



# Insurance Information

## **Intrax Internships**

Group Travel Insurance Plan: **Comfort LB**

Policy Number: **LF003923INT**



# 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.

## 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** **\$100.000**

**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  |
| 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   |
| Mental Illness                                 | Inpatient: Payable at 80% up to \$10,000, up to a max of 40 days<br>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  |
| 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  |

- 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 and Baggage Insurance Coverage

## Class 2

### Schedule of Benefits

All Coverages and Benefits are in U.S. Dollar Amounts

|  |  |
|--|--|
| Baggage / Personal Effects                                   | \$3,000 – Max. benefit per article \$500 combined max. \$1,000 for jewelry, furs, watches, personal computers, cameras |
| Trip Interruption – Air Only                                 | Up to \$2,000  |
| Personal Liability – Per Occurrence                          | \$100,000  |
| Deductible Per Personal Liability Claim                      | \$100  |
| Aggregate Limit per INSURED:                                 | \$200,000  |
| Medical Payments Coverage:                                   | \$25,000   |
| Additional Living Expenses Coverage:                         | \$10,000   |
| Payment of Deductible Under Home-owner's Insurance Coverage: | \$1,000  |

This Insurance is effected with certain Underwriters at Lloyd's, London.

# 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.

## 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](http://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**

Please call the Customer Service Hotline to verify benefits and ensure the accuracy of your information before you seek treatment. Contact 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.firstthehealthbp.com](http://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** (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.esecutive.com/urgentcare](http://www.esecutive.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. 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.

## 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.

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!

