

# AIESEC US Health Insurance Plan

## Description of Benefits

### Medical Expense Benefit:

The Company will pay benefits, as defined in Part I of this rider, entitled Schedule of Benefits, with respect to covered expenses as defined in Part II of this rider, entitled Covered Expenses, resulting from disablement. Coverage is limited to covered expenses incurred subject to the limitations contained in Part III of this rider, entitled Exclusions. The term "disablement" as used with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this policy. All bodily injuries sustained in any one accident shall be considered one disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising there from), the disablement shall be considered a continuation of the prior disablement and not a separate disablement. First treatment of an injury must occur during the period of coverage.

### Part I Schedule of Benefits

When a covered injury or illness results, the Company will pay for:

In Hospital Medical Services	100% of covered expenses
In Hospital Surgical Services	100% of covered expenses
Out of Hospital Medical Expenses	100% of covered expenses

Excess of a \$100.00 deductible The deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, for any one disablement.

In no event shall the Company's maximum liability exceed \$100,000.00 as to covered expenses per any one period of individual coverage. The Pay-out Period for any condition is 104 Weeks

### Part II Covered Expenses

For the purpose of this section, only such expenses incurred as the result of and within 52 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Part III of this rider, entitled Exclusions, shall be considered as covered expenses:

- (1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge if confinement to an intensive care unit is required, or the actual charge for an intensive care unit made by the servicing hospital, whichever is less;
- (2) Charges made for diagnosis, treatment and surgery by a physician;
- (3) Charges made for the cost and administration of anesthetics;
- (4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;
- (5) Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
- (6) Hotel room charge, when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the insured;
- (7) Dressings, drugs, and medicines that can only be obtained upon written prescription of a physician or surgeon.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an insured shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the sickness or bodily injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

In addition the plan provides the following Accident and Sickness Medical Expense Benefits

### Emergency Alleviation of Dental Pain:

Maximum Amount: \$500.00

The Company will pay the Usual, Customary and Reasonable dental expenses incurred up to a maximum of \$500.00 for the emergency alleviation of dental pain, including expenses incurred for the removal of an impacted and/or abscessed wisdom tooth.

### Psychiatric Care Benefit

The Company will pay for Usual, Customary and Reasonable covered expenses for:

In-patient, maximum amount per Sickness:	\$5,000.000
Out-patient, maximum amount per Sickness:	\$500.00 Subject to \$100.00 max per visit

### Incidental Home Country Coverage:

Maximum Amount: \$5,000 The company will pay the Usual, Customary and Reasonable expenses incurred up to a maximum of \$5,000.00 for incidental home country coverage up to 30 days during the program.

### End of Program Coverage:

Maximum Amount: \$1,000 The company will pay the Usual, Customary and Reasonable expenses incurred in home country for the 30 days following return to home country at the end of the program up to a maximum of \$1,000.00.

Pre-existing Conditions are excluded after a \$500 un-expected re-occurrence benefit

### **Part III Exclusions**

No benefits shall be payable for medical expenses provided by this rider with respect to expenses incurred:

- (1) For Pre-Existing Conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed prior to the effective date of this insurance;
- (2) For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
- (3) For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
- (4) Declared or undeclared war or any act thereof;
- (5) For injury sustained while participating in professional, interscholastic, sponsored scholastic, amateur, intercollegiate, or community athletics
- (6) For pregnancy, childbirth, miscarriage or abortion;
- (7) For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
- (8) For cosmetic or plastic surgery, except as the result of an accident;
- (9) For elective surgery which can be postponed until the insured returns to his/her country of residence;
- (10) For any mental or nervous disorders or rest cures;
- (11) For dental care, except as the result of injury to natural teeth caused by an accident;
- (12) For eye refraction's or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- (13) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- (14) For congenital anomalies and conditions arising out of or resulting there from;
- (15) For expenses which are non-medical in nature;
- (16) For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
- (17) For expenses as a result of or in connection intentionally self-inflicted injury;
- (18) For expenses as a result of or in connection with the commission of a felony offense;
- (19) For specific named hazards: scuba diving; snow sports, including but not limiting to skiing of any kind and snowboarding; mountain climbing; sky diving; professional or amateur racing; piloting any aircraft; rock-climbing; caving; ice-climbing; parasailing; paragliding; bungee jumping; hot air ballooning; trampoline jumping; extreme sports; motorcycle riding;
- (20) Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

### **Definitions**

**Hospital** - as used in this Rider or any rider attached hereto, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

**Immediate Family Member** – as used in this Rider or any rider attached hereto, means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Illness** – as used in this Rider or any rider attached hereto, means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

**Injury** - as used in this Rider or any rider attached hereto, means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

**Physician** - as used in this Rider or any rider attached hereto, means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists.

### **Accidental Death and Dismemberment Benefit**

365 Day Incurral Period Principal Sum amount: \$10,000.00

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs within 365 days after the date of accident causing such loss;
- (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in Item 4 of Section I, Declarations, as applicable to such person and this Coverage; and
- (c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Please see the Policy for additional information regarding AD&D Benefits and Exclusions

### **MEDICAL EVACUATION**

Benefits will be paid up to a maximum of \$50,000.00 for expenses incurred to return an Insured to his/her permanent residence when in the opinion of a legally qualified medical authority, expenses incurred due to a covered illness or injury under this insurance plan are expected to exceed the policy maximum of \$100,000.00 for the Basic Accident and Sickness Medical Expense Benefit. The method of transportation chosen shall be based on the consideration and recommendation of a legally qualified physician and shall be by the most direct and economical route.

### **Repatriation of Remains Benefit**

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body to his or her current place of primary residence, if he or she dies, not to exceed the maximum of \$25,000.00.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

It is further understood and agreed that with respect to the Emergency Evacuation Benefit/Medical Evacuation Benefit and the Repatriation of Remains Benefit only, the following apply: (a) Plan Exclusions 2, 3, & 4 are not applicable with respects to Emergency Evacuation Benefit/Medical Evacuation Benefit and Repatriation of Remains Benefit.

### **AIG Assist - Travel Assistance Services**

Travel Assistance Services are provided to enrolled/registered persons while covered under the plan. This Service allows access to 24-hour toll-free telephone numbers staffed by multilingual representatives who are prepared to assist in pre-departure information, lost baggage/passport, legal assistance and Medical or Financial Emergencies. All costs associated with or as a result of a Service provided by AIG Assist will be the full responsibility of the person covered by the Plan. AIG Assist will also arrange, approve and monitor all Emergency Evacuation Benefits/Medical Evacuation Benefits and Repatriation of Remains.

### **ELIGIBILITY**

All active Participants, who are participating in scheduled and sponsored Programs whose required premium has been paid and All Spouses & Dependent Children of active Participants who are outside their home country with the participant, whose required premium has been paid.

### **COVERED ACTIVITY**

- Coverage is provided while the enrolled participants are outside their home country.
- Coverage terminates upon completion of the AIESEC programs or when the Participant leaves to return to their home country.

### **Claims Procedure**

In the event of Sickness or Injury, you should

- 1) Report to the nearest physician or hospital.
- 2) When treatment is received, a claim form must be completed and sent with the original itemized bills to the claim administrator within 90 days.

### **Submit Claims & Claims information requests to:**

ADMINISTRATIVE CONCEPTS, INC.  
994 Old Eagle School Road, Suite 215  
Wayne, PA 19087  
Phone: 888.293.9229

The secure **ACI** Website [www.visit-aci.com](http://www.visit-aci.com) is available 24 hours a day. User friendly screens allow access to on line Claims Status provides instant access to all claims submitted. Information for all bills may be viewed and an Explanation of Benefits printed.

### **Enrollment & Proof of Insurance**

**For questions related to enrollment or proof of coverage, contact:**

ADMINISTRATIVE CONCEPTS, INC.  
994 Old Eagle School Road, Suite 215  
Wayne, PA 19087  
Phone: 888.293.9229

The secure **ACI** Website [www.visit-aci.com](http://www.visit-aci.com) is available 24 hours a day. User friendly screens allow the ability to immediately print an Identification Card and Schedule of Plan Benefits.

Please keep this brochure as a general summary of the insurance. This plan is underwritten by AIG Life Insurance Company. The master policy, issued to the American Travel Services Trust of Illinois, contains complete details of the coverage, and is the governing document. A copy of the Master Policy is available for inspection at the Plan Administrator's office. The Master Policy shall control in the event of any conflict between this brochure and the Policy.