

Description of your insurance coverage

You are insured during your stay abroad for the period reported by your exchange organization. The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country.

Please note: If you want to extend or shorten your insurance cover, please contact your organization.

What to do if you become ill abroad

Customer Service

Participants in the USA

If you have questions regarding covered benefits before seeking treatment you may call the Customer Service Hotline.

Please contact the 24/7 Customer Service at: **1 800 314 3938** Select the telephone prompts available for after-hours emergency assistance. Provide the Customer Service Helpline reference number: (Ref# 01-SES-SUM-08123).

Customer Service will also help you to find a medical provider within the independent Preferred Provider Organization network to ensure the direct billing process. If you choose to use another provider outside the network you may have to pay the bill yourself and submit a claim afterwards. For a complete listing of the PPO Doctor or Hospital facilities, you may also visit www.firstthealthbp.com.

Participants in all other countries

Your insurance plan includes a free choice of hospitals, clinics or physicians worldwide. However you should always call the Customer Service Helpline before you seek treatment, to ensure that they can coordinate your case with the physician or specialist. Through the Helpline you can receive recommendations and counseling about treatment facilities that are located in the area where you reside.

Please contact Customer Service at:

+1 818 735 3560 (Ref.# 01-SES-SUM-08123)

Select the telephone prompts available for after-hours emergency assistance.

Emergency Room Treatment (only in the USA)

In the US you should only go to an Emergency Room in case of a serious or life-threatening accident or illness. The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician's office.

Please note: You should only go to an Emergency Room in case of a serious or life-threatening accident or illness, for example: Head injuries, Chest pain, Loss of consciousness, Life-threatening situations, Difficulty breathing, Seizures.

In all other cases, as for example: Sports Injuries, Sore throats, Minor cuts, Cold/flu, Sprains and strains, Urinary tract infections, Earaches, Simple fractures, Minor burns

please use a Convenience Care, Walk-in or Urgent Care Clinic. Search for an Urgent Care Clinic:

www.firstthealthbp.com (Click on the 'Urgent Care Centers' link under the 'Providers' section).

If you visit the emergency room for an illness that does not result in direct hospitalization you have to pay a co-payment of USD 350. You will not be charged the emergency room co-payment for treatments of illnesses that require direct hospitalization or serious injuries.

Hospitalization

In the USA

If you are going to be hospitalized for any reason, contact Personal Insurance Administrators, Inc. (PIA), to verify coverage at least 3 days prior to planned hospitalization. If you are hospitalized due to an Emergency Medical Condition, please contact PIA within 24 hours of admission, or as soon as you are reasonably able to. You will need to complete a claim form once you receive the hospital bill. Call **1-800-314-3938** to find a provider or verify coverage prior to hospitalization. Select the telephone prompts available for after-hours emergency assistance. Provide the Customer Service Helpline reference number: (Ref# 01-SES-SUM-08123).

Outside the USA

In the event of hospitalization please call the Emergency Hotline within 24 hours. A 24/7 Emergency Service will provide a guarantee of payment to the hospital and settle the bills directly. Outside the USA call **+1-818-735-3560** (Ref.# 01-SES-SUM-08123) for 24/7 emergency assistance when traveling. Select the telephone prompt for emergency travel assistance.



Group Travel Insurance Plan: **Elite LB**

Policy Number: **Number is listed on your Insurance ID-Card**

underwritten by Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyds

To access your complete insurance information including your Insurance ID-Card and Claims Instructions, please login to your personal MyInsurance area at:

www.esecutive.com/MyInsurance.

To create your account, you will need:

- Your Last Name
- Your First Name
- Certificate / Policy Number
- Your Date of Birth

You can also use Facebook connect and log-in to MyInsurance with your Facebook account!



Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for Coverages marked "NIL".

Per Injury or Sickness Maximum for all Injury and Sickness Medical \$2,000,000

Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness:

Deductible depends on plan: LF005537 = \$ 0 / LF005538 = \$ 50 / LF005535 = \$ 0 / LF005536 = \$ 50

Initial Treatment Period: 30 Days from the date of Injury or Sickness

Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges

Terms of Payment Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit	URC
Hospital Miscellaneous Expense Benefit	URC
Surgeon (In or Outpatient) Benefits	URC
Assistant Surgeon Benefit	URC
Pre-Admission Testing Benefit	URC
Anesthesia Benefit	URC
Day Surgery Miscellaneous Benefit	URC
Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit (Inpatient)	URC
Physician Visit Benefit (Outpatient)	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 copay, waived if admitted
Maternity and Pre-Natal Care Expense Benefit	URC
Palliative Dental	URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient	URC
Physiotherapy Expense Benefit – Outpatient	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit	URC
Emergency Medical Evacuation Expense Benefit	100% of actual expense
Emergency Medical Repatriation Expense Benefit	100% of actual expense
Return of Mortal Remains	100% of actual expense
Emergency Reunion	100% of actual expense
Prescription Drug Benefit, Covered Percentage:	URC
Mental & Nervous Conditions Expense Benefit	Inpatient: Pay at 80% up to \$ 10,000 up the the maximum of 40 days; Outpatient: Pay at 80% up to \$5,000

NOTES:
 • We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
 • Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

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	Benefit (Percentage of Principal Sum)
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%

Exclusions

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Organ transplants;
- 7) Treatment for an Injury or Sickness resulting from the Plan Participant'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 Plan Participant's Physician;
- 8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 15) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
- 16) 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;
- 17) Pre-existing conditions;
- 18) Pregnancy or childbirth, except when conception occurs while covered under the Plan Document; miscarriage resulting from an accident, elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
- 19) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 20) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 21) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 22) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting;
- 23) Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition;
- 24) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 25) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
- 26) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
- 27) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: 100% of actual expense

Third Party Liability Insurance

Third Party Liability Insurance Coverage	EUR
Personal Injury / Property Damage each	500.000
Deductible per occurrence	150

Please note: Coverage does not include: the risks of the insured's own or a third-party business or trade, of a profession, service or official position (including honorary posts), of an activity entailing responsibility in an organization of any type, or of an unusual and perilous activity.

This Plan is underwritten by Generali Versicherungs AG

Baggage Insurance

Baggage Insurance Coverage	EUR
Theft/Damage of personal property during the entire trip	1.500
Deductible per occurrence	150

This Plan is underwritten by Generali Versicherungs AG

For a detailed representation, including all restrictions and exemptions. please read the detailed insurance terms and conditions.

This plan is underwritten by Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyds. Advent Syndicate 780 operates within the Lloyd's market which has ratings of "A" (Excellent) from A.M. Best and "A+" (Strong) from S&P.