiotherapy Expense Benefit – Outpatient: | 100% up to a $2,500 maximum |
| Durable Medical Equipment Expense Benefit: | 100% |
| Emergency Medical Evacuation Expense Benefit: | 100% |
| Emergency Medical Repatriation Expense Benefit: | 100% |
| Emergency Reunion: | 100% of actual expense |
| Prescription Drug Benefit: | 100% |
| Return of Mortal Remains Expense Benefit: | 100% |

| | |
|---|---|
| Return Ticket Benefit | up to $5,000 per Policy Period |
| Mental & Nervous Conditions Expense Benefit | Inpatient: Payable at 80% URC up to $10,000, up to the maximum of 40 days;<br>Outpatient: Payable at 80% URC, up to $5,000 |

## Accidental Death and Dismemberment Benefits

Principal Sum: **$15,000.00**

*(Maximum Death benefit payable shall not exceed $5,000 for an Insured Person aged 17 years or younger)*

Aggregate Limit: **$500,000**

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

## Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

## TRIAGE AND PRE-AUTHORIZATION GUIDELINES AND PROCEDURES

**Triage** is a required process by which an Insured contacts GBG Assist **prior** to obtaining medical care and is directed by GBG Assist where to go to receive the appropriate level of care by a network provider. TRIAGE IS MANDATORY prior to seeking medical care at an emergency room unless the Insured is having a life-threatening emergency such as difficulty breathing, excessive bleeding, traumatic injury. A $350 emergency room Co-Payment will be waived if the Insured is triaged and sent to the emergency room and is admitted to the hospital through the emergency room. GBG medical staff will make the final decision regarding Medical Necessity of the emergency room. **Call GBG at 1-800-817-4345 or email** gbgassist@gbg.com

**Pre-Authorization** is a process by which an Insured Person or a medical person on behalf of the Insured obtains approval for certain non-emergency, medical procedures or treatments prior to the commencement of the proposed medical treatment.

This requires the Insured or a medical person on behalf of the Insured to submit a completed Pre-Authorization Request form to GBG Assist, a minimum of 5 business days prior to the scheduled procedure or treatment date.

Pre-Authorization is required for the following services to maximize the benefits covered under the plan and to arrange for direct billing with the medical provider:

- Interfaculty Ambulance Transfer: No coverage if Pre- Authorization requirements are not met.
- Medical Evacuation: No coverage if not approved by the company.

Treatments and supplies listed below**:** Fifty percent (50%) reduction of eligible medical expenses if Pre-authorization requirements are not met. Maximum Penalty: $1,000**.** The penalty amount is not applied towards the deductible. Medical Emergency Notifications must be received within 48 hours of the Admission or procedure. In instances of medical emergency, the Insured should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network.

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Insurer’s Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs

- Physical Therapy and Rehabilitation Services

**Call GBG at 1-800-817-4345 or email** gbgassist@gbg.com

GBG Assist will review the matter and respond to the Insured or the medical person. To assure reimbursement for covered services, written approval from GBG Assist must be received by the Insured prior to the commencement of the proposed medical treatment. It is the Insured Person's responsibility to make sure Pre-Authorization is obtained when necessary. The Insured will obtain a letter of authorization, prior to the performance of those services for both Pre-Authorization requests and Network information, Customer Service representatives are available 24 hours a day, every day.

Please note: Some treatment requests may require longer than 5 days for the review process to be completed.

Notwithstanding the requirement to Pre-Authorize:

- Pre-Authorization approval does not guarantee payment of a claim in full, as Deductibles, charges in excess of Usual, Customary and Reasonable and out of pocket charges may apply.

Benefits payable under the Policy are still subject to Eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

**THIS PLAN IS UNDERWRITTEN BY: BULSTRAD LIFE VIENNA INSURANCE GROUP**

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

**EXCLUSIONS PERTAINING TO PART A: ACCIDENT AND SICKNESS BENEFITS**

**EXCLUSIONS**

Unless stated otherwise on the Schedule of Benefits, the following services and benefits are excluded from coverage under this Policy.

1) Medical Treatment received by the Insured in his or her Home Country or country of regular domicile;
2) Medical Treatment received due to a Pre-Existing Condition or complication thereof within the first 12 months of coverage, and limited to $5,000 thereafter;
3) Medical Treatment which is not Medically Necessary, as defined in the Policy;
4) Charges which are in excess of Usual, Reasonable and Customary;
5) Charges Reimbursable by Another Entity: Services, supplies, or treatment that are provided by or payment is available from:
   a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country;
   b. Another insurance company or government;
   c. A government entity due to an epidemic or public emergency;
6) Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, examinations, or prescriptions except that the Policy will cover these expenses if the need for such results directly from a Covered Injury or covered eye surgery;
7) Birth control devices and surgical procedures, or any drug or treatment that promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, tubal ligation, vasectomy, sterilization or reversal thereof;
8) Elective or preventive surgery or any Medical Treatment related to an elective or preventive surgery including, but in no way limited to breast reduction or enlargement, circumcision, immunization antibody testing, allergy tests, antitoxins; or the correction or treatment of a deviated septum;
9) Cosmetic, plastic, reconstructive, or restorative surgery unless such are Eligible expenses incurred for repair of a disfigurement caused from:
   a) A Covered Injury;
   b) a birth defect of an insured Eligible Dependent born while the mother was insured under this Policy; or
   c) a mastectomy (refer to the Post-Mastectomy Coverage provision);
10) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
11) Medical Treatment for injuries sustained in practice for or participation in professional or semi-professional sports; or in practice for or participation in interscholastic or intercollegiate sports in excess of benefits provided elsewhere in this coverage, if any;
12) War or any act of war, declared or undeclared or the Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation; or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution; or participation in the armed forces, national guard, military, naval, or air services.
13) Medical treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline,
14) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane
15) Medical Treatment for Injuries sustained while taking part in: Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; motorcycle/motor scooter riding or any other two or three wheeled vehicle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snowmobiling; skiing; snowboarding, water skiing; spelunking; parasailing; white water rafting.
16) Medical Treatment for Injury or Sickness sustained by reason of a motor vehicle or motorcycle accident
   a) to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
   b) if the Insured was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
   c) if the Insured was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
   d) if the Insured was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
17) Medical Treatment for an Injury or Sickness resulting from the Insured's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Insured's Physician;
18) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes or for Compound, Specialty, and Experimental drugs;
19) Medical Treatment for obesity, including bariatric surgery and anorectics;
20) Medical Treatment related to sex transformation surgery or the reversal thereof;

21) Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;

22) Medical Treatment for the diagnosis and testing for or related to any learning disability or congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance;

23) Expenses incurred for an Accident or Sickness after the Policy Period shown in the Schedule of Benefits or incurred after the termination date of coverage;

24) Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any.

25) Insured being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction.

26) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;

27) Maternity; a) all expenses related to pregnancy including but not limited to prenatal care, childbirth, miscarriage, abortion, premature birth, and all complications related to the mother or child, b) maternity or delivery preparation classes, c) elective Caesarean section, d) care or treatment for an individual acting as a surrogate;

28) AIDS/HIV,: Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV infection, and all secondary diseases;

29) Alcohol and Drug Abuse:
    a. Treatment related to the detoxification, rehabilitation, and all support service;
    b. Treatment of any Sickness or Injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed;

30) Extended Care: All expenses related to Extended Care from an Extended Care Facility;

31) Hospice Care: Palliative and supportive services to terminally ill Insured's and their families;

32) Over-the-Counter and Non-Prescription Drugs: Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following:
    a. Tobacco dependency
    b. Weight reduction or appetite suppressant,
    c. Cosmetic drugs, even if ordered for non-cosmetic purposes
    d. Acne and rosacea drugs (including hormones and Retin-A), except for cystic and pustular acne, Vitamins, supplements, or herbs.

33) Personal Comfort and Convenience Items: Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take home supplies.

34) Podiatric Care: Routine foot care, orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.

35) Search and Rescue: Any expenses relating to search and rescue operations to find a Plan Participant in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;

36) Sexual Dysfunction: Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions;

37) Sleep Studies: Sleep studies and other treatments relating to sleep apnea;

38) Smoking Cessation: Treatments whether or not recommended by a Physician;

39) Weight Related Treatment: Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded.

**Please refer to your plan document for a detailed listing of all benefits and exclusions. This participant document is only a summary of your benefits and exclusions.**

English

# 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 BULSTRAD LIFE VIENNA INSURANCE GROUP 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: **1 800.817.4345***
***** 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.


With the **MyInsurance Mobile app** you have all your travel information right at your fingertips: Show your Insurance ID-Card on your phone to the doctor, view all important contact details and service hotlines, search for a doctor or hospital near your location and view the summary of your benefits.

Download the app now:

ANDROID APP ON Google play | Available on the App Store

## 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 **1 800.817.4345***


Search for an Urgent Care or Walk-in Clinic at:
Passport to Healthcare
or call Customer Service at: **1 800.817.4345**

## Pre-Authorization is required for certain services. Call 1-800-817-4345

**The following treatments and/or supplies must always be pre-authorized. Failure to Pre-Authorize will result in 50% reduction of eligible expenses up to $1,000 maximum penalty:**

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, MRIs, PET Scans
- 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

Medical emergency Notifications must be received within 48 hours of the Admission or procedure.
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 **1 800 817 4345**

## GBG Assist must be contacted prior to seeking medical treatment including treatment in an Emergency Room unless you are having a life-threatening emergency. You must contact GBG Assist within 48 hours of such an emergency. Failure to do so, may result in a reduction in benefits. Call 1-800-817-4345.

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 **$350 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, uncontrolled bleeding, severe burns, stroke symptoms, chest pain.

**NOTE: Non-Emergency Use of a hospital Emergency Room for an illness that DOES NOT result in admission will have a 350 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 although you do want to visit one in network if possible (Passport to Healthcare) - and select Passport to Healthcare Primary PPO Network or call GBG Assist Customer Service at **1 800 817 4345***). 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: **1 800 817 4345**

## All pre-existing medical conditions are excluded from coverage under this policy.

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. The Terms and Conditions related to this plan's Pre-Existing Conditions are described in the insurance conditions (available in your MyInsurance Area).

## Routine health checkups or preventive care are 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.

## How to file a claim?

To file a claim and find detailed information about claims handling and reimbursements please go to the GBG Member Portal at https://portals.gbg.com/Members
The GBG Member Portal is necessary for efficient and easy claims management as all explanation of benefits (EOBs) and forms required for claims can be found in this one site. Also, helpful hints how to "File a claim" can be found in your MyInsurance area at www.esecutive.com/MyInsurance or in the mobile app.

**To access your complete insurance information please login to your personal MyInsurance area at: www.esecutive.com/MyInsurance or download the app!**

**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**

Español

# Guía de seguro para viajar a los EE.UU. / Canadá


Su organización de intercambio lo ha inscrito a una póliza de seguro de salud contra enfermedades y lesiones, la cual está financiada por BULSTRAD LIFE VIENNA INSURANCE GROUP, y Global Benefits Group es quien presta el servicio. Si tiene alguna duda sobre sus beneficios médicos, cómo presentar un reclamo o sobre el estado de un reclamo que haya presentado, póngase en contacto con GBG Assist. GBG Assist también puede ayudarlo a hallar un proveedor en la red (Aetna) de organizaciones proveedoras preferidas en los Estados Unidos.

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 EUA
Correo electrónico: GBGAssist@gbg.com
Línea directa: **1 800.817.4345***
* Para hacer preguntas sobre los reclamos y si necesita ayuda para hallar un proveedor, llame a la línea directa.

## Lleve con usted su tarjeta de identificación del seguro en todo momento.

Cuando usted va a un consultorio médico o al hospital, asegúrese de tener consigo su tarjeta de identificación del seguro.


Con la **aplicación móvil MyInsurance Mobile,** tiene toda su información de viaje justo en sus manos: Muestre su tarjeta de identificación del seguro al médico, vea todos los detalles importantes de contacto y las líneas directas de servicios, busque un médico u hospital cerca de su ubicación, y vea el res sus beneficios.

Descargue la aplicación ahora:

ANDROID APP ON Google play  Available on the App Store

## Si se enferma o lesiona: ¿Cómo encontrar un proveedor médico dentro de la Red PPO?

Su póliza utiliza el Aetna Passport a la Red Healthcare. Los proveedores médicos que pertenecen a esta red son considerados proveedores preferidos y tienen un contrato con el administrador de su póliza para facturarles directamente por servicios prestados a sus participantes. Esto significa que tendrá gastos subvencionales bajo su póliza, un proveedor preferido facturará directamente a GBG Assist al momento del servicio y usted sería el único responsable de cualquier deducible o copago. Usted puede buscar por su cuenta una red de proveedores preferidos en el siguiente enlace, o llamar a GBG Assist para solicitar ayuda al **1 800.817.4345***


Busque una clínica de atención urgente o ambulatoria en Passport to Healthcare
o llame a servicio al cliente al **1 800.817.4345**

## Se requiere preautorización para ciertos servicios. Llame al 1-800-817-4345.

**Los siguientes tratamientos y/o suministros siempre deben ser preautorizados. La falta de preautorización resultará en una reducción del 50 % en gastos subvencionales, hasta una sanción de máximo $1000:**

- Hospitalización
- Cirugía ambulatoria
- Exploración por CAT, resonancias magnéticas, exámenes PET
- Ambulancia aérea (este servicio estará coordinado por el Proveedor de ambulancia aérea de la aseguradora)
- Tratamientos especializados y medicamentos de alta especialidad
- Terapia física y servicios de rehabilitación

Las notificaciones de emergencias médicas deberán recibirse en el transcurso de 48 horas después del ingreso o tratamiento.
Envíe un Formulario de solicitud de preautorización lleno a GBG Assist, mínimo 5 días hábiles antes del procedimiento programado o fecha de tratamiento. Para más información, llame al **1 800 817 4345**

## Se debe contactar a GBG Assist antes de buscar tratamiento médico, incluyendo tratamiento en una sala de emergencias, salvo que tenga una emergencia que ponga en riesgo su vida. Debe ponerse en contacto con GBG Assist dentro de las 48 horas de dicha emergencia. Al no hacerlo, puede haber una reducción de los beneficios. Llame al 1-800-817-4345.

Los servicios prestados en la sala de emergencias son extremadamente costosos en los EE.UU., por lo que es necesario que determine con cuidado si es apropiado o no ir ahí por tratamiento. No acuda a la sala de emergencia solo porque es el único lugar abierto o para tratar una enfermedad o lesión menor. Existen alternativas a la sala de emergencias. De hecho, si acude a la sala por una condición no grave, prepárese para esperar un largo tiempo, ya que pacientes en condiciones más graves tendrán prioridad. Además, si no es admitido en el hospital, se le facturará un **copago de $350** en adición de cualquier deducible o coaseguro aplicable. Acuda a la sala de emergencias solo en casos de condiciones graves o que pongan en riesgo su vida, como dificultad para respirar, sangrado descontrolable, quemaduras severas, síntomas de derrame, dolor de pecho.

**NOTA: El uso que no sea de emergencia de una sala de emergencias de un hospital debido a una enfermedad que NO resulte en admisión resultará en una deducción de 350 USD que usted como asegurado deberá pagar.**

## Use una clínica de urgencias o ambulatoria

La alternativa a la sala de emergencias es un Centro de cuidados urgentes, el cual es llamado “Clínicas ambulatorias” o de “cuidado conveniente”. Cuidados urgentes se usa para tratamiento ese mismo día, pero no es para condiciones graves o potencialmente mortales. Si la condición que padece es una con la que normalmente visitaría el consultorio de su médico, entonces debe acudir a Cuidados urgentes en lugar de la sala de emergencias, aunque el primero no está destinado a cuidados preventivos de rutina. Cuidados urgentes tiene horarios extendidos, y está abierto en fines de semana y algunos días festivos. No se necesita cita, aunque si es posible, puede visitar uno de la red (Passport to Healthcare) – y seleccionar Passport to Healthcare Primary PPO Network o llamar a servicio al cliente de GBG Assist al **1 800 817 4345***. Acuda a Cuidados urgentes para condiciones que no sean de emergencia, como:

- ✓ Dolor de garganta, resfriado común o infecciones respiratorias
- ✓ Dolor de oído, infecciones de ojos o de la piel
- ✓ Alergias
- ✓ Micción dolorosa

Busque una Clínica de cuidados urgentes o ambulatoria en Passport to Healthcare o llame a Servicio al cliente a **1 800 817 4345**

- ✓ Vómito
- ✓ Herida menor (esguinces/torceduras)
- ✓ Huesos rotos (como la mano, dedos, pie, dedos del pie)

## Todas las condiciones médicas preexistentes están excluidas de la cobertura de esta póliza.

Una condición preexistente se refiere a cualquier enfermedad o lesión, condición física o mental, para la cual una Persona asegurada recibió cualquier diagnóstico, asistencia médica o tenga un medicamento prescrito, o en el que síntomas distintos fueron evidentes antes de la fecha de vigencia. Los Términos y Condiciones relacionados a las Condiciones preexistentes de este plan están descritos en las condiciones del seguro (disponibles en su Área MyInsurance).

## Las revisiones médicas de rutina o los cuidados preventivos NO están cubiertas en esta póliza.

Esta póliza está destinada a cubrirlo en una enfermedad o lesión aplicables que padezca durante su programa. Esta política no brinda cobertura alguna por cuidado rutinario como exámenes ginecológicos anuales, médicos escolares o deportivos, o inmunizaciones.

## ¿Cómo presentar un reclamo?

Para presentar un reclamo y encontrar información detallada sobre la tramitación de reclamaciones y reembolsos, diríjase al Portal del miembro de GBG en https://portals.gbg.com/Members
El portal del miembro GBG es necesario para una gestión de reclamos eficiente y sencillla porque la explicación de los beneficios (EOBs por sus siglas en inglés) y todos los formularios pueden hallarse en este sitio. También hay sugerencias útiles sobre cómo “Presentar un reclamo” que pueden encontrarse en su área MyInsurance en www.esecutive.com/MyInsurance o en la aplicación móvil.

**Para ingresar a la información completa de su seguro, ¡inicie sesión en su área personal de MyInsurance en: www.esecutive.com/MyInsurance o descargue la aplicación!**

**Exención de responsabilidad: Esta no es su tarjeta oficial de identificación del seguro. Si no tiene una copia oficial de su tarjeta de identificación del seguro, descárguela o imprímala en www.esecutive.com/MyInsurance**

Italiano

# Guida all'assicurazione per viaggi in USA / Canada

L'organizzazione che gestisce il tuo scambio ha sottoscritto per te una polizza assicurativa per ferite e malattie sottoscritta dalla BULSTRAD LIFE VIENNA INSURANCE GROUP e fornita da Global Benefits Group. Contatta GBG Assist in caso di dubbi sui benefit sanitari, su come inoltrare richieste di indennizzo o per verificare lo stato di richieste inoltrate. GBG Assist può aiutarti anche a trovare un medico iscritto alla rete (Aetna) di organizzazioni sanitarie preferite (PPO, in inglese) negli Stati Uniti.


Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
Email: GBGAssist@gbg.com
Numero verde: **1 800.817.4345***
* Per domande su richieste di indennizzo e per assistenza nella ricerca di operatori sanitari, chiama il numero verde.

## Porta sempre con te il documento di riconoscimento assicurativo

Quando vai dal medico o in ospedale, ricordati di portare con te il tuo documento di riconoscimento assicurativo.


Con l'**app mobile MyInsurance** hai tutte le informazioni di viaggio a portata di clic. Mostra il documento assicurativo al tuo dottore direttamente dal cellulare, consulta le informazioni su contatti e sevizi, cerca dottori od ospedali vicini e scopri quali sono i tuoi benefit.

Scarica subito l'app:

ANDROID APP ON Google play  Available on the App Store

## Se ti ammali o ti fai male: come trovare un medico all'interno della rete PPO

La tua polizza usa il Passaporto Aetna per la Rete Sanitaria. I medici iscritti a questa rete sono considerati operatori preferiti e hanno un contratto con l'amministratore della tua polizza, così da poter fatturare direttamente i servizi espeltati ai partecipanti. Questo vuol dire che, per spese idonee coperte dalla tua polizza, un medico preferito fatturerà direttamente a GBG Assist al momento del servizio e tu sarai responsabile solo di eventuali premi o franchigie. Puoi cercare un medico della rete preferenziale seguendo il link qui sotto o chiamando GBG Assist al numero **1 800.817.4345***


Cerca un medico d'urgenza o una clinica con pronto soccorso al link:
Passaporto Sanitario
o chiama il servizio clienti al: **1 800.817.4345**

## Per alcuni servizi serve la pre-autorizzazione. Chiamaci al 1-800-817-4345

**Le seguenti procedure e/o forniture devono essere sempre pre-autorizzate. In caso di mancata pre-autorizzazione, le spese idonee verranno ridotte del 50% per una sanzione massima pari a 1.000 $:**

- Ospedalizzazione con degenza
- Interventi in day hospital
- Tutte gli esami con CAT, MRI e PET
- Eliambulanza (questo servizio verrà coordinato dal fornitore di eliambulanza del sottoscritto)
- Trattamenti speciali e farmaci altamente specializzati
- Terapia fisica e servizi di riabilitazione

Le notifiche per le emergenze mediche devono arrivare entro 48 ore dall'ammissione o procedura.
Ti chiediamo di inviare un Modulo di Richiesta di Pre-autorizzazione a GBG Assist almeno 5 giorni lavorativi prima della data prevista per la procedura o trattamento. Per ulteriori informazioni, chiamaci al **1 800 817 4345**

## Bisogna contattare GBG Assist prima di chiedere trattamenti sanitari, inclusi quelli di pronto soccorso, fatta eccezione per emergenze potenzialmente fatali. Bisogna contattare GBF Assist entro 48 da tali emergenze. In caso contrario, i benefit potrebbero essere ridotti. Chiama il numero 1-800-817-4345.

I servizi di pronto soccorso sono estremamente costosi negli Stati Uniti, quindi è importante valutare se sia appropriato recarsi al pronto soccorso per chiedere aiuto. In caso di trattamenti o malanni minori, non è consigliabile andare al pronto soccorso solo perché è l'unico posto aperto. Ci sono alternative. Infatti, se vai al pronto soccorso per situazioni non-serie, dovrai aspettare molto a lungo perché pazienti in situazioni più serie avranno la priorità. Inoltre, se non verrai ricoverato, dovrai pagare **una quota di 350 $** in aggiunta a franchigie o premi applicabili. Vai al pronto soccorso solo per condizioni serie o quando c'è rischio di morte, per esempio in caso di: difficoltà a respirare, emorragie incontrollate, ustioni gravi, sintomi di infarto, dolore al petto.

**NOTA: In caso di utilizzo di pronto soccorso in situazioni di non emergenza per malanni che NON portano al ricovero, tu, l'assicurato, dovrai pagare una quota di 350 USD.**

## Usa un centro di terapie d'urgenza o una clinica ambulatoriale

L'alternativa al pronto soccorso è un centro di terapie d'urgenza, anche noto come clinica ambulatoriale o clinica rapida. I centri d'urgenza sono per trattamenti nello stesso giorno, ma per condizioni non serie e non rischiose per la vita. Se hai un problema per il quale normalmente andresti da un medico nel suo studio, allora devi andare in un centro di terapie d'urgenza e non al pronto soccorso, anche se i centri d'urgenza non effettuano terapie preventive. I centri di terapie d'urgenza sono aperti più a lungo, a volte anche durante i fine settimana e durante le feste. Non c'è bisogno di appuntamento, ma sarebbe preferibile visitare un centro iscritto alla Rete (Passaporto Sanitario) Primaria PPO del Passaporto Sanitario o chiamare il Servizio Clienti GBG al numero **1 800 817 4345***). Vai al centro di terapie d'urgenza per condizioni di non-emergenza quali:

- ✓ Mal di gola, raffreddore o infezioni respiratorie
- ✓ Otiti o infezioni di occhi o pelle
- ✓ Allergie
- ✓ Dolore durante la minzione
- ✓ Vomito

Search for an Urgent Care or Walk-in Clinic at:
Passport to Healthcare
or call Customer Service at: **1 800 817 4345**

- ✓ Ferite minori (slogature)
- ✓ Fratture minori (come mano, dita, piedi o dita dei piedi)

## Tutte le condizioni mediche pre-esistenti non sono coperte da questa polizza.

Per condizioni mediche pre-esistenti si intendono malanni, ferite o condizioni fisiche o mentali per le quali l'Assicurato ha ricevuto diagnosi, consiglio o trattamenti da parte di un medico o per le quali ha assunto farmaci prescritti o ancora quando i sintomi caratteristici erano evidenti da prima della data di entrata in effetto della polizza. I Termini e le Condizioni per quanto riguarda le condizioni pre-esistenti sono descritti tra le condizioni generali dell'assicurazione (disponibili nella tua area personale MyInsurance).

## Controlli sanitari di routine o cure preventive NON sono coperti da questa polizza.

Questa polizza ti protegge solo per malanni o ferite idonee che possono avvenire durante il tuo programma. La polizza non fornisce alcuna copertura per controlli di routine quali esami ginecologici annuali, controlli per sport o scuola e immunizzazioni.

## Come fare richiesta di indennizzo?

Per fare richiesta di indennizzo e per tutte le informazioni sulla gestione di richieste e rimborsi, consulta il Portale Membri GBG al sito https://portals.gbg.com/Members
Il Portale Membri GBG è indispensabile per gestire in modo semplice ed efficiente le richieste perché contiene tutte le spiegazioni sui benefit (EOBs in inglese) e i moduli per le richieste. Inoltre, potrai trovare degli utili consigli su come "Fare richiesta" nella tua area MyInsurance sul sito www.esecutive.com/MyInsurance o dall'app mobile.

**Per accedere a tutte le informazioni sulla tua assicurazione accedi alla tua area personale MyInsurance al link: www.esecutive.com/MyInsurance oppure scarica l'app!**

**Disclaimer: questo non è il tuo documento di riconoscimento assicurativo ufficiale. Se non hai una copia del tuo documento assicurativo, scaricala o stampala dal sito www.esecutive.com/MyInsurance**

Français

# Guide d'assurance pour les voyages aux USA / Canada

Votre organisation d'échange vous a inscrit dans une police d'assurance maladie et blessure souscrite auprès de BULSTRAD LIFE VIENNA INSURANCE GROUP et fournie par Global Benefits Group. Veuillez contacter GBG Assist si vous avez des questions concernant vos prestations médicales, le dépôt d'une réclamation ou le statut d'une réclamation que vous avez déposée. GBG Assist peut également vous aider à trouver un fournisseur dans le réseau d'organisations de fournisseur privilégié (Aetna) aux États-Unis.


Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
Email : GBGAssist@gbg.com
Assistance téléphonique : **1 800.817.4345***
* Si vous avez des demandes, des questions ou si vous avez besoin d'aide pour trouver un fournisseur, veuillez appeler l'assistance téléphonique.

## Conservez sur vous en toute circonstance votre carte d'assurance.

Lorsque vous vous rendez au cabinet d'un médecin ou à l'hôpital, veillez à vous munir de votre carte d'assurance.


Avec l'application mobile MyInsurance, vous avez toutes les informations de voyage à portée de main : montrez votre carte d'assurance sur votre téléphone au médecin, consultez toutes les informations de contact importantes et les lignes d'assistance téléphonique, recherchez un médecin ou un hôpital à proximité de votre position et visualisez le résumé de vos prestations.

Téléchargez l'application maintenant :

ANDROID APP ON Google play | Available on the App Store

## Si vous tombez malade ou vous blessez : comment trouver un prestataire médical au sein du réseau PPO?

Votre police utilise le réseau passeport Aetna pour le réseau de soins. Les prestataires médicaux appartenant à ce réseau sont considérés comme des prestataires privilégiés et ont passé un contrat avec l'administrateur de votre police pour leur facturer directement les services fournis à leurs participants. Cela signifie que, pour les dépenses éligibles au titre de votre police, un fournisseur privilégié facturera directement GBG Assist au moment du service et vous ne serez responsable que de toute franchise ou copaiement. Vous pouvez rechercher vous-même un fournisseur de réseau privilégié via le lien ci-dessous ou appeler GBG Assist pour obtenir de l'aide au **1 800 817 4345***


Recherchez une clinique de soins d'urgence ou sans rendez-vous à l'adresse suivante :
Passeport pour les soins
ou appelez le service clientèle au : **1 800 817 4345**

## Une pré-autorisation est nécessaire pour certains services. Appelez le 1-800-817-4345.

**Les traitements et/ou fournitures suivants doivent toujours être pré-autorisés. Un défaut de pré-autorisation entraînera une réduction de 50 % des dépenses admissibles, jusqu'à une amende maximale de 1 000 $ :**

- Soins hospitaliers
- Chirurgie ambulatoire
- Tous les examens par tomodensitométrie, IRM et TEP
- Ambulance aérienne (ce service sera coordonné par le fournisseur d'ambulance aérienne du souscripteur)
- Traitements spécialisés et médicaments hautement spécialisés
- Services de physiothérapie et de rééducation

Les notifications d'urgence médicale doivent être reçues dans les 48 heures suivant l'admission ou la procédure. Veuillez soumettre un formulaire de demande de pré-autorisation dûment rempli à GBG Assist au moins cinq jours ouvrables avant la date prévue de l'intervention ou du traitement. Pour plus d'informations, veuillez appeler le **1 800 817 4345**.

## Vous devez contacter GBG Assist avant de demander un traitement médical, y compris un traitement dans une salle d'urgence, à moins que vous n'ayez une urgence mettant votre vie en danger. Vous devez contacter GBG Assist dans les 48 heures suivant une telle urgence. Dans le cas contraire, cela pourrait entraîner une réduction des avantages. Appelez le 1-800-817-4345.

Aux États-Unis, les services fournis dans les salles d'urgence coûtent extrêmement cher, vous devez donc déterminer avec soin s'il est approprié d'y aller pour un traitement. N'allez pas aux urgences uniquement parce que c'est le seul endroit ouvert ou pour le traitement d'une maladie ou d'une blessure mineure. Il existe des possibilités autres que les urgences. En fait, si vous vous présentez aux urgences pour un trouble peu grave, soyez prêt à attendre très longtemps, car la priorité sera accordée aux patients souffrant d'un problème plus grave. De plus, si vous n'êtes pas admis à l'hôpital, **un acompte de 350 $** vous sera facturé en plus de toute franchise ou coassurance applicable. Ne vous présentez aux urgences que dans les cas graves ou mettant votre vie en danger, tels que : des difficultés respiratoires, des saignements incontrôlés, des brûlures graves, des symptômes d'un accident vasculaire cérébral ou des douleurs à la poitrine.

**REMARQUE : Une visite non urgente des urgences d'un hôpital pour une maladie ne conduisant PAS à une admission entraînera une franchise de 350 USD qui devra être payée par vous, l'assuré.**

## Utilisez une clinique de soins d'urgence ou sans rendez-vous.

L'alternative aux urgences est un centre Urgent Care parfois désigné sous le nom de cliniques sans rendez-vous ou de soins pratiques. Les centres Urgent Care s'occupent de traitements le jour même, mais pas pour les affections graves ou pouvant mettre la vie du patient en danger. Si votre état de santé vous amènerait normalement au cabinet de votre médecin, vous devriez alors vous adresser à Urgent Care au lieu des urgences, bien que Urgent Care ne soit pas destiné aux soins préventifs de routine. Urgent Care a des heures prolongées et est ouvert le week-end et certains jours fériés. Aucun rendez-vous n'est nécessaire bien que vous devriez vous rendre dans un cabinet du réseau, si possible (Passeport pour les soins) - et sélectionnez le réseau PPO principal Passeport pour les soins ou appelez le service à la clientèle de GBG Assist au **1 800 817 4345***). Rendez-vous dans un centre Urgent Care dans les cas non urgents suivants :

- ✓ Maux de gorge, rhume ou infections respiratoires
- ✓ Douleurs à l'oreille, infections oculaires ou cutanées
- ✓ Allergies
- ✓ Miction douloureuse
- ✓ Vomissements
- ✓ Blessure mineure (entorses/foulures)
- ✓ Os cassés mineurs (par exemple aux mains, aux doigts, aux pieds, aux orteils)

Recherchez un Urgent Care ou une clinique sans rendez-vous sur Passport to Healthcare ou appelez le service clientèle au : **1 800 817 4345**

## Toutes les conditions médicales préexistantes sont exclues de la couverture de cette police.

Une « condition préexistante » désigne toute maladie ou blessure, condition physique ou mentale pour laquelle une personne assurée a reçu un diagnostic, un avis médical ou un traitement, ou avait pris un médicament sur ordonnance, ou si des symptômes distincts étaient apparents avant la date d'effet. Les conditions générales relatives aux conditions préexistantes de ce plan sont décrites dans les conditions d'assurance (disponibles dans votre espace MyInsurance).

## Les bilans de santé ou les soins préventifs de routine ne sont PAS couverts par cette police.

Cette police est uniquement destinée à vous couvrir en cas de maladie ou de blessure éligible que vous avez subie pendant votre programme. La police ne fournit aucune couverture pour les soins de routine tels que les examens gynécologiques annuels, les examens physiques scolaires ou sportifs ou la vaccination.

## Comment déposer une réclamation ?

Pour déposer une réclamation et trouver des informations détaillées sur le traitement des réclamations et les remboursements, veuillez vous rendre sur le portail des membres du GBG à l'adresse suivantes https://portals.gbg.com/Members
Le portail des membres GBG est nécessaire pour une gestion des sinistres simple et efficace, car toutes les explications sur les avantages (EOB) et les formulaires requis pour les réclamations sont disponibles sur ce site. Vous trouverez également des conseils utiles sur la procédure à suivre pour déposer une réclamation dans votre espace MyInsurance à l'adresse suivante www.esecutive.com/MyInsurance ou sur l'application mobile.

**Pour accéder à vos informations d'assurance complètes, veuillez vous connecter à votre espace personnel MyInsurance à l'adresse suivante : www.esecutive.com/MyInsurance ou téléchargez l'application !**

**Avertissement : ceci n'est pas votre carte d'assurance officielle. Si vous n'avez pas de copie officielle de votre carte d'assurance, veuillez la télécharger ou l'imprimer à l'adresse suivante : www.esecutive.com/MyInsurance.**

中文

# 赴美国/加拿大行程 保险指南


您的交换机构已为您登记一项疾病和伤害健康保险政策，该政策由 BULSTRAD LIFE 维也纳保险集团承保，Global Benefits Group 提供服务。如果您对您的医疗权益、理赔流程、或您已申请的理赔状态有任何疑问，请联系 GBG 援助。GBG 援助也能帮助您在美国的优选医疗机构提供者 (preferred provider organization, PPO) 网络（安泰）中找到一家提供者。

Global Benefits Group
美国，加利福尼亚州，Foothill Ranch
Portola Parkway 27422 号 110 室
电子邮件：GBGAssist@gbg.com
热线：**1 800.817.4345***
*如果您想咨询理赔相关事宜，或想找一家医疗提供者，请拨打热线。

## 请随时携带您的保险卡。

您前往医生办公室、或前去医院时，切记带上您的保险卡。


使用**“我的保险移动应用” (MyInsurance Mobile app)**，行程信息尽在指尖。向医生出示您手机中的保险卡，浏览全部重要联系人详情和服务热线，搜索附近的医生或医院，查看您的权益概览。

马上下载此应用：

ANDROID APP ON Google play　Available on the App Store

## 如果您生病或受伤：如何在 PPO 网络中找到一家医疗提供者？

您的保单使用了安泰医疗网络护照。归属该网络的医疗提供者将被看作优先医疗机构，且与您的保单管理者签有合同，医疗提供者为后者的参保者们提供的服务费用将直接向后者收取。这意味着符合您保单条款的花费，优先医疗机构将在服务时直接向 GBG 援助开出账单，您只需支付自付额或共担额即可。您可以通过下方链接自行搜索优先医疗机构，或致电 GBG 援助（电话：**1 800.817.4345***）获得帮助

在此处搜索急诊中心或免预约诊所：
医疗保健护照
或致电客户服务中心：**1 800.817.4345**


## 某些服务需要预授权。拨打1-800-817-4345

**下列治疗和/或供给必须总是取得预授权。如未能取得预授权，将导致适用花费降低 50%，最高可达 1000 美元的损失：**

- 住院病人住院治疗
- 门诊手术
- 所有的 CAT 扫描、核磁共振 (MRI)，PET 扫描
- 空中救护车（该服务将由保险人的空中救护车提供者协调）
- 专业治疗和高度专业化的药物
- 物理治疗和康复服务

必须在入院或手术的 48 小时内收到医疗紧急通知。

请于预约手术日期或治疗日期前至少 5 个工作日，向 GBG 援助提交一份完整的预授权申请表格。如了解更多信息，请致电 **1 800 817 4345**

除非您遇到危及生命的紧急情况，否则在寻求医疗治疗（包括急救室治疗）前，必须事先联系 GBG 援助。在紧急情况下，您也应该在 48 小时内联系 GBG 援助。否则，可能会导致权益减损。拨打 1-800-817-4345。

在美国，急救室内提供的服务费用十分高昂，因此您需要慎重决定是否到了需要接受急救室治疗。不要仅仅因为急救室是唯一开放的、可以治疗轻微疾病或受伤的场所，就去急救室接受治疗。除了急救室，还有其他代替的选项。实际上，如果您因为非严重情形前往急救室，您需要做好长时间等待的准备，因为会优先接诊情况更为严重的病人。此外，如果您最后未被医院接收进行住院治疗，除所有的自付额或共付保险外，您还将被额外收取 **350 美元的共担额**。

请仅在严重情况下或有生命危险的情况下前往急救室，如：呼吸困难、流血不止、重伤、中风症状、胸部疼痛。

**请注意：非紧急情况下使用医院急救室治疗不能入院的疾病将有 350 美元的自付额，必须由您，即被保险人支付**

## 使用急诊中心或免预约诊所

急救室的替代项是急诊中心，有时被称为免预约诊所或便利门诊。急诊中心是当天治疗，但不适用于严重或有生命危险的情况。如果您遇到的是平日通常会去看医生的情况，您应该前往急诊中心而不是急救室，尽管急诊中心不是为了常规预防护理而设立的。急诊中心开放时间更长，在周末和某些假日里也开放。即便您在开放时段想前往网络上（医疗保健护照）的某一家急诊中心，您也无需预约。请选择医疗保健护照优先 PPO 网络，或致电 GBG 援助客户服务中心，电话 **1 800 817 4345***）。在以下非紧急情况发生时，前往急诊中心：

- ✓ 咽喉疼痛、普通感冒、或呼吸道感染
- ✓ 耳朵疼痛、眼部或皮肤感染
- ✓ 过敏
- ✓ 排尿疼痛
- ✓ 呕吐
- ✓ 轻微疼痛（扭伤/拉伤）
- ✓ 轻微骨折（如手掌、手指、脚掌、脚趾骨折）

在此处搜索急诊中心或免预约诊所：
医疗保健护照
或致电客户服务中心：**1 800 817 4345**

## 所有既存医疗状况都不包括在本保单的承保范围内。

既存状况是指被保人已接受任何诊断、医疗建议或治疗，或曾服用任何处方药物，或在保单生效日前即有明显症状的任何疾病或伤害、身体或精神状况。与此保险方案既存状况相关的条款和条件，在保险条件中已有描述（可见于您的“我的保险” (MyInsurance) 区域）。

## 常规健康检查或预防护理不在此保单范围内。

本保单仅旨在涵盖您在行程期间发生的适用疾病或伤害。本保单不涵盖任何常规护理，如年度妇科检查、学校或体育体检、或免疫接种。

## 如何提交理赔？

要提交理赔，或寻找理赔处理和赔付的详细信息，请前往 GBG 会员门户，网址为：https://portals.gbg.com/Members

高效、便捷的理赔管理离不开 GBG 会员门户，所有理赔解释函 (explanation of benefits, EOB) 和理赔所需表格都能在此网站找到。此外，您可以在www.esecutive.com/MyInsurance或移动应用的“我的保险” (MyInsurance) 区域，找到如何“提交理赔”的帮助提示。

**要获取您的完整保险信息，请登录您的个人“我的保险”(MyInsurance) 区域，网址为：www.esecutive.com/MyInsurance，或下载应用！**

**免责声明：这并非您的正式保险卡。**如果您没有收到您保险卡的正式版本，请在 **www.esecutive.com/MyInsurance** 将其下载或打印出来。

Deutsch

# Versicherungsleitfaden für Reisen in die USA / Kanada


Ihre Austauschorganisation hat Sie bei einer Kranken- und Unfallversicherung angemeldet, die von der BULSTRAD LIFE VIENNA INSURANCE GROUP versichert und von der Global Benefits Group betreut wird. Bitte wenden Sie sich an GBG Assist, wenn Sie Fragen zu Ihren medizinischen Leistungen, zur Einreichung eines Anspruchs oder zum Status eines von Ihnen eingereichten Anspruchs haben. GBG Assist kann Ihnen auch bei der Suche nach einem Anbieter im Preferred Provider Organization (PPO)-Netzwerk (Aetna) in den USA behilflich sein.

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
E-Mail: GBGAssist@gbg.com
Hotline: **1 800.817.4345***
* Bei Fragen bezüglich Ihrer Versicherungsansprüche und wenn Sie Hilfe bei der Suche nach einem Leistungserbringer benötigen, wenden Sie sich bitte an die Hotline.

## Tragen Sie Ihren Versicherungsausweis immer bei sich.

Wenn Sie in eine Arztpraxis oder ins Krankenhaus gehen, bringen Sie bitte unbedingt Ihren Versicherungsausweis mit.


Mit der **MyInsurance Mobile-App** haben Sie alle Ihre Reiseinformationen immer zur Hand: Zeigen Sie dem Arzt Ihren Versicherungsausweis auf Ihrem Handy an, rufen Sie alle wichtigen Kontaktdaten und Service-Hotlines auf, suchen Sie einen Arzt oder ein Krankenhaus in Ihrer Nähe und sehen Sie Zusammenfassung Ihrer Vorteile an.

Laden Sie sich die App jetzt herunter:

ANDROID APP ON Google play  Available on the App Store

## Wenn Sie krank werden oder sich verletzen: Wie finden Sie einen Arzt im PPO-Netzwerk?


Ihre Police verwendet das Passport to Healthcare-Netzwerk von Aetna. Medizinische Leistungserbringer, die zu diesem Netzwerk gehören, gelten als bevorzugte Leistungserbringer und haben mit dem Administrator Ihrer Police einen Vertrag darüber abgeschlossen, dass sie die für die Versicherungsnehmer erbrachten Dienstleistungen direkt bei dem Administrator in Rechnung stellen können. Dies bedeutet, dass ein bevorzugter Leistungserbringer für erstattungsfähige Ausgaben gemäß Ihrer Police direkt zum Zeitpunkt der Dienstleistung eine Rechnung an GBG Assist ausstellt und Sie nur für etwaige Abzüge oder Zuzahlungen verantwortlich sind. Sie können über den folgenden Link selbst nach einem bevorzugten Leistungserbringer aus dem Netzwerk suchen oder GBG Assist unter der Nummer **1 800.817.4345*** anrufen.

Suchen Sie unter folgendem Link nach einer Notfallklinik oder einer ambulanten Klinik:
Passport to Healthcare
oder rufen Sie die Kundenbetreuung unter folgender Nummer an: **1 800.817.4345**

## Für bestimmte Dienste ist eine Vorautorisierung erforderlich. Rufen Sie 1-800-817-4345 an

**Die folgenden Behandlungen und/oder Versorgungen müssen immer vorautorisiert werden. Wird die Vorautorisierung nicht durchgeführt, werden die erstattungsfähigen Ausgaben um 50% gesenkt - bis zu einer Höchststrafe von 1.000 $ (890 €):**

- Stationärer Krankenhausaufenthalt
- Ambulante Operation
- Alle CAT-Scans, MRTs, PET-Scans
- Ambulanzflüge (dieser Service wird vom Ambulanzfluganbieter des Versicherers koordiniert)
- Spezialbehandlungen und hochspezialisierte Medikamente
- Physiotherapie- und Rehabilitationsdienste

Medizinische Notfallbenachrichtigungen müssen innerhalb von 48 Stunden nach der Aufnahme oder dem Eingriff eingehen.

Bitte senden Sie ein ausgefülltes Vorautorisierungsantragsformular mindestens 5 Werktage vor dem geplanten Eingriffs- oder Behandlungstermin an GBG Assist. Weitere Informationen erhalten Sie unter der Telefonnummer **1 800 817 4345**

## GBG Assist muss vor einer medizinischen Behandlung, einschließlich einer Behandlung in einer Notaufnahme, kontaktiert werden, es sei denn, Sie haben einen lebensbedrohlichen Notfall. Nach einem solchen Notfall müssen Sie sich innerhalb von 48 Stunden an GBG Assist wenden. Andernfalls kann es zu einer Leistungsminderung kommen. Rufen Sie 1-800-817-4345 an.

In der Notaufnahme erbrachte Dienstleistungen sind in den USA extrem teuer. Sie müssen daher sorgfältig prüfen, ob es angemessen ist, sich dort einer Behandlung zu unterziehen. Gehen Sie nicht in die Notaufnahme, nur weil sie der einzige offene Ort ist oder zur Behandlung einer geringfügigen Krankheit oder Verletzung. Es gibt Alternativen zur Notaufnahme. Wenn Sie wegen einer nicht schwerwiegenden Erkrankung in die Notaufnahme gehen, sollten Sie sich darauf einstellen, sehr lange zu warten, da Patienten mit schwerwiegenderen Beschwerden Vorrang haben. Wenn Sie nicht ins Krankenhaus eingeliefert werden, wird Ihnen zusätzlich zu einer Selbstbeteiligung oder einer Mitversicherung eine **Zuzahlung von 350 $** (ca. 310 €) in Rechnung gestellt. Gehen Sie nur bei schweren oder lebensbedrohlichen Beschwerden in die Notaufnahme, z. B. bei: Atembeschwerden, unkontrollierten Blutungen, schweren Verbrennungen, Schlaganfallsymptomen, Brustschmerzen.

**HINWEIS: Die Nutzung einer Notaufnahme eines Krankenhauses in nicht dringenden Fällen für eine Krankheit, die NICHT zur Aufnahme führt, hat eine Selbstbeteiligung von 350 USD (ca. 310 EUR) zur Folge, die von Ihnen, dem Versicherten, bezahlt werden muss.**

## Ein Urgent Care Center oder eine Walk-In-Klinik nutzen

Die Alternative zur Notaufnahme ist ein Notfallzentrum (Urgent Care Center), das manchmal auch als Walk-In-Klinik oder als Convenient Care bezeichnet wird. Urgent Care ist für die Behandlung am selben Tag vorgesehen, jedoch nicht für schwerwiegende oder lebensbedrohliche Erkrankungen. Wenn Sie unter einer Krankheit leiden, mit der Sie normalerweise Ihren Hausarzt besuchen würden, sollten Sie sich an die Urgent Care anstatt die Notaufnahme wenden, obwohl Urgent Care nicht für die routinemäßige vorbeugende Behandlung vorgesehen ist. Urgent Care hat verlängerte Öffnungszeiten und ist auch an Wochenenden und einigen Feiertagen geöffnet. Es ist kein Termin erforderlich, obwohl Sie nach Möglichkeit im Netzwerk (Passport to Healthcare) einen Termin vereinbaren sollten - und wählen Sie Passport to Healthcare Primary PPO Network oder rufen Sie die Kundenbetreuung von GBG Assist unter **1 800 817 4345*** an. Besuchen Sie die Urgent Care für nicht dringende Krankheitsfälle wie:

- ✓ Halsschmerzen, Erkältung oder Infektionen der Atemwege
- ✓ Ohrenschmerzen, Augen- oder Hautinfektionen
- ✓ Allergien

- ✓ Schmerzhaftes Urinieren
- ✓ Erbrechen
- ✓ Leichte Verletzung (Verstauchungen/Zerrungen)
- ✓ Kleinere Knochenbrüche (wie Hand, Finger, Fuß, Zehen)

Suchen Sie unter folgendem Link nach Urgent Care oder einer Walk-in-Klinik:
Passport to Healthcare
oder rufen Sie unter folgender Nummer die Kundenbetreuung an: **1 800 817 4345**

## Alle bereits bestehenden Erkrankungen sind von der Deckung durch diese Police ausgeschlossen.

Als bereits bestehende Erkrankung zählt jede Krankheit oder Verletzung, körperliche oder geistige Erkrankung, für die eine versicherte Person eine Diagnose, einen medizinischen Rat oder eine Behandlung bekommen oder ein verschriebenes Medikament eingenommen hat oder bei der vor dem Inkrafttreten deutliche Symptome aufgetreten sind. Die Allgemeinen Geschäftsbedingungen zu den bereits bestehenden Erkrankungen dieses Versicherungspakets sind in den Versicherungsbedingungen beschrieben (erhältlich in Ihrem MyInsurance-Bereich).

## Routine-Checks oder Vorsorgeuntersuchungen fallen NICHT unter diese Richtlinie.

Diese Police soll Sie nur für eine in Frage kommende Krankheit oder Verletzung versichern, die Sie während Ihres Programms erleiden. Die Police sieht keine Deckung für Routinebehandlungen wie jährliche gynäkologische Untersuchungen, Schul- oder Sporttherapien oder Impfungen vor.

## Wie erhebe ich einen Anspruch auf Kostenerstattung?

Um einen Anspruch einzureichen und detaillierte Informationen zur Bearbeitung und Erstattung von Ansprüchen zu erhalten, besuchen Sie bitte das GBG-Mitgliederportal unter https://portals.gbg.com/Members
Das GBG-Mitgliederportal ist für ein effizientes und einfaches Forderungsmanagement erforderlich, da alle für Versicherungsansprüche erforderlichen Leistungserklärungen und Formulare auf dieser einen Website zu finden sind. Hilfreiche Hinweise zum Einreichen eines Anspruchs finden Sie in Ihrem MyInsurance-Bereich unter www.esecutive.com/MyInsurance oder in der mobilen App.

**Um auf Ihre vollständigen Versicherungsdaten zuzugreifen, loggen Sie sich bitte unter www.esecutive.com/MyInsurance in Ihren persönlichen MyInsurance-Bereich ein oder laden Sie sich die App herunter!**

**Haftungsausschluss: Dies ist nicht Ihr offizieller Versicherungsausweis. Wenn Sie keine offizielle Kopie Ihres Versicherungsausweises haben, können Sie diese unter www.esecutive.com/MyInsurance herunterladen oder ausdrucken**

العربية

# دليل التأمين للسفر إلى الولايات المتحدة الأمريكية / كندا


قامت مؤسسة التبادل الخاصة بك بتسجيلك في بوليصة تأمين صحي للأمراض والإصابات اكتتبته مجموعة BULSTRAD LIFE فيينا للتأمين وتقدمها مجموعة Global Benefits. يرجى الاتصال بشركة GBG Assist إذا كانت لديك أي أسئلة بخصوص مزاياك الطبية أو كيفية تقديم مطالبة تأمينية أو حالة مطالبة تأمينية تم تقديمها. يمكن لـ GBG Assist أيضاً مساعدتك في العثور على موفِّر خدمة ضمن شبكة منظمة الموفِّر المفضل (Aetna) (PPO) في الولايات المتحدة.

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
البريد الإلكتروني: GBGAssist@gbg.com
الخط الساخن: 800.817.4345 1*
* للأسئلة الخاصة بالمطالبات التأمينية، وإذا كنت بحاجة إلى مساعدة للعثور على موفِّر خدمة، فيرجى الاتصال بالخط الساخن

## احمل معك بطاقة التأمين في جميع الأوقات .

عند توجهك إلى الطبيب أو إلى المستشفى، تأكد من إحضارك لبطاقتك التأمينية.


مع **تطبيق الهاتف المحمول MyInsurance** سيصبح لديك جميع معلومات سفرك في متناول يديك: اظهر بطاقتك التأمينية على هاتفك للطبيب، وشاهد جميع تفاصيل جهات الاتصال الهامة وأرقام الخط الساخن، واعثر على طبيب أو مستشفى بالقرب من موقعك وشاهد ملخصاً للمزايا التي تتمتع بها.

حمل التطبيق الآن:

ANDROID APP ON Google play | Available on the App Store

## إذا مرضت أو أُصبت: كيف يمكنك العثور على موفِّر خدمات طبية ضمن شبكة PPO؟


تستفيد البوليصة الخاصة بك من شبكة Aetna Passport to Healthcare Network. يُعتبر مقدمو الخدمات الطبية الذين ينتمون إلى هذه الشبكة موفِّري خدمة مفضَّلين ولديهم عقد مع مسؤول البوليصة الخاصة بك لمحاسبتهم مباشرة مقابل الخدمات المقدمة إلى المشاركين. هذا يعني أن موفِّر الخدمة المفضَّل سيقوم بإصدار الفواتير إلى GBG Assist مباشرة في وقت الخدمة نظير المصاريف المسموح بها بموجب بوليصتك التأمينية، وسيتعين عليك فقط دفع أي خصومات أو مشاركة تسديد. يمكنك البحث عن موفِّر شبكة مفضل بنفسك عبر الرابط أدناه أو الاتصال بـ GBG Assist للحصول على المساعدة على **1 800.817.4345***

ابحث عن رعاية عاجلة أو عيادة بدون مواعيد في:
Passport to Healthcare
أو اتصل بخدمة العملاء على **1 800.817.4345**

## التصريح المسبق مطلوب لخدمات معينة. اتصل على 1-800-817-434

**يجب استصدار تصريح مسبق للعلاجات و/أو المستلزمات التالية. سيؤدي عدم وجود تصريح مسبق إلى تخفيض النفقات المؤهلة بنسبة 50% بحد أقصى 1000 دولار غرامة:**

- مريض داخلي في مستشفى
- جراحة العيادات الخارجية
- جميع الأشعات المقطعية، التصوير بالرنين المغناطيسي، مسحPET
- الإسعاف الجوي (سيتم تنسيق هذه الخدمة من قِبل موفِّر الإسعاف الجوي للمؤمَّن)
- علاجات متخصصة وعقاقير عالية التخصص
- خدمات العلاج الطبيعي وإعادة التأهيل

يجب تلقي إخطارات الطوارئ الطبية خلال 48 ساعة من تسجيل الدخول أو إجراء العملية.
يرجى تقديم نموذج مكتمل لطلب تصريح مسبق إلى GBG Assist قبل 5 أيام عمل على الأقل من إجراء العملية أو الموعد المقرر للعلاج. لمزيد من المعلومات يرجى الاتصال على **1 800 817 4345**

## يجب الاتصال بـ GBG Assist قبل طلب العلاج الطبي بما في ذلك العلاج في غرفة الطوارئ إلا في حالات الطوارئ التي تهدد الحياة. يجب عليك الاتصال بـ GBG Assist خلال 48 ساعة من حالة الطوارئ. قد يؤدي عدم القيام بذلك إلى تقليص المزايا. اتصل على 1-800-817-4345

الخدمات المقدمة في غرفة الطوارئ باهضة الثمن في الولايات المتحدة الأمريكية، لذا عليك أن تقرر بعناية ما إذا كان من المناسب الذهاب إلى هناك لتلقي العلاج. لا تذهب إلى الطوارئ فقط لأنها المكان الوحيد المفتوح أو لعلاج مرض أو إصابة بسيطة. هناك بدائل لغرفة الطوارئ، وفي الواقع إذا ذهبت إلى الطوارئ لحالة غير خطيرة، فاكن مستعداً للانتظار لفترة طويلة جداً، حيث أن الأولوية للمرضى الذين يعانون من حالات أكثر خطورة. بالإضافة إلى ذلك، إذا لم يتم تسجيل دخولك إلى المستشفى، فستتم مطالبتك **بمشاركة تسديد بقيمة 350 دولار أمريكي** بالإضافة إلى أي خصومات أو مشاركة تأمين مطبَّقة. توجه إلى غرفة الطوارئ فقط في الحالات الخطيرة أو المهددة للحياة مثل: صعوبة التنفس، النزيف غير المسيطَر عليه، الحروق الشديدة، أعراض السكتة، ألم الصدر.

**ملاحظة: استخدام غرفة الطوارئ بالمستشفى للحالات الغير طارئة وللمرض الذي لا يؤدي إلى تسجيل دخولك، سيؤدي إلى خصم بقيمة 350 دولار أمريكي يتعين عليك أنت المؤمن عليه دفعها.**

## استخدام الرعاية العاجلة أو العيادات بدون مواعيد

البديل عن الطوارئ هو مركز الرعاية العاجلة الذي يشار إليه أحياناً إمَّا باسم عيادات بدون مواعيد أو الرعاية المريحة. الرعاية العاجلة هي للعلاج في نفس اليوم، ولكنها ليست للحالات الخطيرة أو التي تهدد الحياة. إذا كانت حالتك عادة ما تزور طبيبك بشأنها، فيجب عليك التوجه إلى "الرعاية العاجلة" بدلاً من "الطوارئ" على الرغم من أن "الرعاية العاجلة" ليست مخصَّصة للرعاية الوقائية الروتينية. تعمل الرعاية العاجلة لساعات أطول وفي عطلة نهاية الأسبوع وبعض العطلات. الحجز المسبق ليس ضرورياً، إلَّا أنه يجب عليك زيارة إحدى المراكز ضمن الشبكة إن أمكن (Passport to Healthcare) - واختيار Passport to Healthcare Primary PPO Network أو الاتصال بخدمة عملاء GBG Assist على 1 800 817 4345*). توجه إلى الرعاية العاجلة للحالات غير الطارئة مثل:

- ✓ التهاب الحلق والتهابات البرد أو الجهاز التنفسي
- ✓ ألم الأذن أو التهابات العين أو الجلد
- ✓ الحساسية
- ✓ الألم أثناء التبول
- ✓ القيئ
- ✓ الإصابات البسيطة (الالتواءات/التمزقات)
- ✓ كسور العظام البسيطة (كاليد، الأصابع، القدم، أصابع القدم)

ابحث عن رعاية عاجلة أو عيادة بدون مواعيد في:
Passport to Healthcare
أو اتصل بخدمة العملاء على **1 800.817.4345**

## جميع الحالات الطبية الموجودة مسبقاً يتم استبعادها من التغطية بموجب هذه البوليصة.

يُقصد بالحالات الطبية الموجودة مسبقاً أي مرض أو إصابة، أو أي حالة جسدية أو عقلية تم تشخيص المؤمن عليه بها أو تلقيه لمشورة طبية أو علاج أو تناوله لأي دواء موصوف بشأنها، أو في حال ظهور أعراض واضحة للحالة قبل تاريخ السريان. الشروط والأحكام المتعلقة بالحالات الطبية الموجودة مسبقاً لهذه الخطة موضحة في شروط التأمين (المتوفرة في قسم MyInsurance).

## الفحوصات الصحية الروتينية أو الرعاية الوقائية غير مغطاة تحت هذه البوليصة.

تهدف هذه البوليصة فقط إلى تغطيتك بسبب مرض أو إصابة مؤهلة قد تتعرض لها أثناء برنامجك. لا توفّر البوليصة أي تغطية للرعاية الروتينية مثل الفحص السنوي لأمراض النساء أو المدارس أو الفحوص البدنية الرياضية أو التطعيمات.

## كيف تقدم مطالبة تأمينية؟

لتقديم مطالبة تأمينية والعثور على معلومات مفصَّلة حول معالجة المطالبات وسدادها، يرجى زيارة بوابة أعضاء GBG على https://portals.gbg.com/Members
تعد بوابة أعضاء GBG ضرورية لإدارة المطالبات بطريقة تتسم بالكفاءة والسهولة، حيث يمكن العثور على جميع شروحات المزايا (EOBs) والنماذج المطلوبة للمطالبات على هذا الموقع. كما يوجد نصائح مفيدة حول كيفية "تقديم مطالبة تأمسنية" في قسم MyInsurance على www.esecutive.com/MyInsurance أو في تطبيق الهاتف المحمول.

**للوصول إلى معلومات التأمين الكاملة الخاصة بك، يرجى تسجيل الدخول إلى قسم MyInsurance على:**
**www.esecutive.com/MyInsurance أو تنزيل التطبيق!**

**إخلاء مسئولية: هذه ليست بطاقتك التأمينية الرسمية. إذا لم يكن لديك نسخة رسمية من بطاقة التأمين الخاصة بك، فيرجى تنزيلها أو طباعتها على www.esecutive.com/MyInsurance**