

Confirmation of Coverage for Certificate/ Policy Number: LF006124_Outbound

To Whom It May Concern:

Please be advised that has purchased Intercultural Exchange Group Medical Insurance certificate / policy number LF006124_Outbound effective

This plan is underwritten by Advent Syndicate 780 at Lloyd's. Advent Syndicate 780 operates within the Lloyd's market which has ratings of "A" (Excellent) from A.M. Best and "A+" (Strong) from S&P.

Claims can be mailed to Personal Insurance Administrators, Inc., P.O. Box 6040, Agoura Hills, CA 91376-6040.

Medical coverage is provided while traveling worldwide, per the policy provisions. Coverage includes the Schengen states per the policy provisions. A copy of the Schedule of Benefits providing an outline of coverage provided, limitations and maximum benefits, is available below.

Emergency evacuation, Repatriation and Return of Mortal Remains is provided with 100% of actual expense.

This information will verify that Eligible Expenses, including Hospitalization expenses, are subject to a 0 USD per Illness or Injury deductible after which the plan will pay up to the policy maximum. The maximum limit of coverage is 500,000 USD.

Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.

Benefits are not provided for Coverages marked "NIL".

Per Injury or Sickness Maximum for all Injury and Sickness Medical 500,000 USD
Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: 0 USD

Initial Treatment Period: 30 Days from the date of Injury or Sickness
 Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges
 Terms of Payment Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit:	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit:	URC
Hospital Miscellaneous Expense Benefit:	URC
Surgeon (In or Outpatient) Benefits:	URC
Assistant Surgeon Benefit:	URC
Pre-Admission Testing Benefit:	URC
Anesthesia Benefit:	URC
Day Surgery Miscellaneous Benefit:	URC
Diagnostic X-Ray and Lab Benefit:	URC
Ambulance Benefit:	URC
Physician Visit Benefit (Inpatient):	URC
Physician Visit Benefit (Outpatient):	URC
Consultant Physician Benefit:	URC
Radiation/Chemotherapy Benefit:	URC
Emergency Room Benefit:	URC, subject to a \$350 copay. The Copay will be waived if admitted.
Emergency Dental Expense Benefit:	URC
Palliative Dental:	URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient:	URC
Physiotherapy Expense Benefit – Outpatient:	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit:	URC
Emergency Medical Evacuation Expense Benefit:	100% of actual expense
Emergency Medical Repatriation Expense Benefit:	100% of actual expense
Return of Mortal Remains:	100% of actual expense
Emergency Reunion:	100% of actual expense
Prescription Drug Benefit, Covered Percentage:	URC
Mental & Nervous Conditions Expense Benefit	Inpatient: Pay at 80% up to \$ 10,000 up the the maximum of 40 days; Outpatient: Pay at 80% up to \$5,000
Home Country Benefit	URC, up to a maximum of \$1,000 for 30 days
Extension of Home Country Sickness & Accident Medical Benefit	URC, up to a maximum of \$1,000 for 30 days
Return Ticket Benefit	up to \$5,000 per Policy Period

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000.00**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

Exclusions

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Organ transplants;
- 7) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 13) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 14) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
- 15) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 16) Pre-existing conditions;
- 17) Pregnancy or childbirth, except when conception occurs while covered under the Plan Document; miscarriage resulting from an accident, elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
- 18) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 19) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 20) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 21) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting;
- 22) Practice or play in any intercollegiate, professional or semi-professional sports contest or competition;
- 23) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 24) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
- 25) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
- 26) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction

The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.

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