



There are two plans included in this Summary of Benefits, Plan A and Plan B. You are entitled to the benefits for the Plan you have selected in the Application, if you have enrolled for this insurance and paid the required premium.

Accident and Sickness Benefits for Rotary International Youth Exchange Program

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below.

Class Description: All persons who participate in the Rotary International Youth Exchange Program

Period of Coverage: If you are not required to contribute to the cost of this insurance you will be insured on the latest of the following dates; 1) Policy Effective Date; 2) the date you are eligible or 3) the date you depart from your Home Country or Country of Residence.

If you are required to contribute to the cost of this insurance you will be insured on the latest of the following dates; 1) Policy Effective Date; 2) the date We receive the completed enrollment form and the required premium is paid or 3) the date you depart from your Home Country or Country of Residence.

Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; 3) you return to your Home Country or Country of Residence if you no longer participate in a Covered Activity; or 4) the period ends for which the required premium is paid.

Covered Activities:

We will pay the benefits described in this Policy only if you suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while: (1) traveling or staying outside your Home Country or Country of Residence; and (2) participating in the Rotary International Youth Exchange Program.

Coverage will begin upon your departure from your Home Country or Country of Residence. It will end on the date you return to your Home Country or Country of Residence or make a Personal Deviation.

“Personal Deviation” means: (1) an activity that is not reasonably related to the Rotary International Youth Exchange Program; and (2) not incidental to the purpose of the Trip.

The following Covered Activity is always included in Plan B and only included in Plan A if elected on your application

Athletic Coverage: The Covered Accident must result from participation in interscholastic and community football, hockey, soccer, rugby and lacrosse while: (1) participating as a member of the team in a regularly scheduled game, competition or practice session; or (2) traveling directly to or from the game competition or practice session as a member of the team. All other team sports are covered the same as any other Covered Accident under the Policy.

Description of Benefits

Medical Expense Benefits (Plan A) – We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. The benefits for Covered Accident Expenses are payable for 12 months from the date of a Covered Accident, provided the first Covered Expense was incurred within 60 days after the date of the Covered Accident. The benefits for Covered Sickness Expenses are payable to the earlier of the date you return to your Home Country or Country of Residence, or 12 months from the date of a Covered Sickness.

The Maximum Benefit for all Accident and Sickness benefits is \$500,000, subject to the following maximums: 1) \$500 for pre-existing conditions; 2) \$100 for emergency sickness dental treatment; 3) \$25,000 for in-Patient treatment of mental and

nervous disorders is \$25,000; 4) \$1,000 for out-Patient treatment of mental and nervous disorders is \$1,000; 5) \$50 per visit, up to a maximum of 10 visits for chiropractic care.

If you elected the optional Athletic Coverage, benefits will be paid up to \$25,000 for Athletic Coverage, subject to a \$50 Deductible per Covered Accident. Covered Expenses for Athletic Coverage will be paid at 100% of the Usual and Customary Charges you incur.

Benefits for all Covered Accident Expenses will be paid at 100% of the Usual and Customary Charges for the first \$5,000, and 80% thereafter. Benefits for all Covered Sickness Expenses will be paid at 80% of the Usual and Customary Charges. The benefits for Covered Accident Expenses are subject to a \$100 Deductible for expenses over \$5,000 per Policy term. The benefits for Covered Sickness Expenses are subject to a \$100 Deductible per Policy term. The Deductible does not apply to the treatment of mental and nervous disorders and emergency sickness dental treatment.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; 3) for charges incurred for services rendered to you while traveling on a covered Trip; and 4) provided the first charge is incurred within 60 days after the date of the Covered Accident.

Medical Expense Benefits (Plan B) – We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. The benefits for Covered Accident Expenses are payable for 12 months from the date of a Covered Accident, provided the first Covered Expense was incurred within 60 days after the date of the Covered Accident. The benefits for Covered Sickness Expenses are payable to the earlier of the date you return to your Home Country or Country of Residence, or 12 months from the date of a Covered Sickness.

The Maximum Benefit for all Accident and Sickness benefits is \$500,000, subject to the following maximums: 1) \$500 for pre-existing conditions; 2) \$400 for emergency sickness dental treatment; 3) \$25,000 for in-Patient treatment of mental and nervous disorders is \$25,000; 4) \$1,000 for out-Patient treatment of mental and nervous disorders is \$1,000; 5) \$50 per visit, up to a maximum of 10 visits for chiropractic care.

Benefits will be paid up to \$25,000 for Athletic Coverage, subject to a \$50 Deductible per Covered Accident. Covered Expenses for Athletic Coverage will be paid at 100% of the Usual and Customary Charges you incur.

Benefits for all Covered Accident Expenses will be paid at 100% of the Usual and Customary Charges for the first \$5,000; 80% of the next \$2,500, and 100% thereafter. Benefits for all Covered Sickness Expenses will be paid at 80% of the Usual and Customary Charges for the first \$2,500, and 100% thereafter. The benefits for Covered Accident Expenses are subject to a \$100 Deductible for expenses over \$5,000 per Policy term. The benefits for Covered Sickness Expenses are subject to a \$100 Deductible per Policy term. The Deductible does not apply to the treatment of mental and nervous disorders and emergency sickness dental treatment.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; 3) for charges incurred for services rendered to you while traveling on a covered Trip; and 4) provided the first charge is incurred within 60 days after the date of the Covered Accident.

Emergency Medical Evacuation Benefit - We will pay up to \$100,000 of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on outside your Home Country or Country of Residence. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider 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, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your 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 your 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 Usual and Customary Charges 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.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Repatriation of Remains Benefit - We will pay up to \$50,000 of Covered Expenses incurred for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling outside your Home Country or Country of Residence. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; and 3) transporting the remains.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Family Reunion Benefit – If you are traveling and suffer an Injury or Sickness and must be confined in a Hospital for at least 4 consecutive days or if you are medically evacuated to another location, We will reimburse up to \$5,000* (up to \$75 per day for hotel and meals), for transportation and lodging for a Family Member to join you during your stay in the Hospital. 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. Benefits will not be payable unless all expenses are approved in advance by Us, and services are rendered by Our assistance provider. “Family Member” means your parent, sister, brother, husband or wife, children over 21 years of age or grandparent.

Personal Property and Financial Instrument Reimbursement Benefit – If you sustain loss or damage to Personal Property or Financial Instrument that is caused directly by a Covered Peril during your trip, We will indemnify you with respect to such loss or damage as follows after satisfaction of the \$250 Deductible per claim. The aggregate benefit maximum for: 1) Cash, Currency, Bullion, Numismatic Property & Bank Notes is \$100; 2) Manuscripts, Securities, Bills, Deeds, Evidences of Debt, Letters of Credit, Notes Other Than Bank Notes, Passports, Railroad & Other Tickets or Stamps including Philatelic Property is \$250; 3) Theft of Jewelry, Watches, Furs, Fine Arts/Antiques, Golfers’ Equipment, Cameras & Computer Hardware is \$1,000; and 4) Theft of Stereo Equipment (including accessories, antennas, taps, wires, records, discs or other media for use with any electronic stereo equipment) is \$1,000.

You must take all reasonable precautions for the safety of any covered Personal Property and Financial Instruments. With respect to a covered loss, We will be entitled to (1) take and keep possession of such property and to deal with salvage in a reasonable manner; and (2) repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

“Covered Peril” means loss or damage caused by: fire, explosion, lightning, collision, theft (unless committed by You), burglary or robbery. “Personal Property” means personal goods belonging to you or for which you are responsible and are taken or acquired by you on the Trip and the personal effects owned by you for personal use, adornment or amusement.

“Financial Instrument” means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards.

We will not pay Personal Property and Financial Instrument Reimbursement, for:

- Loss or damage due to:
 - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - ii. Mechanical or electrical failure;
 - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;
- Any loss due to confiscation or detention by customs or any other authority;

- Electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

Additional exclusions that apply to this Benefit are shown in the Exclusions section of this Description of Coverage.

Security Evacuation Expense Benefit - We will pay up to \$100,000, if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.

Benefits will be paid for: 1) your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence. 2) your Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by you: a) back to the country in which you are traveling during the Covered Activity while covered by the Policy; or b) your Home Country; or c) where the educational or cultural institution that sponsored your Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

“Appropriate Authority(ies)” means the government authority(ies) in your Home Country or Country of Residence or the government authority(ies) of the Host Country. “Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure your safety in his or her care. “Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country or citizens of the Host Country leave the Host Country. “Host Country” means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy. “Missing Person” means your disappearance for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). “Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous. “Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed. “Occurrence” means any of the following situations involving you: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question within seven days of you being found. “Related Costs” means food, lodging and, if necessary, your physical protection during the Transport to the Nearest Place of Safety. “Security Evacuation” means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. “Transport” or “Transportation” means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy; 2) that are recoverable through your employer; 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons; 4) arising from or attributable to an alleged: a) violation of the laws of the country in which you are traveling while covered under the Policy; or b) violation of the laws of your Home Country or Country of Residence; 5) due to your failure to maintain and possess duly authorized and issued required travel documents and visas; 6) for repatriation of remains expenses; 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization; 8) for medical services; 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping; 10) arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) your non-compliance with regard to any obligation specified

in a contract or license; 11) due to military or political issues if your Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

Transportation Expense Benefit - If you suffer an Injury or Sickness while traveling alone and must return to your Home Country or Country of Residence, We will pay the difference between the group fare purchased prior to the Trip and the economy fare, up to \$5,000 *.

In addition, if you require a person to accompany you, We will pay transportation expenses for that person to join you and to accompany you to your Home Country or Country of Residence. Transportation costs may not exceed the cost of a round trip economy airline ticket. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by Our assistance provider.

Trip Interruption Benefit - We will reimburse the cost of an economy air and/or ground transportation ticket for your Trip, up to \$3,000 * if your Trip is interrupted as the result of: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of you or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted. "Family Member" means your parent, sister, brother, husband or wife, children or grandparent.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$10,000 for Plan A and \$20,000 for Plan B. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"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. "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 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 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). "Severance" means the complete separation and dismemberment of the part from the body.

* **Aggregate Limit** - We will not pay more than \$5,000 for all expenses under the Transportation Expense, Family Reunion and Trip Interruption Benefits.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by or results from:
We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline. However, in Alaska, Injury sustained while the Covered Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- commission of, or attempt to commit, a felony.
- the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
- practice or play in interscholastic or community football, hockey, soccer, rugby or lacrosse, except as specifically provided in the Policy.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

- preventive medicines or vaccines.

- routine physicals and care of any kind.
- eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them.
- routine dental care and treatment, except as provided in the Policy.
- cosmetic or plastic surgery, except as a result of Injury.
- pregnancy, childbirth or miscarriage.
- treatment by persons employed or retained by Rotary International, or by any Immediate Family Member or member of the Covered Person's household.
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy.
- any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.
- expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, mountain climbing (where ropes or guides are used), scuba diving (except if the Covered Person is certified in accordance to the laws of the country in which he or she is diving), racing by horse, motor vehicle or motorcycle.
- Pre-existing Conditions, except as specifically providing in the Policy, and if: 1) the Covered Person has not received treatment, care or advice for six consecutive months after being covered by the Policy (taking medication prescribed by a Doctor is considered as continuous treatment for a Pre-existing Condition); or 2) the loss begins after the Covered Person has been treatment free (including medication free) and after the Covered Person has been covered by the Policy for six months.
- surgical operations which were previously recommended by a Doctor or medical practitioner prior to the Covered Person's effective date of coverage.
- any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country, except as specifically provided in the Policy.
- medical expenses that are the result of injuries sustained while operating a motorized vehicle of any kind, including two, three and four wheeled vehicles. This includes but is not limited to: automobiles, motorcycles and motorized dirt bikes of any kind, all-terrain vehicles, snowmobiles and watercraft. However, in Alaska all-terrain vehicles and snowmobiles are covered as a means of transportation. This exclusion shall be waived in relation to Amusement Park rides, lawn mowers or operating a golf cart while on a golf course. In addition, this exclusion shall be waived for students who are located in Bermuda with regard to travel on a small motorcycle or moped that is not more than 50cc in capacity. The student must have a valid license to ride the motorcycle or moped.
- emergency sickness dental expenses incurred for:
 - routine oral examinations;
 - fluoride applications;
 - prosthetics (new and repaired)
 - expenses for more than one dentist in excess of those that would have been incurred had all services been performed by one dentist;
 - expenses in excess of the lowest fee in cases where there are optional treatment techniques carrying different fees;
 - services primarily for cosmetic or aesthetic purposes;
 - orthodontics;
 - treatment already in progress or recommended by a dentist within six months of the Covered Person's effective date of coverage;
 - replacement of denture or orthodontic appliance due to loss or theft;
 - denture or bridgework replacement of teeth extracted prior to the Covered Person's effective date of coverage.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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.

Personal Liability Coverage

A. Personal Liability Insurance Coverage: We will pay \$100,000 per claim, subject to a \$250 deductible, on your behalf all sums which you shall become legally obligated to pay as Damages for personal liability claims first made against you and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this coverage, provided always that such Incident occurs: (a) on or after the Policy Effective Date on which this Coverage becomes effective; or (b) on or after the effective date of the earliest claims-made policy covering you. We will

have the right and duty to defend any suit against you seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

Other Insurance: If other valid and collectible insurance is available to you for a covered loss, Our obligations are limited as follows: (a) **Primary Insurance:** This insurance is primary over the Policyholder's liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Policyholder's insurance is also primary. Then we will share with all that other insurance by the Method of Sharing described in (b) below. (b) **Method of Sharing:** If the other insurance permits the contribution by equal shares, We will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

B. Medical Payments Coverage: We will pay up to \$5,000 on your behalf for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to: (a) a person who is on the Insured Location with the permission of the Host Family; or (b) a person not on the Insured Location. Medical Expenses are defined as those expenses recommended and approved by a doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after you have submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to you.

C. Additional Living Expenses Coverage: If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to \$5,000, on your behalf per Policy Term for Additional Living Expenses. We will pay the benefit pursuant to this provision only after you have submitted to Us due proof of the Additional Living Expenses incurred.

Exclusions and Limitations: No Benefit will be payable as the result of: 1) Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by you or rented or loaned to you; 2) Based on or arising out of liability assumed by you under any contract or agreement, except liability arising out of the performance of written duties required by the Policyholder as part of the covered Trip/Program; 3) Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by you, including Personal Injury resulting therefrom; 4) Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids; 5) Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by you, at your direction, or with your knowledge; 6) Arising from acts committed by you expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.); 7) Arising from any obligation for which you or any carrier as your insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law; 8) Property Damage to property owned or being transported by you, or rented to, occupied by you or in your care; 9) Brought against you alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by you or by any person for whom you are legally responsible; however, notwithstanding the foregoing, you shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against you, for your such alleged behavior unless a judgment or a final adjudication adverse to you shall establish that such behavior occurred as an essential element of the cause of action so adjudicated; 10) Injuries caused by or contributed to by the use of controlled substances not administered by doctor; 11) Bodily Injury or Property Damage arising from the use of alcohol, intoxicants or any drug unless prescribed by a doctor; 12) Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing; 13) Personal Injury to you; 14) Brought against you arising out of your business pursuits, investments, or other for-profit activities; 15) Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how caused; or 16) Injuries caused directly or indirectly by pollution or asbestos, regardless of how caused.

Automobile means: a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto. **Bodily Injury** means: bodily injury, sickness or disease sustained by any person, including death. **Claim(s)** means: a demand for money or the service of a suit naming you and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered. **Claim(s) Expenses** means: (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in

connection therewith, if incurred by Us, or incurred by you with Our written consent, but does not include salary charges or expenses of regular employees or officials, or fees and expenses of independent adjusters; (b) All costs against you in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We have paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed Our limit of liability thereon; (c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond; (d) Up to \$250 for your loss of earnings for each day or part of a day of your attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against you for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed \$5,000. **Damages** mean: compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to you, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law. **Host Family** means: the person(s) responsible for providing your room, board, general welfare, and care while on a covered Trip/Program. **Incident** means: any act or omission committed by you during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by you was during the Policy Term. **Insured Location** means: (1) the Host Family residence premises and the part of any other premises, structures and grounds you use; or (2) any part of a premises where you are temporarily staying. **Mobile Equipment** means: a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to you, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders. **Personal Injury** means: (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or (c) a publication or an utterance in violation of an individual's right of privacy. **Property Damage** means: (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

Definitions: "Country of Residence" means the country where you have your true, fixed and primary permanent residence, and to which you have the intention of returning. **"Covered Accident"** means an accident that occurs while coverage is in force for a Covered Person and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **"Covered Person"** means any eligible person for whom the required premium is paid. **"Home Country"** means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. **"Injury"** means accidental bodily harm sustained by a Covered Person that results directly from all other causes from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **"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. **"Sickness"** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"Trip"** means Rotary International Youth Exchange Program sponsored travel by air, land, or sea from your Home Country or Country of Residence. **"We, Our, Us"** means the insurance company underwriting this insurance or its authorized agent.

You must notify ACE USA within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: GLM N0106096A, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Cultural Insurance Services International at 800-303-8129 (from inside the U.S.) or 203-399-5130 (from outside the U.S.); fax 203-399-5596 for claims or inquiries or e-mail cisiwebadmin@culturalinsurance.com. Mail claims to: Cultural Insurance Services International, River Plaza, 9 West Broad Street, Stamford, CT. 06902.

For medical evacuation, repatriation, or other assistance services call: Team Assist at 877-577-9504 (inside the U.S.) or call collect 240-330-1520 (from outside the U.S.) or e-mail OPS@europassistance-usa.com.

To access ACE's Travel Assistance Website go to www.acetravelassistance.com and enter your user ID and password (shown on your Travel Assistance ID card).

Travel Assistance Services: In addition to the insurance protection provided by this plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents, and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling.

When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for your insurance plan, and your Plan Number (01AH585); 3) a description of the insured's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the Policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the Policy providing insurance benefits is not in effect.

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 the Policy issued to the Policyholder. 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.

THE POLICY PROVIDES COVERAGE THAT IS SUPPLEMENTAL TO A DOMESTIC GROUP HEALTH PLAN. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL POLICY.



ATTENTION

In the event of a medical emergency call Europ Assistance immediately and reference plan code: 01AH585

24-Hour Access

**1-877-577-9504 toll free in the USA or Canada
 1-240-330-1520 collect outside of the USA**

Call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems
- Your safety is threatened by the sudden occurrence of a political or military event

When you call Europ Assistance, please be prepared with the following information:

1. Name of caller, phone no., fax no., relationship to Covered Person;
2. Covered Person's name, age, sex and policy number;
3. A description of the Covered Person's condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker's compensation, or automobile insurance information if the Covered Person had an accident.

"Covered Person" means the person insured under the applicable ACE policy.

By requesting assistance you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incurred.

ATTENTION Medical Personnel or Police

In the event of a medical emergency, Europ Assistance will provide the services on the card below. To verify eligibility call the multi-lingual call center 24 hours a day toll free at 1-877-577-9504 if

you're inside the USA or Canada; or if you're outside the USA call collect at 1-240-330-1520.

In addition to the insurance protection provided by your insurance plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- **Security Assistance** including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.

ACE TRAVEL ASSISTANCE PROGRAM

For medical referrals, evacuation, repatriation or other services please call:

ACE Travel Assistance Program
 1-877-577-9504 (Inside the USA)
 1-240-330-1520 (Outside the USA Call Collect)
 OPS@europassistance-usa.com

Visit www.ACETravelAssistance.com for access to global threat assessments and location based intelligence.

Username: aceah
 Password: security



Plan Number: 01AH585
Policyholder: Rotary International Youth Exchange Program
Policy Number: GLM N0106096A
Assistance Provider: Europ Assistance USA

Europ Assistance provides emergency medical and travel services and pre-trip information services. Please call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems
- Your safety is threatened by the sudden occurrence of a political or military event