

**District 5130 Rotary Youth Exchange Program  
Accident & Sickness  
Description Of Coverage**



**Underwritten By: ACE American Insurance Company (Referred to as “the Company”)**

**You are entitled to the benefits described in this Description of Coverage if you have enrolled for this insurance and paid the required premium.**

**Eligibility:** All persons who participate in District 5130 Rotary Youth Exchange Program are eligible for coverage under the Plan.

**Period of Coverage:** The insurance is effective from the time the participant leaves his/her residence and terminates upon his/her return to their residence after completion of the exchange program. The insurance only covers the participant while he/she is participating in an exchange program at the direction and expenses of District 5130 Rotary Youth Exchange. This does not include extension outside of the defined trip duration.

**Definitions:** **Sickness** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Injury** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Pre-existing condition** means a Sickness, disease or other condition of the Covered Person, that in the 3 month period before the Covered Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. **Home Country** means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to the Company in writing as his or her Home Country. **Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the Covered Expense.

**Medical Expenses Benefits:** If an Insured requires medical or surgical treatment for a covered Injury or Sickness that occurs during the Period of Coverage, the Company will pay the benefits described below. In no event will: (1) the Company's liability exceed \$500,000 for each covered Injury or Sickness; (2) Covered Expenses exceed the usual and customary expenses for the geographical area where the services are rendered, as determined by the Company. For a covered Injury, the Company will pay 100% of the first \$5,000 Covered Expenses incurred, subject to a per Injury deductible of \$25. All Covered Expenses incurred as the result of an Injury exceeding \$5,000 will be paid at 80%, subject to a deductible of \$100 per Period of Coverage. For a covered Sickness, the Company will pay 80% of Covered Expenses, subject to deductible of \$100 per Period of Coverage. All Covered Expenses will be paid at 100% when the Insured's out-of-pocket expenses exceed \$2,500.

**Covered Expenses:** To be considered a Covered Expense under this Plan, it must: a) have been incurred and as a result of, and within 52 weeks of, a covered Sickness or Injury during the Period of Coverage; b) not be excluded by the provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of expenses:

1. Expenses made by a hospital for room and board, floor nursing and other services inclusive of charges for professional, but not including personal services of a non-medical nature. However allowable expenses may not exceed the hospital's average charge for semi-private room and board accommodation, or two times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing hospital, whichever is less.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies (includes blood and blood transfusions; oxygen and its administration).
5. Expenses for physiotherapy, if recommended by a physician for the treatment of an Injury or Sickness; and administered by a licensed physiotherapist; Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor.
7. Expenses for mental and nervous disorders while confined in a hospital for one hospital stay up to 60 days or until the Insured returns to his/her Home Country, whichever occurs first.

**Emergency Medical Evacuation Benefit:** The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by MEDEX Assistance (MEDEX) in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by MEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.

4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

**Benefits will not be payable unless the Company, or MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.**

**Repatriation of Remains:** The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

**Benefits will not be payable unless the Company, or MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.**

**Emergency Reunion Benefit:** In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days. In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape. "Family Member" means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

**Benefits will not be payable unless the Company, or MEDEX authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.**

**Accidental Death and Dismemberment Benefit:** If Injury to the Insured results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

Description of Loss

Life, Both Hands or Both Feet or Sight of Both Eyes, One hand and One Foot

Either Hand or Foot and Sight of One Eye

Either Hand, or Foot or Sight of One Eye

Movement of Both Upper and Lower Limbs (Quadriplegia)

Movement of Both Lower Limbs (Paraplegia)

Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)

Speech or Hearing

Thumb and Index Finger of Either Hand

**Principal Sum: \$20,000**

Indemnity

Principal Sum

Principal Sum

One-Half the Principal Sum

Principal Sum

Three-Quarters the Principal Sum

One-Half the Principal Sum

One-Half the Principal Sum

One-Quarter the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight. "Severance" means the complete separation and dismemberment of the part of the body. "Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Exclusions and Limitations: With respect to Medical Expense, Emergency Medical Evacuation, Emergency Reunion and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:**

- For pre-existing conditions. However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 3 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 3 consecutive months; or 3) was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. "Creditable Coverage" means: 1. a self-funded employer group health plan under ERISA; 2.a group or individual health Insurance coverage; 3. Part A or Part B of Medicare; 4. Medicaid; 5. CHAMPUS; 6. the Indian Health Service of a tribal organization; 7. a state health benefits risk pool; 8. a health plan offered under the federal employees health benefits program (FEHBP); 9. a public health plan; or 10. a health benefit plan. (This Pre-existing Condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion or Repatriation of Remains Benefits).
- For services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.

3. For suicide or attempted suicide, while sane or insane.
4. For loss incurred as a result of war or any act of war, whether declared or not.
5. For injury sustained while participating in professional or intercollegiate sports.
6. For loss incurred as a result of pregnancy and childbirth. This does not include complications of pregnancy.
7. For routine physicals.
8. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
9. For elective surgery.
10. For any mental and nervous disorders except as specifically provided in the Plan.
11. For dental care; except as the result of Injury to natural teeth caused by an accident.
12. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder.
13. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
14. For expenses as a result of or in connection with intentionally self-inflicted injury.
15. For expenses as a result of or in connection with the commission or attempt to commit an assault or a felony.
16. For specific named hazards: motorcycle driving, scuba diving, mountain climbing (where ropes and/or guides are normally used), sky diving, professional and amateur racing and piloting an aircraft.
17. For treatment furnished under any other individual or group policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual.
18. For treatment by an immediate family member.
19. For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.
20. Injury or sickness covered by Worker's Compensation, Employer's Liability Laws or similar occupational benefits.

**For the Accidental Death and Dismemberment Benefit, this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:**

1. Intentionally self-inflicted injury.
2. Suicide or attempted suicide; while sane or insane.
3. War or any act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. Piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**Excess Benefits:** All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and will apply when such benefits are exhausted.

**Claims Administrator:** Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1802  
**From within the USA and Canada: 1-888-293-9229;**  
**Outside the USA or Canada 1-610-293-9229**  
**Fax: 1-610-293-9299**  
**www.visit-aci.com**  
**Inquires may be made through web site**

**Program Arranged By:** CMI Insurance, a MEDEX Global Group company, P.O. Box 19056, Baltimore, MD 21284  
**www.cmi-insurance.com**      **claim forms and instructions available on the web site**

**Underwritten by:** ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106  
**Policy Number GLM N0415714A**

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N0415714A, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia on behalf of District 5130 Rotary Youth Exchange. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.



**ace usa**

District 5130 RYE 2009 MEDEX

## Emergency Assistance: *MEDEX Assistance*



With your health insurance program, you have access to the 24-hour MEDEX Emergency Response Center (ERC) for emergency assistance anywhere in the world. Simply call the MEDEX ERC using the toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. Services include: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by MEDEX Physician Advisors; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Repatriations Remains, and Emergency Reunion; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen travel documents, and more.

MEDEX is under contract with ACE American Insurance Company to provide international services in conjunction with the insurance benefits. The following is a brief summary of their services:

### **24-Hour Access**

You can reach the multilingual MEDEX Emergency Response Center, by calling toll-free or collect using the phone numbers below, or by emailing [operations@medexassist.com](mailto:operations@medexassist.com). MEDEX is available 24-hours a day, 365 days a year to confirm your coverage and give you access to the following services.

### **Emergency Medical Assistance**

#### **• Location of Medical Providers**

MEDEX can provide contact information for physicians, hospitals, dentists, and dental clinics in the area where you're traveling. MEDEX can also attempt to confirm the availability of the provider, ascertain payment requirements and make an appointment for you with the medical provider of your choice.

In a serious medical emergency, you should seek immediate care before contacting MEDEX. MEDEX medical experts will then consult with the local physician and determine the next most appropriate steps to provide proper care.

#### **• Medical Monitoring**

MEDEX Assistance Coordinators will continually monitor your case. In addition, MEDEX Physician Advisors will provide consultative and advisory services, including review and analysis of the quality of medical care you are receiving.

#### **• Emergency Medical Transport**

If you sustain an injury or suffer a sudden and unexpected illness and adequate medical treatment is not available in your current location, MEDEX will arrange and pay for a medically supervised evacuation to the nearest medical facility determined to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and MEDEX, you require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

#### **• Repatriation of Remains**

If you sustain an injury or suffer a sudden and unexpected illness that results in your death, MEDEX will assist in obtaining the necessary clearances for your cremation or the return of your mortal remains. We will coordinate and pay for the preparation and transportation of your mortal remains to your Home Country.

#### **• Emergency Reunion**

MEDEX will arrange for a family member to be involved according to the benefits of the insurance.

#### **• Replacement of Medication**

If you have an unexpected need for prescription medication while on a covered trip, or you lose, forget, or run out of prescription medication while traveling, MEDEX will attempt to locate the medication or its equivalent and attempt to arrange for you to obtain it locally, where it is available, or to have it shipped to you, subject to local laws, if it is not available locally. You will be provided with a cost estimate for the replacement medication and/or shipment costs that are subject to your approval.

#### **• Guarantee of Payments and Method of Payment**

Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, MEDEX will work with ACE American Insurance Company to make that guarantee under the insurance benefits. MEDEX may further assist you by advancing money in dollars or local currency to medical providers according to repayment provisions worked out with ACE, you or a family member.

#### **• Travel and Communication Assistance/Telephone Interpretation Service**

If you need help communicating in an emergency, MEDEX will provide telephonic interpretation services in all major languages. In emergency situations that require extensive translation, MEDEX will make referrals to local translators.

#### **• Transmission and Retention of Urgent Messages**

In an emergency, MEDEX will use its best efforts to transmit an urgent message to your family, friends, and/or business associates.

#### **• Legal Assistance**

In an emergency, MEDEX will use its best efforts to provide you with the names, addresses and telephone numbers of lawyers in the area in which you are traveling in case of a car accident, traffic violations, and other civil offenses. However, the selection of and the expenses associated with a particular attorney will be your responsibility.

**The above description is a brief summary and not the contract of insurance. Please refer to the stated Description of Coverage for the insurance benefits provided under the plan.**

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

## MEDEX EMERGENCY RESPONSE CENTER

**Baltimore, Maryland, USA**  
**Call Collect: 1-410-453-6330**

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

If your location is not listed or the call will not go through, call the 24-hour MEDEX Emergency Response Center COLLECT 1-410-453-6330.

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

**PLEASE NOTE:**

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

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

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

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