

IENA J-1 PROGRAM INSURANCE 2016

Summary of Benefits

As a participant in an IENA Program which includes Accident and Sickness Coverage, this brochure outlines the basic provisions of coverage in force and available to You through ACE American Insurance Company, Philadelphia, PA.

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IENA – International Exchange of North America's Accident & Sickness Insurance Program

As a participant in an IENA Program which includes Accident and Sickness Coverage, this brochure outlines the basic provisions of coverage in force and available to You through ACE American Insurance Company, Philadelphia, PA.

You have a choice of two insurance plans for an IENA Program – Plan A (Basic + Additional Travel Benefits) and Plan B (Basic). Below is an outline of the benefits provided in each plan. For a more detailed summary of plan benefits please see the rest of this brochure.

SCHEDULE OF BENEFITS:

Medical Expense Benefits

Total Maximum for all Accident or Sickness Expense Benefits: \$500,000

Maximum for Dental Treatment (Injury Only): \$1,000, subject to \$500 per tooth (Alleviation of Pain): \$1,500

Deductible: \$0 per Covered Accident or Sickness

Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of the Covered Expenses

Repatriation of Remains Benefit

Benefit Maximum: 100% of the Covered Expenses

Baggage Repatriation Benefit

Benefit Maximum: \$1,000

Emergency Reunion Benefit

Benefit Maximum: \$4,000

Daily Benefit Maximum: \$1,000

Extension of Benefits

Maximum Benefit Period: 30 days

Home Country Extension Benefit

Benefit Maximum: up to the Medical Expense Benefit Maximum

Deductible: \$0

Maximum Benefit Period: 30 days

Security Evacuation Expense Benefit

Benefit Maximum: \$3,000

Aggregate Limit per Occurrence: \$30,000

Tour Operator/Airline Default Benefit

Benefit Maximum: \$2,000

Trip Cancellation Benefit

Benefit Maximum: \$1,600 per Policy Term

AGGREGATE LIMIT:

Benefit Maximum: \$5,000,000

Accidental Death & Dismemberment Benefits

Principal Sum: \$15,000

Time Period for Loss: 365 days

PLAN A – ADDITIONAL TRAVEL BENEFITS

Baggage Delay Benefit

Benefit Maximum: \$100 per Trip

Lost Baggage Benefit

Deductible per Trip: \$0

Benefit Maximum per Trip: \$5,000

Benefit Maximum per Item or Set of Items: \$250 Maximum of 2 bags

Personal Property Benefit

Deductible per Trip: \$0

Benefit Maximum per Trip: \$5,000

Benefit Maximum per Item or Set of Items: \$600

Trip Delay Benefit

Benefit Maximum: \$500
Daily Benefit Limit: \$100

Trip Interruption Benefit

Benefit Maximum: \$1,200

Definitions:

“Country of Permanent Assignment” means a country, other than Your Home Country, in which the Policyholder requires You to work for a period of time that exceeds 180 continuous days.

“Country of Permanent Residence” means a country or location in which You maintain a primary permanent residence.

“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.

“You, Your, Yourself” means any eligible or covered person for whom the required premium is paid.

“Home Country” means a country from which You hold a passport. If You hold passports from more than one Country, Your Home Country will be the country that You have declared to Us in writing as Your Home Country. Home Country also includes Your Country of Permanent Assignment or Country of Permanent Residence.

“Injury” means accidental bodily harm sustained by a Covered Person that results, directly and independently 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.

“Preexisting Condition” means an illness, disease, or other condition of the Covered Person that in the 12 months period before the Covered Person’s coverage became effective under the Policy: 1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3. was treated by a Doctor or treatment had been recommended by a Doctor.

“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.

“Spouse” also means an Insured’s Domestic Partner. **“Domestic Partner”** means a person of the same or opposite sex of the Insured who: 1) shares the Insured’s primary residence;

2) has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;

3) is financially interdependent with the Insured in each of the following ways;

- a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
- b. by owning or leasing their permanent residence as joint tenants;
- c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
- d. by each agreeing in writing to assume financial responsibility for the welfare of the other.

4) has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which he or she resides with the Insured;

5) has not signed a Domestic Partner declaration with any other person within the last 12 months.

6) is 18 years of age or older;

7) is not currently married to another person;

8) is not in a position as a blood relative that would prohibit marriage.

“Trip” means travel by air, land, or sea from Your Home Country. It includes the period of time from the start of the trip until its end provided You are engaged in a Covered Activity or Personal Deviation if covered under the Policy.

“We, Our, Us” means the insurance company underwriting this insurance or its authorized agent.

TERMS OF COVERAGE

For benefits to be payable the Policy must be in force, the required premium must be paid and You must be engaging in the Covered Activity described below.

Period of Coverage: You will be insured on the later of: 1) the Policy Effective Date; 2) the date We receive the completed enrollment form; or 3) the date the required premium is paid. This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at Your home, place of work, or other place. Your coverage will end on the earliest of the date: 1) the date You return to Your Home Country; 2) the scheduled Trip return date; 3) the date You make a Personal Deviation (unless otherwise provided by the Policy); 4) the date You are no longer eligible; or 5) the period ends for which premium is paid.

Covered Activity: We will pay the benefits described below only if You suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of Your Home Country; 2) during your scheduled Trip and 3) while You are engaging in educational activities sponsored by the Policyholder.

Scope of Coverage: Coordination of Benefits.

BENEFITS

Medical Expense Benefits

We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date Your Trip ends, provided the first Covered Expense was incurred within 30 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits is \$500,000. The Maximum for Dental Treatment (Injury Only) is \$1,000, subject to \$500 per tooth; the Maximum for Dental Alleviation of Pain is \$1,500; the Maximum for Room & Board Charges is the average semi-private room rate; the Maximum for ICU Room & Board Charges is two times the semi-private room rate.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges ("U&C") incurred; 2) for those Medically Necessary Covered Expenses that You incur; and 3) for charges incurred for services rendered to You while on a covered Trip.

Covered Medical Expenses include: Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); Services of a Doctor or a registered nurse (R.N.); Ambulance service to or from a Hospital; Laboratory tests; Radiological procedures; Anesthetics and their administration; Blood, blood products, artificial blood products, and the transfusion thereof; Physiotherapy; Chiropractic expenses on an inpatient or outpatient basis; Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription; Dental charges for Injury to sound, natural teeth; Artificial limbs or eyes (not including replacement of these items); Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces); Oxygen or rental equipment for administration of oxygen; Rental of a wheelchair or hospital-type bed; Rental of mechanical equipment for treatment of respiratory paralysis.

Emergency Medical Evacuation Benefit

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 a covered Trip. Covered Expenses include: 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. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) You are age 18 or older; and b) You are the only person traveling with the minor Dependent child(ren); and c) You suffer a Medical Emergency and must be confined in a Hospital.; 4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join the You during the Your emergency medical evacuation to a different hospital, treatment facility, or Your place of residence.

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, mother-in-law, father-in-law, brother-in-law or sister-in-law.

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

Repatriation of Remains Benefit

We will pay 100% of Covered Expenses for preparation and return of Your body to Your home if You die as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include: 1. expenses for embalming or cremation; 2. the least costly coffin or receptacle adequate for transporting the remains; 3. transporting the remains; 4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join the Your body during the repatriation to Your place of residence.

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 or Our Assistance Provider authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our Service Provider.

Baggage Repatriation Benefit

If repatriation of remains Benefits are paid under the policy, We will reimburse the fees to ship Your Baggage and its contents to Your location, anywhere in the world up to the Maximum Benefit of \$1,000.

Emergency Reunion Benefit

We will pay up to \$4,000 for expenses incurred to have Your Family Member accompany You to Your Home Country or the Hospital where You are confined if You are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for You to have a Family Member at Your side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date You are confined in the Hospital, or the date of the occurrence of the Felonious Assault.

“Family Member” means Your spouse, child, brother, sister, parent, grandparent, mother-in-law, father-in-law, brother-in-law or sister-in-law.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at You during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed \$1,000 per day up to 4 days. Benefits will not be payable unless We or Our Assistance Provider authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our Service Provider.

Extension of Benefits

We will pay benefits for Covered Medical Expenses for up to 30 days after Your coverage term ends if You obtain treatment for a condition first diagnosed or treated during or related to the Policyholder's overseas study abroad program. Benefits will end at 12:00 am on the 31st day following termination of Insurance.

Home Country Extension Benefit

We will pay benefits for Covered Medical Expenses if You obtain treatment of a covered Injury or Sickness while You are in Your Home Country provided treatment is rendered within the Incurral Period of 30 days. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if You were outside Your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Coverage under this benefit begins on the date You arrive in Your Home Country. It ends the later of: 1) the Maximum Benefit Period of 30 days, or 2) the date the You leave Your Home Country.

Home Country Extension Benefit payments are subject to the Benefit Maximum for Medical Expense Benefits.

Security Evacuation Expense Benefit

We will pay Security Evacuation Expense Benefits to You, if: 1. an Occurrence takes place during the Covered Activity described in the Policy and Your Term of Coverage; and 2. while You are traveling outside of Your Home Country.

Benefits will be subject to the Benefit Maximum of \$3,000 and an Aggregate Limit per Occurrence of \$30,000. Benefits will be paid for: 1. Your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure Your safety and well-being as determined by the Designated Security Consultant. 2. Your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by You: a. back to the country in which You are traveling during the Covered Activity but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date You are scheduled to return; or b. Your Home Country; or c. where the Policyholder that sponsored Your Trip is located. 3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if You are considered kidnapped or a Missing Person by local or international authorities. Security Evacuation Expense Benefits are payable only once for You for any one Occurrence.

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

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

Changes in Terms and Conditions - The terms and conditions of this benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and condition of this benefit.

"Appropriate Authority(ies)" means the U.S. State Department, the government authority(ies) in Your Home Country or Country of Residence or the government authority(ies) of the Host Country.

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure Your safety while in his or her care.

"Evacuation Advisory" means a formal recommendation issued by the Appropriate Authority(ies) that You or citizens of Your Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

"Host Country" means any country, other than an OFAC excluded country, in which You are traveling while covered under the Policy.

"Missing Person" means You have disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

"Natural Disaster" means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which Your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events.

"Nearest Place of Safety" means a location determined by the Designated Security Consultant where: 1. You can be assumed safe from the Occurrence that precipitated Your Security Evacuation; and 2. You have access to Transportation; and 3. You have the availability of temporary lodging, if needed.

"Occurrence" means any of the following situations involving You that trigger the need for a Security Evacuation; 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authority(ies) issue an advisory stating that citizens of Your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3. Natural Disaster within seven (7) days of an event; 4. deliberate physical harm of You confirmed by documentation or physical evidence or a threat against Your health and safety as confirmed by documentation and/or physical evidence; 5. You have been deemed kidnapped or a Missing Person by local or international authorities and, when found, Your safety and/or well-being are in question within seven days.

"Related Costs" means lodging and, if necessary, physical protection for You during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while You are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored Your Trip is located. Benefits will not be payable for Related Costs unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

"Security Evacuation" means the extrication of You from the Host Country due to an Occurrence which could result in grave physical harm or death to You.

"Transport" or "Transportation" means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, Your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through Your employer or other entity sponsoring Your Trip.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by You, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged: a. violation of the laws of the country in which You are traveling while covered under the Policy; or b. violation of the laws of Your Home Country or Country of Residence.
5. due to Your failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. For monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to: a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if Your Security Evacuation request is made more than 10 days after the

Appropriate Authority(ies) Advisory was issued. 12. Your failure to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate Yourself, failure to follow the directions given by Our designated security consultants during a Security Evacuation. If You refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence

Tour Operator/Airline Default Benefit

This benefit pays up to the Benefit Maximum of \$2,000 on lost deposits due to the Financial Default of any airline or Tour operator. Default by the person, agency or Tour operator from whom You purchased travel arrangements or this coverage is excluded.

“Default” means any failure of a provider of travel related services (including any Tour Operator) to provide the bargained-for travel services or to refund money due to the Insured.

“Financial Default” means either: (a) the complete suspension of operations due to financial circumstances, whether or not a bankruptcy petition is filed; or (b) a partial suspension of operations following a filing of a bankruptcy petition.

“Tour” means Trip Arrangements and shall include flight connections to join and depart such Trip Arrangements provided such flights are scheduled to commence within 1 day of the Trip Arrangements.

Trip Cancellation Benefit

We will reimburse You for the amount of non-refundable Covered Expenses You paid for Your Trip, up to the Benefit Maximum of \$1,600 per policy term, if You are prevented from taking Your Trip as the result of Injury, Sickness, or death to Yourself or a Family Member 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 death of a Family Member is covered 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.

“Family Member” means a Covered Person’s spouse, child, brother, sister, parent, grandparent, mother-in-law, father-in-law, brother-in-law or sister-in-law.

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 \$15,000.

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
Uniplegia.....	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. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “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 Speech and Loss of Hearing. “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 Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent loss of hearing in both ears that is irrecoverable and cannot be corrected by any means. “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 \$5,000,000 for all Accidental Death and Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

PLAN A ONLY – OPTIONAL TRAVEL BENEFITS

Baggage Delay Benefit

If Your checked-in luggage is not delivered to You within 12 hours at the scheduled destination point of Your flight, we will reimburse You for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to the Benefit Maximum of \$100. These purchases must be made within 24 hours of Your arrival or prior to the return of the luggage, whichever is sooner.

You must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

Lost Baggage Benefit

We will reimburse Your replacement costs of clothes and personal hygiene items, up to the Benefit Maximum of \$5000. The maximum benefit for any one item (or set of items) is \$250. 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.

Personal Property Benefit

We will reimburse You the reasonable cost, up to the Benefit Maximum of \$5,000 per trip and, for replacement of any personal property that is lost or totally destroyed while You are on Your Trip. Benefit Maximum for any one item or set of items is \$600. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that You have taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in an incident report.

For any claim You make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore Your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.

“Personal Property” means personal goods belonging to the Insured or for which the Insured is responsible and are taken on the Trip or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

Trip Delay Benefit

We will reimburse Covered Expenses up to \$100 per person per day up to 5 days to a maximum of \$500, if Your trip is delayed more than 12 hours.

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, Family Member or Your traveling companion that occurs during the Trip; (b) carrier delay; (c) lost or stolen passport, travel documents or money; (d) Quarantine; (e) Natural Disaster; (f) Your being delayed by a traffic accident while en route to a departure; (g) hijacking; (h) unpublished or unannounced strike; (i) civil disorder or commotion; (j) riot; (k) inclement weather which prohibits Common Carrier departure; (l) a Common Carrier strike or other job action; (m) equipment failure of a Common Carrier; or (n) the loss of Your and/or traveling companion's travel documents, tickets or money due to theft.

“Quarantine” means You are forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to Your either having, or being suspected of having, a contagious disease, infection or contamination while You are traveling outside of their Home Country.

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.

Trip Interruption Benefit

We will reimburse the cost of a one-way economy air and/or ground transportation ticket for Your Trip, up to the Maximum Benefit of \$1,200, if Your Trip is interrupted as the result of: 1. the death of a Family Member; or 2. the unforeseen Injury or Sickness of Yourself or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. a Medically Necessary covered Emergency Medical Evacuation to return You to Your Home Country or to the area from which You were initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or 4. substantial destruction of Your principal residence by fire or weather related activity.

“Family Member” means a Covered Person's spouse, child, brother, sister, parent, grandparent, mother-in-law, father-in-law, brother-in-law or sister-in-law.

EXCLUSIONS AND LIMITATIONS

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.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).

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

- routine physicals and care of any kind.
- routine dental care and treatment
- routine nursery care.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the covered activity (unless Personal Deviations are specifically covered).
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury resulting from motorcycling; snowboarding or skiing.
- conditions that are not caused by a Covered Accident or Sickness.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- pregnancy
- pre-Existing Conditions
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.

In addition to the Policy Exclusions, We will not pay Lost Baggage, Personal Property,

Benefit(s) for:

- loss or damage due to:
 - moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - mechanical or electrical failure;
 - 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.

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.

FOR GENERAL INFORMATION REGARDING ENROLLMENT OR BENEFITS, PLEASE CONTACT:

International Exchange of North America

242 Curt Smith Road

Southbury, CT 06488 USA

Phone: 203-264-7707

Toll-Free within the US: 888-411-IENA

Fax: 203-264-0743

Email: info@iena.org

NOTICE OF CLAIMS

Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as it is reasonably possible. Notice given by or on behalf of the claimant to the Company at its Administrative Office in Wayne, PA, or to any authorized agent of the Company, with information sufficient to identify the Insured person, shall be deemed notice to the Company. This Brochure summarizes the Principal Features of the IENA Insurance Program

underwritten by ACE, American Insurance Company, Philadelphia, PA. under Master Policy GLM-N0498335A. A copy of the Master Policy is on file with IENA.

WHERE TO REPORT CLAIMS

All claims must be reported in writing to:

ACI CLAIM SERVICES
994 Old Eagle School Road
Wayne, PA 19087-1802
Toll Free: 888-293-9229
Office Hours: 8AM - 5PM (All Time Zones) Monday – Friday
www.visit-aci.com

OUR SERVICE PROVIDER

Our Service Provider provides emergency medical and travel services and pre-trip information services.

Please call when:

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

When You call Our Service Provider, please be prepared with the following information:

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

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

24hour Emergency Telephone Numbers:

1-855-327-1414 (Inside the USA and Canada)

1-630-694-9764 (Collect from anywhere else)

Email: medassist-usa@axa-assistance.us

Visit www.acetravelassistance.net for access to global threat assessments and location based intelligence.

Username: medassist-usa@axa-assistance.us

Password: acea&h

The Plan is Underwritten By:

ACE American Insurance Company

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy 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.

Important Notice: This information is a brief description of the important features of the insurance plan written under form number AH-10047. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Product availability and plan design features may vary depending on state laws. Complete details may be found in the policy on file with the Participating Organization. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

HIPAA's Privacy Notice

Under HIPAA's Privacy Rule, we are required to provide You with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with Your enrollment materials. If, at anytime, You wish to request a copy of ACE American Insurance Company's HIPAA Privacy Notice, write to ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 11906.