



Insurance Information

Youth for Understanding
Group Travel Insurance Plan: **Elite LB**
Policy Number: **LF003904**



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.

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: \$ 0

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
Unexpected Recurrence of a Pre-existing Condition	Up to a maximum of \$10,000 per policy period
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
Wellness Benefit – Sports Physical	Up to \$50 per Insured Person per Policy Period
Mental Illness	Inpatient: Payable at 80% up to \$10,000, up to a max of 40 days Outpatient: Payable at 80% up to \$5,000
Alcohol and Drug Abuse	Inpatient/Outpatient: Payable at 50% up to \$1,000
Durable Medical Equipment Expense Benefit	URC

Benefit Coverage	Covered Benefit
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
Home Country Coverage	30 days of coverage up to a maximum of \$1,000
Home Country Extension of Benefit	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Prescription Drug Benefit, Covered Percentage:	URC

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 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.

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: 100% of actual expense

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

This plan is underwritten by Advent Syndicate 780 at Lloyd's.

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.

Third Party Liability Insurance Coverage

Schedule of Benefits	EUR
Personal injury / property damage each	1.000.000
Deductible per occurrence	150

The insurer grants coverage to the insured if a claim for damages is asserted against the insured by any third party for activities that have resulted in the death, the injury, or the health impairment of any person (injury to persons) or the damage to or destruction of property (property damage). The insurer will examine liability claims with respect to their validity, reject unjustified claims, and indemnify justified claims up to the maximum coverage as outlined in the policy.

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.

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

This Plan is underwritten by Generali Versicherungs AG



For detailed information about claims handling and reimbursements please go to the "File a claim" section under Services and Claims in your MyInsurance log-in area.

Baggage Insurance Coverage

Benefits	EUR
Theft/Damage of personal property during the entire trip	1.500
Deductible per occurrence	100

Baggage Loss:

This Plan will reimburse you for loss, theft or damage to your baggage or personal effects, checked with a Common Carrier provided you have taken all reasonable measures to protect, save and/or recover your property at all times.

This Plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance.

This Plan will pay the lesser of: 1) The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage); 2) The cost to repair or replace the article with material of a like kind and quality; or 3) \$50 per article.

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

This Plan is underwritten by Generali Versicherungs AG



For detailed information about claims handling and reimbursements please go to the "File a claim" section under Services and Claims in your MyInsurance log-in area.

Important Information about your Insurance

Pre-existing Medical Conditions

All Pre-Existing Medical Conditions are excluded from cover under this Insurance Policy.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6-month period immediately 6 months prior to the date that the Plan Participant's coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6-month period before coverage is effective under the Plan Participant's Plan.

Deductible case of outpatient treatment

In case of out-patient treatment at a doctor or a specialist you will have a deductible for each claim, which you will have to pay yourself, in the amount listed in the benefit coverage overview. This only applies if your medical insurance plan has an outpatient deductible included and if you use an Emergency Room for treatment that is not medically necessary or does not result in a hospital admission and overnight stay.

Emergency Room Treatment in the USA

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.esecutive.com/urgentcare

You might have to pay 350 USD if you use an Emergency Room for something that is not considered serious or life threatening.

Local Ambulance Services

When you, by reason of Injury or Sickness, require the use of a community or Hospital Ambulance in a Medical Emergency, the insurance will pay a Benefit Amount up to a Maximum shown in the schedule of benefits, within the metropolitan area in which you are located at that time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals.

Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if you are in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Emergency Dental Treatment

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered. Emergency Dental Treatment shall not include restorative or remedial work, the use of any precious metals, and Orthodontic Treatment of any kind or Dental Surgery performed in a Hospital, unless Dental Surgery is the only Treatment available to alleviate the pain.

Palliative Dental

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

Emergency Medical Evacuation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Emergency Medical Evacuation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment

Medical Repatriation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Medical Repatriation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for you to return to your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for your return to your primary place of residence or to a Hospital or medical facility closest to your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

- a) one-way Economy Transportation;
- b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or
- c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

Emergency Medical Reunion

When you are hospitalized for more than 5 days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by you from your Home Country to the location where you are hospitalized and return to the current Home Country. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;

2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals to a maximum of \$100 per day up to the maximum stated in the Schedule of Benefits.

The period of Emergency Medical Reunion is not to exceed 10 days, including travel. All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

Trip Interruption Benefit

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits. Trip Interruption must be due to an Immediate Family Member's, death, which occurs while you are on your Trip; provided such circumstances occur while coverage is in effect.

What to do if you become ill abroad

Customer Service

Participants in the USA

You must always call the Customer Service Hotline to verify benefits and ensure the accuracy of your information before you seek treatment. Please contact Customer Service at:

1 800 314 3938 Select the telephone prompts available for after-hours emergency assistance.

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.firstthehealthbp.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 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.esexecutive.com/urgentcare

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.

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** for 24/7 emergency assistance when traveling. Select the telephone prompt for emergency travel assistance.

How to file Health and Accident Insurance Claims

Participants in the USA

After you receive treatment at a PPO provider, your provider will submit a claim to the insurance company. Providers should submit claims electronically to PAYER ID 95397. In some circumstances, such as using a non-PPO provider, you may be asked to pay up-front. In this case, submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all itemized Hospital and medical bills and prescription drug receipts, along with a completed claim form by mail or email to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
piaservice@ascensionins.com

If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at 1 800 314 3938 Monday - Friday 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

The completed claim, including all Hospital and medical bills, must be submitted for payment within 60 days after the date loss occurs, or as soon thereafter as is reasonably possible.

Participants in all other countries

If you called PIA before receiving any treatment, your case will be coordinated by PIA and they will collect the needed claims information from the provider and submit the claim.

If your case is not coordinated by PIA, you will have to pay up-front and received treatment and submit a claim for reimbursement afterwards.

Submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all itemized Hospital and medical bills and prescription drug receipts, along with a completed claim form by mail or email to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
piaservice@ascensionins.com

If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at +1 818 735 3560 Monday - Friday 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

The completed claim, including all Hospital and medical bills, must be submitted for payment within 60 days after the date loss occurs, or as soon thereafter as is reasonably possible.

Frequently asked questions

Can I extend my coverage if I decide to stay abroad for a longer period?

Yes, you can extend your coverage if you decide to stay abroad for longer than planned. Contact your organization and inform them of the extension. You will be asked to pay an additional premium for the extra days.

What is travel insurance for?

If you become ill or get injured during your stay abroad your health insurance coverage at home won't pay for all treatments that you will possibly need. In particular, medical treatments in the USA are often not covered by your insurance company at home. In case of hospitalization in the USA, the costs can be up to 3,000 USD per day. Also, return transportation back home is usually excluded from your insurance coverage at home, and the costs for such transportation may exceed a five-digit USD amount. These examples show that a journey without travel insurance can lead to a financial catastrophe.

What is the difference between travel insurance and my health insurance at home?

The travel insurance is a private insurance that is valid during your stay abroad. The insurance coverage is extensive and complementary to your existing coverage, but is not as comprehensive as your health insurance coverage at home. Certain treatments are excluded from coverage, e.g. treatment of pre-existing conditions, regular check-ups, orthodontics or psychological treatment. Before receiving any medical treatment, please read your insurance certificate and the conditions carefully to learn which benefits are covered under your travel insurance.

Where am I covered?

The insurance provides coverage worldwide. However, it does not cover you in your home country.

When does the Emergency Room (ER) co-payment apply?

Your health insurance has an ER co-payment included, that means in case of treatment in an emergency room which could have taken place in an out-patient facility (e.g. Convenience Care, Walk-in or Urgent Care Clinic), the reimbursement shall be reduced by a co-payment of USD 350. The co-payment does not apply for ER visits in case of emergency or if you are hospitalized.

How can I avoid any unnecessary costs for the Emergency Room in the US?

In case you need urgent care, please either call the hotline: 1-800-314-3938 (Select the telephone prompts available for after-hours emergency assistance.) or search for an Urgent Care Clinic at: www.esecutive.com/urgentcare

Only visit the emergency room in case of a serious or life-threatening accident or illness (see also Important Information about your insurance -> Emergency Room Treatment in the USA in your MyInsurance Brochure).

What is a co-payment?

If your insurance policy includes a co-payment or co-payment, you pay the amount at your first visit for outpatient treatment at a physician or specialist. The insurance company takes care of eligible medical costs minus the co-payment (if included into your policy). Please read your Insurance Policy before starting your travel to review your co-payment and copayment liability.

When does the co-payment apply?

If your health insurance policy includes a co-payment it applies for outpatient treatments and has to be paid once per accident or illness. Your physician will collect the co-payment directly at your first visit. It does not apply in case of hospitalization.

What do I do if I am admitted to a hospital?

You are required to contact the emergency service within 24 hours in the event of hospitalization.

From the USA: 1-800-314-3938

From all other countries: +1-818-735-3560

Email: medservices@assistamerica.com

The emergency service will provide the hospital with a guarantee of payment and will settle the bills directly.

Is medicine included?

Medicine prescribed by a physician is covered by reimbursement only. For reimbursement please send the original prescription, the receipt and a short documentation from the doctor stating that the medicine is necessary for your treatment.

To access your complete insurance information please login to your personal MyInsurance area at:

[www.esecutive.com/MyInsurance.](http://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!

