

Confirmation of Coverage for  
Certificate/ Policy Number: AGS002530-2120620

To Whom It May Concern:

Please be advised that  
has purchased Intercultural Exchange Group Medical Insurance certificate / policy number AGS002530-2120620  
effective

THIS PLAN IS UNDERWRITTEN BY: AXA GROUP

Claims can be mailed to International Claims Services, 27422 Portola Parkway, Suite 110 Foothill Ranch, CA 92610 USA.

Medical coverage is provided while traveling worldwide, per the policy provisions. Coverage includes the Schengen states per the policy provisions. A copy of the Schedule of Benefits providing an outline of coverage provided, limitations and maximum benefits, is available below.

Emergency evacuation, Repatriation and Return of Mortal Remains is provided with 100% of actual expense.

This information will verify that Eligible Expenses, including Hospitalization expenses, are subject to a 100 USD per Illness or Injury deductible after which the plan will pay up to the policy maximum. The maximum limit of coverage is 100.000 USD.

### 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:**  
**Co-Payment:**

100.000 USD  
100 USD

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit: <ul style="list-style-type: none"><li>• Subject to Semi-private room rate</li></ul>	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: <ul style="list-style-type: none"><li>• Triage is mandatory</li><li>• Co-Payment only applies to services rendered in the USA</li></ul>	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

## 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](mailto: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](mailto: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.**



## 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.
- 40) Treatment of Mental and Nervous Disorders;

**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.**