

World Class Coverage Plan



designed for

Rotary International Youth Exchange



2025

Policy # N0106096A-INBOUND USA

Administered by Cultural Insurance Services International

Underwritten by ACE American Insurance Company

cisi-bolduc.com | 800.303.8120



MEDICAL



EMERGENCY



SECURITY

Frequently Asked Questions (FAQs)

AETNA PROVIDER SEARCH LINK:

<https://www.culturalinsurance.com/aetna-provider-search>

DOWNLOAD FREE PHARMACY DISCOUNT CARD:

<https://www.wellrx.com/prescription-discount-card/>

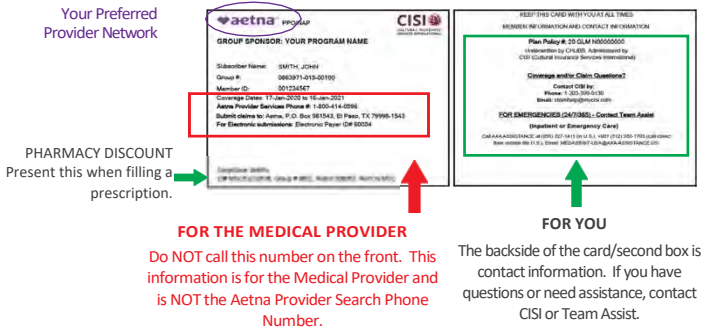
HOW WILL I RECEIVE MY INSURANCE INFORMATION?

Once you are enrolled, you will receive an email from cisiwebadmin@culturalinsurance.com, with the subject line 'CISI-Bolduc Confirmation Documents (Participant ID: _____)'. The email will contain:

- **Insurance ID Card** – You will need this if you need to seek treatment
- **Policy Brochure** – This outlines the coverage under your plan
- **Claim Form** – if you sought treatment and need to submit a claim
- **Link to download the CISI Traveler App and create a login.** (This will allow you to access your insurance documents at all times.)

Your Insurance ID Card

Understanding your insurance card information.



FOR THE MEDICAL PROVIDER
DO NOT call this number on the front. This information is for the Medical Provider and is NOT the Aetna Provider Search Phone Number.

FOR YOU
The backside of the card/second box is contact information. If you have questions or need assistance, contact CISI or Team Assist.

NEED TO GO TO THE DOCTOR?

1. Locate a Medical Provider

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

To locate an In-Network provider near you, use the Aetna Preferred Provider Network website:

<https://www.culturalinsurance.com/aetna-provider-search>

(This link is also available in your brochure, on our website mycisi.com, Participant Portal and within the [CISI Traveler App](#).)

2. Schedule an Appointment

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appointment. If you need assistance, contact CISI or Team Assist.

3. At Your Appointment

Make sure you have your Insurance ID card either printed or saved on your phone (this can be done through the CISI Traveler App).

Present your card at your visit so they can see that Aetna is your PPO Network. Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

What is 'In-Network' and 'Out-of-Network'?

Aetna is your Preferred Provider (PPO) Network. The providers within their network are known as In-Network Providers. This means you will receive medical services with Aetna's discounted rates. If you go to a Medical Provider Out-of-Network, you will be subjected to the Medical Provider's rates with no discount from Aetna. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s). (Your Plan brochure is attached to your welcome email and posted within the participant portal).

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage in the Policy Brochure which can be found attached to your welcome email and within the Participant Portal. If you have specific questions that you are unsure of, call CISI.

WHO PAYS WHEN PICKING UP A PRESCRIPTION AT A PHARMACY?

Prescription medication will be an out-of-pocket expense. Download the pharmacy discount card or Present your Insurance ID card at the pharmacy to receive a discount when paying. As long as the medication is for a covered illness or injury, you submit a claim for reimbursement. See the following page for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt:

- Your Name
- Your Doctor's Name
- Name of the Medication
- Dosage of medication
- Date medication filled
- Amount of medication

WHAT DO I DO IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA Assistance (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition, depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

DOCTOR PLEASE

Doctor Please is a teleconsultation service through AXA Assistance, for participants who require non-urgent medical services while traveling or temporarily residing outside their home country. Doctor Please is a 24/7 virtual medical care via app or phone with trained, licensed and experienced doctors, with multi-language capabilities. The doctors diagnose and treat minor illnesses, injuries, infections, colds and allergies. **For life-threatening or major incidents, seek care right away.**

When should I use Doctor Please?

Doctor Please can be useful when:

- seeking medical advice.
- have forgotten your medicine and need a prescription for a chronic condition.
- have a non-emergency ailment and you don't want to waste time in a hospital waiting room, doctor's office or urgent care.

How I do access Doctor Please's services?

1. Contact AXA Assistance by phone at 1 (855) 327-1411.
2. AXA will verify eligibility and provide you with an activation code.
3. Download the app via Google Play or App Store.
4. Register and enter the access code.
5. Enter personal details, request a video or call back.
6. Access to an MD via video or phone.

Note: Coverage is based off your policy benefits and limits.

Any additional information I should know about?

Key features:

- Secure connection while traveling globally with expert providers accustomed to international cases.
- App is available in English, Spanish, Portuguese & French.
- Convenience of arranging an appointment within your time zone and on your own schedule.
- Option to connect via phone if you do not have a smart phone, prefer not to download an app or have low bandwidth while traveling.
- Access to doctor's notes, referral recommendations, prescriptions.

Are there any out-of-pocket expenses when using Doctor Please?

No, there are no out-of-pocket expenses. Doctor Please will bill CISI directly.

TELADOC

Another option to avoid the hassle of waiting at doctor offices, urgent cares and ER's for common illnesses such as the cold and flu; sinus, skin, respiratory and chest infections; or allergies, is by utilizing Teladoc.

How does it work?

Go to Teladoc website: <https://www.teladoc.com/> and click on "Get started" to create an account, or call 1-800-Teladoc. Once you provide your information and symptoms, a doctor, therapist or specialist, depending on the care you need, will contact you within minutes.

Are there any out-of-pocket expenses when using Teladoc?

Yes, Teladoc is pay-and-claim, where you pay out-of-pocket for the services and then submit a claim for reimbursable expenses.

CLAIM QUESTIONS?

If you seek medical treatment for an Injury or Illness and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible).

Step 1: Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.

Step 2: Attach itemized bills for all amounts being claimed and documentation. **If mailing, We recommend you provide us with a copy and keep the originals for yourself.*

Step 3: You can submit claims by

Mail: 1 High Ridge Park, Stamford, CT 06905,

Email: claimhelp@mycisi.com, or

Fax: (203) 399-5596

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions, call (203) 399-5130, or email claimhelp@mycisi.com.

How long will it take to be reimbursed for medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website mycisi.com & on the myCISI Participant Portal.

I received a bill from a medical provider. What do I do?

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send CISI a bill.
4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at claimhelp@mycisi.com and complete the insurance information and send back to the medical provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

TEAM ASSIST (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call 1 (855) 327-1411, worldwide call (01 312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

The TAP Offers These Services

(These services are not insured benefits):

MEDICAL ASSISTANCE

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Behavioral Health Services: Services are available for English-speaking eligible participants who require such services while traveling away from home or temporarily residing outside their home country. When notified of a behavior health or crisis support situation, telephone access to behavioral health professionals for intake, screening, assessment, stabilization counseling and referral services will be available. Follow-up services will be arranged when recommended as a result of the service and available by AXA. These services are not intended to be therapeutic treatment services. Properly licensed and credentialed counseling staff will be available twenty-four hours, seven days per week to eligible participants.

Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

DR. PLEASE: The AP will provide global teleconsultation services to participants who requires non-urgent medical services while traveling or temporarily residing outside their home country on a covered trip.

TRAVEL ASSISTANCE

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

TECHNICAL ASSISTANCE

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

There are three plans included in this Summary of Benefits, Plan A, Plan B, B+, and Plan D. 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 and are traveling to the United States

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 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.

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 \$1,000,000, 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 the duration of your trip is 4 months and beyond but less than 365 days the Athletic Coverage benefits will be paid up to \$25,000, 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.

Inbound - Plans A, B and B+ Page 1

Benefits for all Covered Accident and Sickness Expenses will be paid at 80% of the Usual and Customary Charges, subject to a \$100 Deductible. 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 \$1,000,000, 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.

If the duration of your trip is 4 months and beyond but less than 365 days the Athletic Coverage benefits will be paid up to \$25,000, 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 and Sickness Expenses will be paid at 80% of the Usual and Customary Charges up to \$5,000 and 100% thereafter, subject to a \$100 Deductible. 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 \$1,000,000, 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.

If the duration of your trip is 4 months and beyond but less than 365 days the Athletic Coverage benefits will be paid up to \$25,000 per Covered Accident, 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 and Sickness Expenses will be paid at 100% of the Usual and Customary Charges.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges, 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 D) – 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 \$1,000,000 or Unlimited (whenever the Destination Country requires it), subject to the following maximums: 1) 2) \$400 for emergency sickness dental treatment; 3) \$25,000 for in-Patient treatment of mental and nervous disorders is \$25,000; 4) \$5,000 for out-Patient treatment of mental and nervous disorders is \$5,000; 5) \$50 per visit, up to a maximum of 10 visits for chiropractic care.

If the duration of your trip is 4 months and beyond but less than 365 days the Athletic Coverage benefits will be paid up to \$50,000, subject to a \$0 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 and Sickness Expenses will be paid at 100% of the Usual and Customary, subject to a \$0 Deductible.

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 (Plan A, B, B+) - 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.

Emergency Medical Evacuation Benefit (Plan D) - We will pay 100% 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.

Emergency Medical Reunion Benefit (Plan A, B, B+) - In the event you have been confined in a Hospital for more than four consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred up to the Aggregate Benefit Maximum of \$5,000 for travel and lodging for one individual selected by you, from your Home Country to the location where you are hospitalized.

We will also pay this benefit if you are the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authority which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

In the event that you die as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum of \$5,000 for a Family Member to accompany your mortal remains

This benefit is limited to the Benefit Maximum of \$5,000. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum of \$75 per day for lodging and meals.

Emergency Medical Reunion Benefit (Plan D) - In the event you have been confined in a Hospital for more than twenty-four consecutive hours due to a covered Injury or Sickness, We will reimburse the expenses incurred up to the Aggregate Benefit Maximum of \$12,500 for travel and lodging for one individual selected by you, from your Home Country to the location where you are hospitalized.

We will also pay this benefit if you are the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authority which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

In the event that you die as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum of \$5,000 for a Family Member to accompany your mortal remains

This benefit is limited to the Benefit Maximum of \$5,000. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum of \$300 per day for lodging and meals.

Lost Baggage Benefit (Plan D) - We will reimburse your replacement costs of clothes and personal hygiene items, up to \$250 per bag not to exceed \$250 per Trip after satisfaction of the \$0 Deductible, if your luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond your use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen, or damaged luggage.

Repatriation of Remains Benefit (Plan A, B, B+) - 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.

Repatriation of Remains Benefit (Plan D) - We will pay 100% 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.

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 up to an aggregate limit of \$5,000 after satisfaction of the \$250 Deductible per claim. The 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;

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

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 (Plan A, B, B+)- 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.

Trip Interruption Benefit (Plan D) - We will reimburse the cost of an economy air and/or ground transportation ticket for your Trip, up to \$5,000 * 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.

Trip Cancellation Benefit - We will reimburse you for the amount of non-refundable Covered Expenses you paid for your Trip, up to \$3,000 per Policy Term, if you are prevented from taking your Trip as the result of Injury, Sickness, or you or your Family Member's death prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If you must cancel the Trip due to Injury or Sickness of a Family Member, it must be

because his or her condition is life-threatening, or because the Family Member requires your care. Cancellation due to the death of a Family Member is covered under only if the death occurs within 30 days of your scheduled Trip departure date.

Covered Expenses: 1) any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip; 2) any prepaid, unused, non-refundable airfare and sea or land accommodations; 3) any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

Trip Delay Benefit - We will reimburse Covered Expenses you incur if your trip is delayed for more than 12 hours. The maximum we will pay is \$100 per person per day up to 5 days subject to a benefit maximum of \$500.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of your Trip.

Travel Delay must be caused by one of the following reasons: a) Injury, Sickness or death to either you, your Family Member or traveling companion that occurs during the Trip; b) carrier delay; c) lost or stolen passport, travel documents or money; d) Natural Disaster; e) you being delayed by a traffic accident while en route to a departure; f) hijacking; g) unpublished or unannounced strike; h) civil disorder or commotion; i) riot; j) inclement weather which prohibits Common Carrier departure; k) a Common Carrier strike or other job action; l) equipment failure of a Common Carrier; or m) the loss of your and/or your traveling companion's travel documents, tickets or money due to theft.

Your Duties in the Event of Loss: you must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

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 \$100,000. 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) a fare-paying passenger on a regularly scheduled

commercial airline; b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight. 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.
- practice or play in interscholastic or community football, hockey, soccer, rugby or lacrosse, except as specifically provided in the Policy.
- 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.
- 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 does not pertain to electric scooters or assist bikes. 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 & Canada 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.

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

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 \$500,000 per claim, subject to a \$250 (Plan A, B, B+) deductible or \$0 deductible (Plan D Only), 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.
- D. Payment of Deductible Under Homeowner's Insurance Coverage:** If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to \$1,000, per Insured per Policy Term. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was 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) 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; 11) Personal Injury to you; 12) Brought against you arising out of your business pursuits, investments, or other for-profit activities; 13) Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how caused; or 14) 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. **"Family Member"** means your spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law. **"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 make notification of a claim 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 800-303-8120 (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, One High Ridge Park, Stamford, CT 06905 USA.

For medical evacuation, repatriation, or other assistance services call: AXA Assistance at 855-327-1414 (Toll-Free) or 630-694-9764 (Direct Dial) or e-mail medassist-usa@axa-assistance.us.

To access Chubb’s Travel Assistance Website go to <http://www.acetravelassistance.net> and enter your username and password (shown on your Travel Assistance ID card).

Travel Assistance Services: In addition to the insurance protection provided by your insurance plan, Chubb has arranged with our Assistance Provider 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, verifies medical benefits and assists with medical claims process.
- 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; 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 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. Our Assistance Provider 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 Chubb’s Assistance Provider are not employees or agents of our Assistance Provider and the choice of provider is yours alone. Chubb’s Assistance Provider 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.

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.

IMPORTANT NOTICE

This plan provides travel insurance benefits for individuals traveling outside of their home country. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the

Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

CHUBB GROUP
U.S. PRIVACY NOTICE

FACTS	WHAT DOES CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?	
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none">▪ Social Security number and payment history▪ insurance claim history and medical information▪ account transactions and credit scores <p>When you are no longer our customer, we continue to share information about you as described in this notice.</p>	
How?	All insurance companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers’ personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.	
Reasons we can share your personal information	Does Chubb share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates’ everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates’ everyday business purposes – information about your creditworthiness	No	We don’t share
For our affiliates to market to you	No	We don’t share
For nonaffiliates to market to you	No	We don’t share
Questions?	Call 1-800-258-2930 or go to www.chubb.com/us-en/privacy.aspx	

Who we are

Who is providing this notice?

The Chubb Group. A list of these companies is located at the end of this document.

What we do

How does Chubb Group protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.

How does Chubb Group collect my personal information?

We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or provide account information
- give us your contact information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes – information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Our affiliates include those with a Chubb name and financial companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Chubb does not share with nonaffiliates so they can market to you.

Joint Marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NC, NJ, NV, OH, OR, and VA only: Under state law, under certain circumstances, you have the right to see the personal information about you that we have on file. To see your information, write Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate or if you would like us to delete any of this information, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at privacyinquiries@Chubb.com, or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For California residents only: Under state law, under certain circumstances, you also have the right to correct, amend, or delete the personal information about you that we have on file by writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. We will respond to your request within 30 business days.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

Chubb Group

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of November 2, 2023.

The Chubb Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI");
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("Secretary of Health and Human Services" or "HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g., oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at *45 Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance,

utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend the Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- (1) When required by law.
- (2) When permitted for purposes of public health activities, including when necessary to report product defects, permit product recalls and conduct post-market surveillance. PHI may also be used or disclosed if you may have been exposed to a communicable disease or are at risk of contracting or spreading a

disease or condition, if authorized by law.

- (3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.
- (4) The Company may disclose your PHI to a health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or all objections were resolved in favor of disclosure by the court or tribunal.
- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Company is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. The Company may also disclose your PHI to organ procurement organizations.
- (9) The Company may use or disclose PHI for government-approved research, subject to conditions.
- (10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) For certain government functions such as related to military service or national security.
- (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- (13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to the Company by writing to North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, calling 1-833-324-9798, or emailing naprivacyoffice@chubb.com.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made by writing to North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, calling 1-833-324-9798, or emailing naprivacyoffice@chubb.com.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the

Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made by writing to North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, calling 1-833-324-9798, or emailing naprivacyoffice@chubb.com.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made to carry out treatment, payment or health care operations, and certain other disclosures such as (1) to individuals about their own PHI; (2) prior to the compliance date; or (3) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone 1-833-324-9798, or email naprivacyoffice@chubb.com.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or

maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A. "Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of Health and Human Services;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. *De-identified information* is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating coverage under a group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the plan sponsor has provided health benefits under the group health plan; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company by writing to North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, calling 1-833-324-9798, or emailing naprivacyoffice@chubb.com.

You may file a complaint with the U.S. Department of Health and Human Services by sending a written complaint to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, emailing OCRComplaint@hhs.gov, faxing (202) 619-3818, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Your complaint must be submitted within 180 days of when you believe the violation occurred. The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: North America Chief Privacy Officer, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone 1-833-324-9798, or email naprivacyoffice@chubb.com.

VI. Chubb Group Legal Entities

This following is a list of the Chubb Group of Companies located in the United States: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Vigilant Insurance Company, Westchester Fire Insurance Company, Westchester Surplus Lines Insurance Company, Combined Insurance Company of America, and Combined Life Insurance Company of New York. These companies have designated themselves as *hybrid entities* and only those designated health care components identified by such companies are subject to HIPAA. In addition, these companies are legally separate affiliated companies under common ownership and have designated themselves as a *single covered entity* for purposes of HIPAA compliance.

NOTICE OF
PROTECTION PROVIDED BY
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary description of the Illinois Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity or health insurance company becomes financially unable to meet its obligations and is placed into Receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Illinois law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association per insolvency are:

- **Life Insurance**

- o \$300,000 in death benefits
- o \$100,000 in cash surrender or withdrawal values

- **Health Insurance**

- o \$500,000 for health benefit plans*
- o \$300,000 in disability insurance benefits
- o \$300,000 in long-term care insurance benefits
- o \$100,000 in other types of health insurance benefits

- **Annuities**

- o \$250,000 in withdrawal and cash values

*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to hospital benefit plan benefits for which the maximum amount of protection is \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portions of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.ilhiga.org or contact:

Illinois Life and Health
Insurance Guaranty Association
901 Warrenville Road, Suite 400
Lisle, Illinois 60523-4324

Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Insurance companies and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at DOI.InfoDesk@illinois.gov.

QUESTIONS ABOUT YOUR INSURANCE?

Answers to questions about your insurance, coverage information, or assistance in resolving complaints can be obtained by contacting:

CHUBB Customer Support Service Department:
436 Walnut Street
Philadelphia, Pennsylvania 19106-3703

Telephone Number: 1-800-352-4462

The Illinois Division of Insurance may also be contacted for assistance. Insurance analysts are available to answer general questions by phone at our toll-free Consumer Assistance Hotline (866) 445-5364. However, complaints must be submitted in writing.

How to file a complaint with the Insurance Department:

Complaints may be submitted in the following ways:

- On-line at www.ins.state.il.us and by following the instructions posted.
- By fax: (217) 558-2083
- By mail: 320 W. Washington St. Springfield, IL 62767