

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

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **G800311B**
- Your Date of Birth:

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

Insurance ID-Card

 <p>POLICY #: G800311B AETNA ID: 4200004321 AETNA GROUP #: 863940 - 48 - 100</p> <p>ER Copay: \$350 (Waived if Admitted) Deductible: \$100</p> <p>Rx BIN: 610415 Rx PCN: ADV Rx GROUP: RX9827AA</p>  <p><small>This is not Rx Insurance Pharmacist Support: 1-800-364-6331</small></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Member Services</p> <p>Outside of the US For Claims and Emergency assistance outside the US, Please Call: 1-786-646-2917</p> <p>Inside of the US US Helpline: 1-833-386-9240 To Find a provider: http://aetna.globalexcel.com</p> <p>General Inquiries For general inquiries including reimbursement, visit: www.esecutive.com/MyInsurance</p> <p>Form Member Reimbursement Claim Submission: Global Excel Management 777 Brickell Avenue, #410, Miami, FL. 33131</p> <p>Email: InterHannover@globalexcel.com</p> <p>Pharmacy: Members must pay and file for medication using the claim form found in the MyInsurance portal.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Provider Services:</p> <p>For Eligibility, Benefits, and Pre-Authorizations: 1-833-386-9240</p> <p>Medical Claims For claims submission or payment: 1-800-414-0596</p> <p>Electronic Payer ID: 60054</p> <p>Aetna International PO BOX 30259 Tampa, FL 33630-3259</p> <p>This card does not guarantee benefits. Precertification is required on applicable services.</p> </td> </tr> </table>	<p>Member Services</p> <p>Outside of the US For Claims and Emergency assistance outside the US, Please Call: 1-786-646-2917</p> <p>Inside of the US US Helpline: 1-833-386-9240 To Find a provider: http://aetna.globalexcel.com</p> <p>General Inquiries For general inquiries including reimbursement, visit: www.esecutive.com/MyInsurance</p> <p>Form Member Reimbursement Claim Submission: Global Excel Management 777 Brickell Avenue, #410, Miami, FL. 33131</p> <p>Email: InterHannover@globalexcel.com</p> <p>Pharmacy: Members must pay and file for medication using the claim form found in the MyInsurance portal.</p>	<p>Provider Services:</p> <p>For Eligibility, Benefits, and Pre-Authorizations: 1-833-386-9240</p> <p>Medical Claims For claims submission or payment: 1-800-414-0596</p> <p>Electronic Payer ID: 60054</p> <p>Aetna International PO BOX 30259 Tampa, FL 33630-3259</p> <p>This card does not guarantee benefits. Precertification is required on applicable services.</p>
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Please refer to the plan benefits for complete plan details and policy language.

Pre-authorization is required for some medical treatments, costs or expenses: All inpatient care, all surgeries or surgical procedures, Computerized Tomography (CT Scan), Magnetic Resonance Imaging (MRI). For Services in the USA and Canada pre-authorization must be done by Global Excel Management, outside of the USA and Canada by World Travel Assist. If you do not comply with this pre-authorization requirement, we will be unable to pay for the costs of your treatments.

Schedule of Benefits

Worldwide coverage outside your home country

BENEFIT	SUM INSURED
Medical Benefits	
MEDICAL EXPENSES Maximum In case of illness or accident	250,000 USD 100% of Usual Reasonable and Customary charges per person per accident or illness, subject to the Excess stated in the Schedule (100 USD)
Intensive Care "In-patient treatment"	Usual, Reasonable and Customary charges to the Medical Maximum
Treatment by physiotherapists, psychiatric and chiropractors as prescribed by an authorized physician	Usual, Reasonable and Customary charges up to USD 2,500
SEMI-PRIVATE HOSPITAL ROOM	100% of Usual, Reasonable and Customary Charges
ER Co-Pay	USD 350 only in USA. Waived in case of accident or if admitted.
DENTAL TREATMENT Injury only –	USD 350 per tooth, up to USD 1,000 maximum USD 150 per tooth, up to USD 600 maximum
Acute Onset of Pain (Emergency Dental) -	
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	100%
REPATRIATION of REMAINS or BURIAL	Up to USD 25,000
Return of Minor Children home	Up to USD 50,000
Local AMBULANCE transportation	Up to USD 5,000
Emergency Reunion - Personal Support and accompaniment	Up to USD 5,000 when You are hospitalized for more than 7 days, one round trip economy airfare and hotel expenses for close relative
Maternity	Complications of Pregnancy up to the sum insured for Medical Benefits
Acute Onset of Pre-existing condition (to cover Doctors and Clinic visits)	Up to a maximum of USD 500 per claim
Emergency Assistance	Unlimited
Return trip home due to a family emergency (serious illness/accident, death of a close family member)	Up to USD 1,500

Personal (3rd Party) Liability		
PERSONAL ACCIDENT Accidental death, loss of sight, loss of limb(s), permanent total disablement	USD 20,000	
PERSONAL LIABILITY Physical injury and property damage	USD 500,000	
Mental Health Disorders Benefit - CETUSA		Mental health coverage included up to \$10,000 total for inpatient and outpatient: Inpatient: Pays at 80% up to a maximum of 40 days; Outpatient: Pay at 80%.

Exclusions

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

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) Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
- 2) Your claim if You had attained the age of 69.
- 3) Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- 4) Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
- 5) Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your trip destination. This exclusion does not apply in respect of Benefit 31 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
- 6) Your claim arising from Your participation in any Hazardous Activities and Sports unless cover has been accepted by Us and the appropriate additional premium has been paid by You.
- 7) Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.
- 8) Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse. This exclusion does not apply in respect of Benefit 31 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
- 9) Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
- 10) Your claim arising from Your participation in any Sporting or Athletic Activity on a professional or semi-professional basis.
- 11) Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official bodys warning against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- 12) Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations , Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).
- 13) Your claim occurring from You being in control of or a motor cycle or vehicle without a current motorcycle or vehicle license valid for the country you are travelling in.
- 14) Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance.
- 15) Your claim occurring because You act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- 16) Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- 17) Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- 18) Your claim arising from Your engaging in any form of Physical Manual Work as defined herein.
- 19) Your claim arising from travel to an Excluded Territory unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- 21) Any expenses incurred within Your Home Country.
- 22) Any expenses incurred within Your Home Country.
- 26) Injuries paid under Workers\ Compensation, Employer\ liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization.
- 27) 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; skiing; snowboarding; water skiing; spelunking; parasailing; white water rafting and skydiving unless cover has been accepted by Us and the appropriate additional premium has been paid by You.
- 28) The following exclusions apply to Personal Liability. Please also refer to the Policy Exclusions at the front of the Policy Document. We shall not be liable for any expense arising directly or indirectly from: a. Your liability in respect of Accidental Bodily Injury to any person who is; i. Under a contract of service or apprenticeship with You if such injury arises out of and in the course of their employment. ii. A member of Your family. iii. Also insured under this Policy. b. Your liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You. c. Your liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of: i. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads). ii. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters). iii. Firearms (other than sporting guns). d. Your liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with: i. Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You. ii. Any wilful or malicious act committed by You. iii. The carrying on by You of any trade, business or profession except as a Teacher. iv. The supply of goods or services by You. v. Your Insanity, You being under the influence of alcohol, or drugs (except as medically prescribed) or Your drug addiction. e. Any liability assumed by You under any contract or agreement unless such liability would have attached in the absence of such contract or agreement. f. The cost of punitive or exemplary damages being damages intended to reform or deter You from engaging in conduct similar to that which formed the basis of your liability.
- 30) Practice or play in any intercollegiate, professional or semi-professional sports contest or competition.

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.

The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial or Emergency Reunion. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a. Charges resulting directly or indirectly from any Pre-existing Medical Condition , This exclusion does not apply in respect of Benefit 30 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
- b. Pregnancy other than Complications of Pregnancy.
- c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein. This exclusion does not apply in respect of Benefit 29 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
- d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f. Treatment for HIV+, AIDS or ARC, venereal disease, including all sexually transmitted diseases and conditions and procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the

Emergency relief of Acute Onset of Pain.

h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.

i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You

j. The supply of medications commonly available without prescription.

Pre-authorization requirements for treatments, costs charges or expenses.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company,

If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorization requirements, You or a third party must:

Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and

3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.



Insurance Guide inter Hannover

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by inter Hannover and administered by Olympus Managed Health Care. Please contact Olympus Managed Health Care if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed. Olympus Managed Health Care can also help you find a provider in the preferred provider organization (PPO) network (Aetna).



Olympus Managed Health Care.
777 Brickell Ave Suite 410, Miami, FL 33131
interhannover@globalexcel.com

24/7 Customer Service: OlympusCS@globalexcel.com

Toll Free Number (for use in the USA): 833-386-9240*

Local Number (for use Outside the USA): 786-646-2917*

* for help locating a provider 24/7 - for claims related questions Monday - Friday 8am-5pm

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.



With the **MyInsurance Mobile app** you have all your travel information right at your fingertips: Show your Insurance ID-Card on your phone to the doctor, view all important contact details and service hotlines, search for a doctor or hospital near your location and view the summary of your benefits.

Download the app now:



If you become ill or injured: How to find a medical provider within the PPO Network?

Your policy utilizes the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy's administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill Olympus Managed Health Care direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call Olympus Managed Health Care for assistance at **Toll Free Number (for use in the USA): 833-386-9240*** **Local Number (for use Outside the USA): 786-646-2917***

* for help locating a provider 24/7 - for claims related questions Monday - Friday 8am-5pm



Search for a doctor, Urgent Care or Walk-in Clinic:

www.aetna.com/docfind/custom/passport

Select Passport to Healthcare Primary PPO Network



Don't use an Emergency Room (ER) in the USA unless you are having a serious or life-threatening medical problem!

Services rendered in the emergency room are extremely expensive in the USA so you need to carefully determine whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a non-serious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a **\$350 copayment** in addition to any applicable deductible or co-insurance. Go to the emergency room only for serious or life threatening conditions such as:



- ✓ Difficulty breathing
- ✓ Chest Pain
- ✓ Serious burns
- ✓ Head or Eye Injuries
- ✓ Any severe pain or severe injury
- ✓ Major broken bones (such as arm, leg, pelvis)

You will be charged \$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 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

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life threatening conditions. If the condition you have is one that you would normally visit your doctor's office, then you should go to Urgent Care instead of the ER although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays. No appointment is necessary although you do want to visit one in network if possible (www.aetna.com/docfind/custom/passport - and select Passport to Healthcare Primary PPO Network or call Olympus Managed Health Care Customer Service at **833-386-9240***). Go to Urgent Care for non-emergency conditions such as:



- ✓ Sore throat, Common Cold or Respiratory Infections
- ✓ Ear pain, Eye or Skin Infections
- ✓ Allergies
- ✓ Painful urination
- ✓ Vomiting
- ✓ Minor injury (sprains/strains)
- ✓ Minor broken bones (such as hand, fingers, foot, toes)

Search for a doctor, Urgent Care or Walk-in Clinic:

www.aetna.com/docfind/custom/passport

Select Passport to Healthcare Primary PPO Network



* for help locating a provider 24/7 - for claims related questions Monday - Friday 8am-5pm.

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.

Routine health checkups or preventive care are NOT covered under this policy.

This policy is only intended to cover you for an eligible illness or injury which you incur during your program. The policy does not provide any coverage for routine care such as annual gynecological exams, school or sports physicals, or immunizations.



The following treatments and/or supplies must always be pre-authorized:

- Inpatient Treatment and/or supplies of any kind
- Any Surgery or Surgical procedure
- Computerized Axial Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)
- Emergency Reunions and Trip Interruption

Please call the Olympus Managed Health Care Service Hotline for pre-certification at:

Toll Free Number (for use in the USA): 833-386-9240

Local Number (for use Outside the USA): 786-646-2917

or send an email to: interhannover@globalexcel.com



How to file a claim?

For detailed information about claims handling and reimbursements please go to the "File a claim" section under Services and Claims in your MyInsurance area at www.esecutive.com/MyInsurance or in the mobile app.



To access your complete insurance information please login to your personal MyInsurance area at: www.esecutive.com/MyInsurance or download the app!