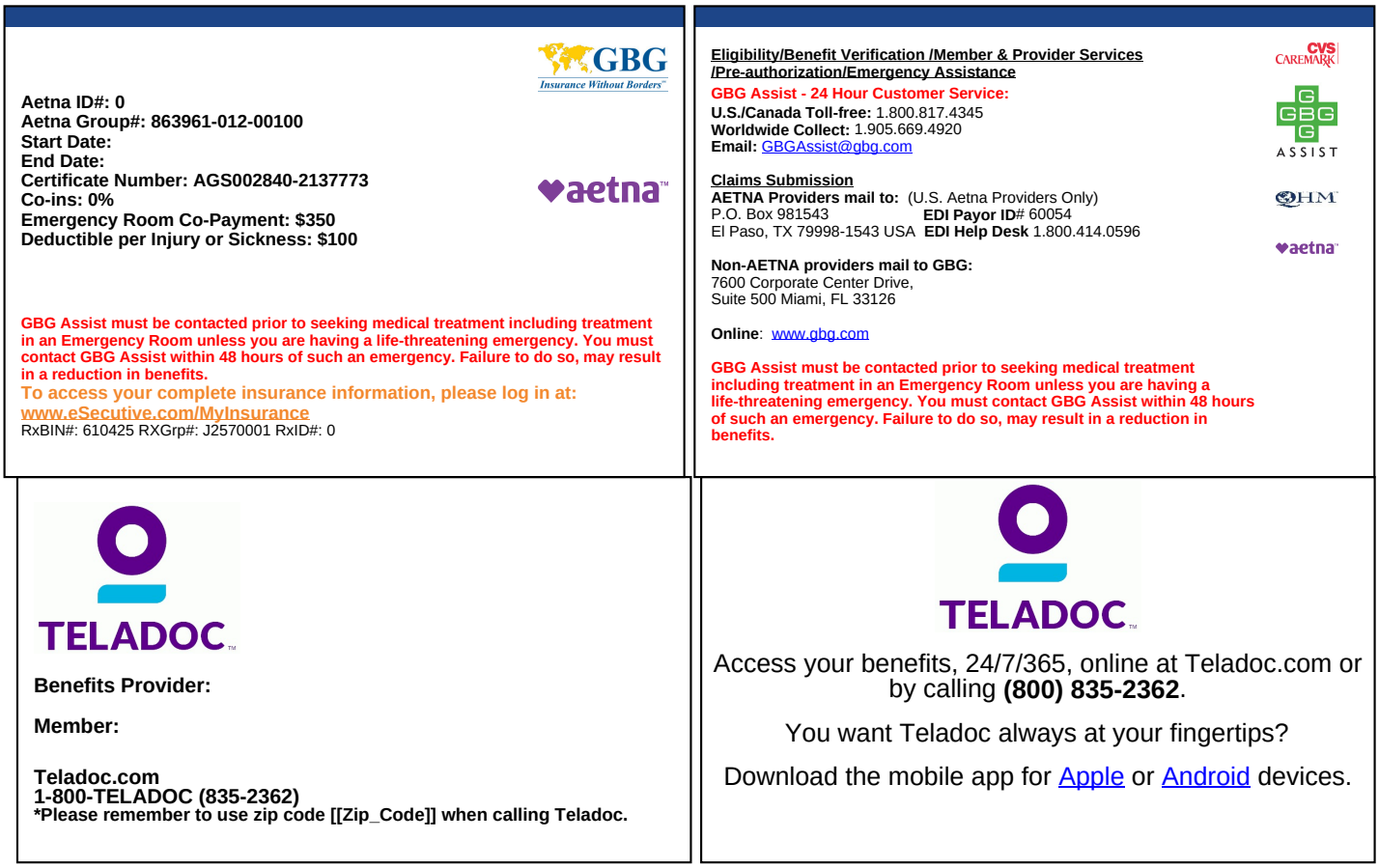
Coverage Information Medical Insurance

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: **AGS002840-2137773**
- Your Date of Birth:

Insurance ID-Card



Aetna ID#: 0
Aetna Group#: 863961-012-00100
Start Date:
End Date:
Certificate Number: AGS002840-2137773
Co-ins: 0%
Emergency Room Co-Payment: $350
Deductible per Injury or Sickness: $100

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.
To access your complete insurance information, please log in at:
www.eSecutive.com/MyInsurance
RxBIN#: 610425 RXGrp#: J2570001 RxID#: 0

Eligibility/Benefit Verification /Member & Provider Services /Pre-authorization/Emergency Assistance
GBG Assist - 24 Hour Customer Service:
U.S./Canada Toll-free: 1.800.817.4345
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
El Paso, TX 79998-1543 USA
EDI Payor ID# 60054
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

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.

Benefits Provider:

Member:

Teladoc.com
1-800-TELADOC (835-2362)
***Please remember to use zip code [[Zip_Code]] when calling Teladoc.**

Access your benefits, 24/7/365, online at Teladoc.com or by calling **(800) 835-2362**.

You want Teladoc always at your fingertips?

Download the mobile app for Apple or Android devices.

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:	100.000 USD

Co-Payment: 100 USD

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit: • Subject to Semi-private room rate	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: • Triage is mandatory • 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%
Infants born following Complications of Pregnancy	100% URC up to $75,000 Maximum ($200,000 in the USA or Caribbean)
Emergency Medical Evacuation Expense Benefit:	100% of actual expense
Emergency Medical Repatriation Expense Benefit:	100% of actual expense
Emergency Reunion:	100% of actual expense
Prescription Drug Benefit:	100%
Return Ticket Benefit:	100% URC, 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; 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 (ONLY APPLIES TO SERVICE IN THE USA)

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: AXA GROUP

The AXA Group is the number one global insurance brand, according to Interbrand, and has held that position for the last 9 consecutive years. It is one of the three largest Global Insurers and is rated AA- with stable outlook by Standard and Poor's.

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.

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

Please be advised this document is only a summary. Please refer to the policy for complete details. In the event of a discrepancy between this document and the policy, the policy is the prevailing document.

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; 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) Any claim arising from pregnancy related conditions not due to complications of pregnancy which first arise after departing on your trip. Normal pregnancy or childbirth or travelling when your medical practitioner has recorded your pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.

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 AXA 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?

The GBG Member Portal is necessary for efficient and easy claims management as you can file a claim, access all explanation of benefits (EOBs), receive requests for additional information and required forms can all be found on this one site. The site also provides instructions on how to file claims and contact GBG if you have any questions.

You will need to create an account to access the GBG Member Portal. Go to www.gbg.com and click on "Member Login". First, you will have to register your new account providing the following information- some of which is found on your insurance identification card:

1. GBG ID (same as Aetna ID#)
2. First and last name
3. Date of birth
4. Email address (must match the email used when you were enrolled)
5. Create desired username
6. Create password
7. Security question #1
8. Security question #2

Please take a few minutes and become familiar with all of the helpful features available on this website. If you encounter any problems, please call GBG Assist at 800.817.4345 or collect 905.669.4920

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