

# Coverage Information Medical Insurance

This document provides a brief summary of your insurance plan.

To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at:

[www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance)

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **LF005544**
- Your Date of Birth:

Please note: you can also use Facebook connect and log-in to MyInsurance with your Facebook account!

## Insurance ID-Card

<b>aetna</b> <sup>®</sup>		<b>MEMBERS: SEE BACK OF CARD FOR ADDITIONAL INFORMATION</b>	Council for Educational Travel, USA 2017 Insurance Coverage Group #: 0863963-010-100
Aetna PPO/NAP			
Member Name	<input type="text"/>		
Member #	<input type="text"/>		
Effective Dates	<input type="text"/>		
<b>Deductible:</b> \$100 per injury or sickness		<b>ER Copay:</b> \$350 (waived if admitted)	
<b>Aetna Network Provider Services:</b>	(800) 414-0596	<b>Payer ID:</b> 60054	
<b>Provider Claims Mailing Address:</b>	Aetna P.O. Box 30259 Tampa, FL 33630-3259		
<p>PROVIDERS: For questions about benefits or eligibility, call Personal Insurance Administrators, Inc., at (800) 314-3938. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations and exclusions of the policy. File claims electronically to Payer ID above, or mail claims to address indicated above.</p>			
<p>NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.</p>			

INFORMATION FOR MEMBERS		
Please find all important Insurance Information online at: <a href="http://eSecutive.com/MyInsurance">eSecutive.com/MyInsurance</a>		
<p><b>Carry this card at all times.</b> To find a provider, verify coverage prior to hospitalization, or for language assistance, call Personal Insurance Administrators, Inc., at <b>(800) 314-3938</b> (follow the telephone prompts). When traveling outside of the USA, call <b>+1 (818) 735-3560</b> for 24/7 emergency assistance. (Ref.# 01-SES-SUM-08123)</p>		
Customer Service:	Personal Insurance Administrators, Inc.	(800) 314-3938
PPO Network:	Aetna Passport to Healthcare Primary PPO <a href="http://www.aetna.com/docfind/custom/passport">www.aetna.com/docfind/custom/passport</a>	(800) 314-3938
Coverage While Traveling/ Emergency After-Hours Care:	Personal Insurance Administrators, Inc. (Ref. # 01-SES-SUM-08123)	(800) 314-3938 Outside U.S. call: +1 (818) 735-3560
Claims Mailing Address (for non-PPO, outside U.S. or prescription claims):	Personal Insurance Administrators, Inc. P.O. Box 6040 Agoura Hills, CA 91376-6040	(800) 314-3938
Submit Claims Via Email:	piaservice@ascensionins.com	
Prescriptions:	Paid at 100% of reasonable charges; however, you must pay for prescription in full at the time of pick up, then submit a claim to Personal Insurance Administrators, Inc., for reimbursement.	

## Schedule of Benefits

### 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** 250.000 USD  
**Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness:** 100 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

Benefit Coverage	Covered Benefit
Emergency Room Benefit:	URC, subject to a \$350 copay. The Copay will be waived if admitted. The Copay does not apply to Injury.
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

#### 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 treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 15) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
- 16) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 17) Pre-existing conditions;
- 18) 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
- 27) Pregnancy or childbirth, except for initial diagnosis and coverage for Complications of Pregnancy up to 20 weeks, as long as conception occurred while covered under the Plan Document; elective abortion; elective cesarean section; or any complications of any of these conditions;

28) Treatment of Mental and Nervous Disorders; except for initial diagnosis up to \$500

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.

# Coverage Information Third Party Liability Insurance

## Schedule of Benefits

Coverage	EUR
Personal injury / property damage each	500.000
Deductible per occurrence	150

The insurer grants coverage to the insured if a claim for damages is asserted against the insured by any third party for activities that have resulted in the death, the injury, or the health impairment of any person (injury to persons) or the damage to or destruction of property (property damage). The insurer will examine liability claims with respect to their validity, reject unjustified claims, and indemnify justified claims up to the maximum coverage as outlined in the policy.

Please note: Coverage does not include: the risks of the insured's own or a third-party business or trade, of a profession, service or official position (including honorary posts), of an activity entailing responsibility in an organization of any type, or of an unusual and perilous activity.

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This Plan is underwritten by Generali Versicherungs AG



## How to file liability insurance claims?

To file a liability insurance claim, please log-in to your MyInsurance area at [www.esecutivo.com/myinsurance](http://www.esecutivo.com/myinsurance) and fill out the online claim form under Services & Claims.

Liability Insurance Claims must be notified in writing to the insurer without any delay (within one week). Always makecopies of all documents and receipts for your own records.

Please indicate the following policy number with your liability claim: 615FKH11920717.

Please submit claims in English or German only. Claims submitted in other languages may not be processed. If you need assistance writing your claim information in English or German, we suggest using Google Translate.

With personal liability claims, please submit comprehensive and truthful damage reports, inform the insurer of all circumstances relating to the claim and forward all documents relevant to assessing the claim.



# Insurance Guide

If you need to see a doctor, **please always call the toll-free 24/7 Customer Service Hotline before proceeding with any treatment:**

**1 800 314 3938** (inside USA)  
**+1 818 735 3560** (outside USA)

Select the telephone prompts available for after-hours emergency assistance.



## **Carry your insurance ID card with you at all times.**

When you go to a Doctor's office or to the Hospital, be sure to bring your insurance identification card. If the Doctor or Hospital needs to verify your coverage, they may call the Customer Service Hotline at **1 800 314 3938** in the USA or **+1 818 735 3560** outside the USA.

**Don't use an Emergency Room **in the USA** unless your illness or injury is serious or life threatening**, for example: Head injuries, Chest pain, Loss of consciousness, Life-threatening situations, Difficulty breathing, Seizures.

**You will be charged up to \$350 (in addition to any other co-payments or deductibles required by your plan) if you use an Emergency Room (ER) for a condition that that does NOT result in the Plan Participant being admitted to the hospital.**

**Please read your Insurance Policy before starting your travel to review your Emergency Room (ER) co-payment.**



**Use an Urgent Care or Walk-in Clinic in the USA** for Sports Injuries, Sore throats, Minor cuts, Cold/flu, Sprains and strains, Urinary tract infections, Earaches, Simple fractures or Minor burns.

Search for an Urgent Care or Walk-in Clinic at: [www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)  
(Please select plan: Passport to Healthcare Primary PPO Network)

or call Customer Service at: **1 800 314 3938**



**In the event of hospitalization please call the 24/7 Emergency Service within 24 hours:**

**1 800 314 3938** (inside USA)  
**+1 818 735 3560** (outside USA)

Select the telephone prompts available for after-hours emergency assistance.

**All pre-existing medical conditions are excluded from coverage under this policy.**

Pre-Existing condition means an injury, sickness, disease, or other condition that you had symptoms of or were seen by a doctor within the 6-month period before your coverage start date. Your condition may also be considered preexisting if you saw a doctor or had your medication dosage adjusted for the condition during the 6-month period before your coverage start date. If you have a condition that is stable, controlled entirely by medication and have not seen a doctor or have not had your dosage adjusted within the 6-month period before your coverage start date, your condition is not considered a pre-existing condition. Please read the policy conditions document for more details on pre-existing conditions.

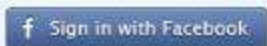


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**To access your complete insurance information please login to your personal MyInsurance area at: [www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance).**

To create your account, you will need:

- Your Last Name
- Your First Name
- Certificate / Policy Number
- Your Date of Birth



You can also use Facebook connect and log-in to MyInsurance with your Facebook account!

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**Insurance Information  
For Participants of  
Council for Educational Travel, USA  
LF005544  
Travel Insurance Plan  
ComfortPlus100 L**

You are insured during your stay abroad for the period reported by your exchange organization. The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country.

Please note: If you want to extend or shorten your insurance cover, please contact your organization.

**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                    \$250,000**

**Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: \$ 100**

**Initial Treatment Period:** 30 Days from the date of Injury or Sickness  
**Coinsurance:** In Network: Coinsurance 100% - (Insured is not responsible for amounts over the Network’s allowance.)  
 Out of Network: Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges – (Insured is responsible for costs above the Usual, Reasonable, & Customary rate for the service.)  
**Terms of Payment** Full Excess

<b>Benefit Coverage</b>	<b>Covered Benefit</b>
Hospital Room & Board Benefit	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit	URC
Hospital Miscellaneous Expense Benefit	URC
Surgeon (In or Outpatient) Benefits	URC
Assistant Surgeon Benefit	URC
Pre-Admission Testing Benefit	URC
Anesthesia Benefit	URC
Day Surgery Miscellaneous Benefit	URC



Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit (Inpatient)	URC
Physician Visit Benefit (Outpatient)	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 copay, waived if admitted
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

**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**



<b>Loss of:</b>	<b>Benefit</b> (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**

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This plan is underwritten by Advent Syndicate 780 at Lloyd's.

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

## **Important Information about your insurance**

### **Pre-existing Medical Conditions**

All Pre-Existing Medical Conditions are excluded from cover under this Insurance Policy.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6-month period immediately 6 months prior to the date that the Plan Participant's coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6-month period before coverage is effective under the Plan Participant's Plan.

### **Deductible case of outpatient treatment**

In case of out-patient treatment at a doctor or a specialist you will have a deductible for each claim, which you will have to pay yourself, in the amount listed in the benefit coverage overview. This only applies if your medical insurance plan has an outpatient deductible included and if you use an Emergency Room for treatment that is not medically necessary or does not result in a hospital admission and overnight stay.

### **Emergency Room Treatment in the USA**

The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician's office.

Please note: You should only go to an Emergency Room in case of a serious or life-threatening accident or illness. for example:

- Head injuries
- Chest pain
- Loss of consciousness
- Life-threatening situations

- Difficulty breathing
- Seizures.

In all other cases. as for example:

- Sports Injuries
- Sore throats
- Minor cuts
- Cold/flu
- Sprains and strains
- Urinary tract infections
- Earaches
- Simple fractures
- Minor burns

please use a Convenience Care, Walk-in or Urgent Care Clinic.

Search for an Urgent Care Clinic: [www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)  
(Please select plan: Passport to Healthcare Primary PPO Network)

You might have to pay 350 USD if you use an Emergency Room for something that is not considered serious or life threatening.

## Local Ambulance Services

When you, by reason of Injury or Sickness. require the use of a community or Hospital Ambulance in a Medical Emergency, the insurance will pay a Benefit Amount up to a Maximum shown in the schedule of benefits. within the metropolitan area in which you are located at that

time the service is used. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area.

Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if you are in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

### **Emergency Dental Treatment**

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered. Emergency Dental Treatment shall not include restorative or remedial work, the use of any precious metals, and Orthodontic Treatment of any kind or Dental Surgery performed in a Hospital, unless Dental Surgery is the only Treatment available to alleviate the pain.

### **Palliative Dental**

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

### **Emergency Medical Evacuation**

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Emergency Medical Evacuation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that

treatment

### **Medical Repatriation**

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Medical Repatriation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for you to return to your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss. will be paid for your return to your primary place of residence or to a Hospital or medical facility closest to your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

a) one-way Economy Transportation;

b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or

c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

### **Emergency Medical Reunion**

When you are hospitalized for more than 5 days. the Company will arrange and pay for round-trip economy-class transportation for one individual selected by you from your Home

Country to the location where you are hospitalized and return to the current Home Country. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals to a maximum of \$100 per day up to the maximum stated in the Schedule of Benefits.

The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

### **Trip Interruption Benefit**

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

Trip Interruption must be due to an Immediate Family Member's death, which occurs while you are on your Trip; provided such circumstances occur while coverage is in effect.

## **What to do if you become ill abroad**

[Customer Service](#)

## Participants in the USA

If you have questions regarding covered benefits before seeking treatment you may call the Customer Service Hotline. Please contact Customer Service at:

**1 800 314 3938**

Select the telephone prompts available for after-hours emergency assistance.

Customer Service will also help you to find a medical provider within the independent Preferred Provider Organization network to ensure the direct billing process. If you choose to use another provider outside the network you may have to pay the bill yourself and submit a claim afterwards. For a complete listing of the PPO Doctor or Hospital facilities, you may also visit [www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)

(Please select plan: Passport to Healthcare Primary PPO Network)

## Participants in all other countries

Your insurance plan includes a free choice of hospitals, clinics or physicians worldwide. However you should always call the Customer Service Helpline before you seek treatment, to ensure that they can coordinate your case with the physician or specialist. Through the Helpline you can receive recommendations and counseling about treatment facilities that are located in the area where you reside.

Please contact Customer Service at:

**+1 818 735 3560**

Select the telephone prompts available for after-hours emergency assistance.

## Emergency Room Treatment (only in the USA)

In the US you should only go to an Emergency Room in case of a serious or life-threatening accident or illness. The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician's office.

Please note: You should only go to an Emergency Room in case of a serious or life-threatening accident or illness, for example:

- Head injuries



- Chest pain
- Loss of consciousness
- Life-threatening situations
- Difficulty breathing
- Seizures.

In all other cases, as for example:

- Sports Injuries
- Sore throats
- Minor cuts
- Cold/flu
- Sprains and strains
- Urinary tract infections
- Earaches
- Simple fractures
- Minor burns

please use a Convenience Care, Walk-in or Urgent Care Clinic.

Search for an Urgent Care Clinic: [www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)  
(Please select plan: Passport to Healthcare Primary PPO Network)

If you visit the emergency room for an illness that does not result in direct hospitalization you have to pay a co-payment of USD 350. You will not be charged the emergency room co-payment for treatments of illnesses that require direct hospitalization or serious injuries.

## Hospitalization

### In the USA

If you are going to be hospitalized for any reason, contact Personal Insurance Administrators, Inc. (PIA), to verify coverage at least 3 days prior to planned hospitalization. If you are hospitalized due to an Emergency Medical Condition, please contact PIA within 24 hours of admission, or as soon as you are reasonably able to. You will need to complete a claim form once you receive the hospital bill.

Call **1-800-314-3938** to find a provider or verify coverage prior to hospitalization. Select the telephone prompts available for after-hours emergency assistance.

### Outside the USA

In the event of hospitalization please call the Emergency Hotline within 24 hours. A 24/7 Emergency Service will provide a guarantee of payment to the hospital and settle the bills directly.

Outside the USA call **+1-818-735-3560** for 24/7 emergency assistance when traveling. Select the telephone prompt for emergency travel assistance.

## How to file Health and Accident Insurance Claims

### Participants in the USA

After you receive treatment at a PPO provider, your provider will submit a claim to the insurance company. **Providers should submit claims electronically to PAYER ID 95397.**

In some circumstances, such as using a non-PPO provider, you may be asked to pay up-front. In this case, submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all **itemized Hospital and medical bills and prescription drug receipts**, along with a completed claim form by mail or email to:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

[piaservice@ascensionins.com](mailto:piaservice@ascensionins.com)

If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at

**1 800 314 3938 Monday - Friday 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.**

The completed claim, including all Hospital and medical bills, must be submitted for payment within 60 days after the date loss occurs, or as soon thereafter as is reasonably possible.

[Click here to download the Claim Form](#)

## **Participants in all other countries**

If you called PIA before receiving any treatment, your case will be coordinated by PIA and they will collect the needed claims information from the provider and submit the claim.

If your case is not coordinated by PIA, you will have to pay up-front and received treatment and submit a claim for reimbursement afterwards.

Submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all **itemized Hospital and medical bills and prescription drug receipts**, along with a completed claim form by mail or email to:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

[piaservice@ascensionins.com](mailto:piaservice@ascensionins.com)

If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc., at

**+1 818 735 3560 Monday - Friday 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.**

The completed claim, including all Hospital and medical bills, must be submitted for payment within 60 days after the date loss occurs, or as soon thereafter as is reasonably possible.

[Click here to download the Claim Form](#)

## Third Party Liability Insurance Coverage

Schedule of Benefits	EUR
Personal injury / property damage each	500.000
Deductible per occurrence	150

The insurer grants coverage to the insured if a claim for damages is asserted against the insured by any third party for activities that have resulted in the death, the injury, or the health impairment of any person (injury to persons) or the damage to or destruction of property (property damage). The insurer will examine liability claims with respect to their validity, reject unjustified claims, and indemnify justified claims up to the maximum coverage as outlined in the policy.

Please note: Coverage does not include: the risks of the insured's own or a third-party business or trade, of a profession, service or official position (including honorary posts), of an activity entailing responsibility in an organization of any type, or of an unusual and perilous activity.

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This Plan is underwritten by Generali Versicherungs AG



## How to file Liability Insurance Claims

For detailed information about claims handling and reimbursements please go to the "File a claim" section under Services and Claims in your MyInsurance log-in area.

## Frequently asked questions

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