

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: **2023/171/1/4/0|TI**
- Your Date of Birth:

Insurance ID-Card

Health Insurance ID Card

	
Group #: 863957-18-100	
Aetna PPO/NAP	
MEMBERS: SEE BACK OF CARD FOR ADDITIONAL INFORMATION	
Member Name	
Aetna PPO Member ID #	
Plan Name	Aetna Passport to Healthcare Primary PPO
Effective Dates	
dhig ID # (dhig use only)	
Deductible: \$0 per injury or sickness	ER Copay: \$350 (waived if admitted)
Aetna Network Provider Services: (800) 414-0596	Payer ID: 60054
Provider Claims Mailing Address: Aetna P.O. Box 981543 El Paso, TX 79998-1543	
AETNA NETWORK PROVIDERS: For questions about benefits or eligibility, call One Team Health (OTH) at (844) 805-9444. 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.	
Pre-Authorization required for Inpatient Hospitalization, Outpatient Surgery, CT/ MRI/PET scans, Physical Therapy & Rehabilitation Services, Specialty Treatment and Highly Specialized Drugs. Call OTH at (844) 805-9444 or send an email to: oneteamhealth@dhig.net prior to obtaining treatment.	
NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure	

INFORMATION FOR MEMBERS		
Please find all important Insurance Information online at: eSecutive.com/MyInsurance Please call the Claims Administrator, OTH, prior to receiving any medical services, unless you are having a life-threatening emergency.		
Claims Administrator:	One Team Health (OTH) oneteamhealth@dhig.net	(844) 805-9444
PPO Network:	Aetna Passport to Healthcare Primary PPO https://aet.na/2wx9Enx	(844) 805-9444
Coverage While Traveling/ Emergency After-Hours Care:	One Team Health (OTH)	(844) 805-9444 Collect 905-907-0074
Claims Mailing Address (for non-Aetna, outside U.S. or prescription claims):	One Team Health (OTH) PMB 309-266 Elmwood Ave. Buffalo, NY, 14222	(844) 805-9444
Submit Claims Via Email:	othclaims@dhig.net	
Prescriptions:	Paid at 100% of reasonable charges; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.	

Claims Administrator: One Team Health (OTH)	Managing General Underwriter: Daily Health Insurance Group
 ONE TEAM HEALTH	 daily health insurance group
One Team Health (OTH) must be contacted prior to seeking medical services unless you are having a life-threatening emergency. You must contact OTH within 48 hours of such as emergency. Failure to do so may result in a reduction in benefits.	

Medical Provider guidelines for filing claims with Aetna Passport PPO

Dear Aetna Passport PPO Network Provider,

Here are the following steps to check enrollment eligibility and claim submission:

- Please search the member by the exact name spelling on their ID card.
- Please submit the claims via EDI to Aetna Passport to Healthcare PPO provider, if needed there is a mail option identified below:

Member ID:	As provided on ID card
Group number:	863957-18-100
Claims address:	P.O. Box 981543 El Paso, TX 79998-1543
Payor ID:	60054
Aetna Network Provider Services:	800-414-0596

***IMPORTANT:** Medical providers name the applicable Aetna PPO to be used in their systems - it is not consistent across providers. As you search your system, the following are the likely naming conventions, "Aetna International PPO", "Aetna Global PPO," or "Aetna Global Patient Services PPO"

Submit Claim to Aetna PPO/NAP via Mail : **P.O. Box 981543, El Paso, TX 79998-1543**

PLEASE NOTE: If you do not have the above Aetna Address in your system, please mail the claim under "Commercial PPO" and request "Aetna International PPO" to be added to your system.

Submit Claim to Aetna PPO/NAP via EDI : **Payor ID/EDI:60054**

Thank you for your assistance

Insured Member Guidelines for using your health insurance policy

Please download and print or save on your mobile:

[Or click here to open the pdf](#)



Schedule of Benefits

The following benefits are per person per Injury or Sickness and subject to the Insured Person’s per Injury or Sickness Policy Deductible. After satisfaction of the Policy Deductible, the Underwriter will pay the eligible benefits set forth in this Schedule at the Allowable Charge, which is defined as the Negotiated Rate or the Usual, Customary, and Reasonable (UCR). This is the lower of: a) the Provider’s usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Underwriter to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose Injury or Illness is comparable in nature and severity, or the rate that has been negotiated.

Benefits will be paid on a Usual, Customary, and Reasonable basis or a negotiated basis with the contracted providers. Subject to Policy exclusions, limitations and conditions, for the charges listed, if they are:

- Incurred as a result of sickness or accidental bodily injury, under the care of a Physician; and
- Medically Necessary; and
- Ordered by a Physician; and
- Delivered in an appropriate medical setting.

All benefits shown are in USD

PART 1A: ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS

Insured Amount per Person per Injury or Sickness:

2,000,000 USD

Deductible per Injury or Sickness:

0 USD

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit:	100% of the Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit:	100%
Hospital Miscellaneous Expense Benefit:	100%
Surgeon (In or Outpatient) Benefits:	100%
Assistant Surgeon Benefit:	100%
Pre-Admission Testing Benefit:	100%
Anesthesia Benefit:	100%
Day Surgery Miscellaneous Benefit:	100%
Diagnostic X-Ray and Lab Benefit:	100%
Ambulance Benefit:	100%
Physician Visit Benefit (Inpatient):	100%
Physician Visit Benefit (Outpatient):	100%
Consultant Physician Benefit:	100%
Radiation/Chemotherapy Benefit:	100%
Emergency Room Benefit: <ul style="list-style-type: none"> • Triage is mandatory • Co-Payment only applies to services rendered in the USA 	100% subject to a \$350 copay. The Co-Payment, waived if admitted.
Emergency Dental Expense Benefit:	100%
Palliative Dental:	100% up to a \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient:	100%
Physiotherapy Expense Benefit – Outpatient:	100% up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit:	100%
Out-Patient Prescription Drug Benefit:	100%
Mental & Nervous Conditions Expense Benefit	Outpatient: Payable at 80% URC, up to \$5,000; Inpatient: Payable at 80% URC up to \$25,000 lifetime maximum Three month waiting period for hospital expenses due to suicide, any attempt at suicide, or intentionally self-inflicted injury up to a lifetime maximum of \$25,000
(5,000) Emergency Treatment of a Pre-Existing Condition	100% URC, up to a maximum of \$5,000 per Policy Period

PART 1B: MEDICAL TRANSPORTATION BENEFITS

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

Sum Insured per insured Person:

250,000 USD

Emergency Medical Evacuation, Medical Repatriation:	Up to \$250,000 Maximum
Returns of Remains Benefit:	Up to \$25,000 Maximum
Emergency Reunion:	As further specified in this policy
Return Ticket Benefit:	100% URC, up to \$5,000 per Policy Period
Trip Interruption Benefit:	As further specified in this policy

PART 1C: ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

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

	Benefit: (Percentage of Principal Sum)
Personal accident/body injury leading to	
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%
Aggregate Limit per all persons insured under this Policy: \$500,000	

PART 2: LOSS OF BAGGAGE INSURANCE

This insurance will provide benefits up to \$500 per Insured per Policy Period. Relevant claims shall be submitted to the Coverholder

Pre-Authorization Requirements

Pre-Authorization is required for the following services to maximize the benefits covered under the plan and to arrange for direct billing with the medical provider:

- Interfaculty Ambulance Transfer: No coverage if Pre-Authorization requirements are not met.
- Medical Evacuation/Medical Repatriation; Preparation & Return of Mortal Remains; Emergency Reunion; Return Ticket Benefit: No coverage if not approved by the company.

Treatments and supplies listed below: Fifty percent (50%) reduction of eligible medical expenses if Pre-authorization requirements are not met. Maximum Penalty: \$1,000. The penalty amount is not applied towards the deductible.

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Assistance Service)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

COVID-19 Tests & Treatment Benefit

The following is paid at locally reasonable and customary costs within the relevant limits and subject to co-payments / deductibles established in other sections of Schedule of Benefits:

- PCR virus detecting test for COVID-19, if prescribed by the doctor in case of confirmed symptoms;
- treatment of COVID-19 infection, including hospitalization, medication and local transportation costs if allowed by the local authorities and if specialized transportation facilities available; and
- treatment of any resulting complications.

COVID-19 Tests & Treatment Benefit does not cover:

- evacuation to another country;
- rapid antibody testing (e.g. population screening tests for use by health authorities to monitor herd immunity);
- tests undergone by the insured person without doctor's prescription;
- COVID-19 vaccination.

THIS PLAN IS UNDERWRITTEN BY: BULSTRAD LIFE VIENNA INSURANCE GROUP JSC

The insurance companies of the Vienna Insurance Group offer high-quality insurance services in both the life and non-life segments. With a Standard & Poor's rating of A+ (with a stable outlook), the Vienna Insurance Group is the best ranked company on the Vienna Stock Exchange's ATX index of leading companies.

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.

Disclaimer: This is not your official insurance ID card. If you don't have an official copy of your insurance ID card, please download or print it at www.esecutive.com/myinsurance

Please be advised this document is only a summary. Please refer to the policy for complete details. In the event of a discrepancy between this document and the policy, the policy is the prevailing document.

Coverage Information Third Party Liability Insurance

Schedule of Benefits

Coverage	EUR
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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 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.

11. EXCLUSIONS

Unless stated otherwise on the Schedule of Benefits, the following services and benefits are excluded from coverage under this Policy:

- 1) Medical Treatment received by the Insured in his or her Home Country or country of regular domicile;
- 2) Medical Treatment received due to a Pre-Existing Condition or complication thereof;
- 3) Medical Treatment which is not Medically Necessary, as defined in the Policy;
- 4) Charges which are in excess of Usual, Reasonable and Customary;
- 5) Charges Reimbursable by Another Entity: Services, supplies, or treatment that are provided by or payment is available from:
 - a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country;
 - b. Another insurance company or government;
 - c. A government entity due to an epidemic or public emergency;
- 6) Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, examinations, or prescriptions except that the Policy will cover these expenses if the need for such results directly from a Covered Injury or covered eye surgery;
- 7) Birth control devices and surgical procedures, or any drug or treatment that promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, tubal ligation, vasectomy, sterilization or reversal thereof;
- 8) Elective or preventive surgery or any Medical Treatment related to an elective or preventive surgery including, but in no way limited to breast reduction or enlargement, circumcision, immunization, antibody testing, allergy tests, antitoxins; or the correction or treatment of a deviated septum;
- 9) Cosmetic, plastic, reconstructive, or restorative surgery unless such are Eligible expenses incurred for repair of a disfigurement caused from:
 - a) A Covered Injury;
 - b) a birth defect of an insured Eligible Dependent born while the mother was insured under this Policy; or
 - c) a mastectomy (refer to the Post-Mastectomy Coverage provision);
- 10) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
- 11) Medical Treatment for injuries sustained in practice for or participation in professional or semi-professional sports; or in practice for or participation or intercollegiate sports in excess of benefits provided elsewhere in this coverage, if any;
- 12) War or any act of war, declared or undeclared or the Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation; or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution; or participation in the armed forces, national guard, military, naval, or air services.
- 13) Medical treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline,
- 14) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane
- 15) Medical Treatment for Injuries sustained while taking part in: Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; motorcycle/motor scooter riding or any other two or three

wheeled motorized vehicle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting.

- 16) Medical Treatment for Injury or Sickness sustained by reason of a motor vehicle or motorcycle accident
 - a) to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
 - b) if the Insured was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
 - c) if the Insured was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
 - d) if the Insured was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
- 17) Medical Treatment for an Injury or Sickness resulting from the Insured'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 Insured's Physician;
- 18) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes or for Compound, Specialty, and Experimental drugs;
- 19) Medical Treatment for obesity, including bariatric surgery and anorectics;
- 20) Medical Treatment related to sex transformation surgery or the reversal thereof;
- 21) Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;
- 22) Medical Treatment for the diagnosis and testing for or related to any learning disability or congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance;
- 23) Expenses incurred for an Accident or Sickness after the Policy Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 24) Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any.
- 25) Insured being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction.
- 26) 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;
- 27) Pregnancy & maternity:
 - a. all expenses related to Pregnancy including but not limited to prenatal care, childbirth, miscarriage, abortion, premature birth, and all complications related to the mother or child,
 - b. maternity or delivery preparation classes,
 - c. elective Caesarean section,
 - d. care or treatment for an individual acting as a surrogate;
- 28) AIDS/HIV, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV infection, and all secondary diseases;
- 29) Alcohol and Drug Abuse:
 - a. Treatment related to the detoxification, rehabilitation, and all support service;

- b. Treatment of any Sickness or Injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed;

- 30) Extended Care: All expenses related to Extended Care from an Extended Care Facility;
- 31) Hospice Care: Palliative and supportive services to terminally ill Insured's and their families;
- 32) Over-the-Counter and Non-Prescription Drugs: Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following:
 - a. Tobacco dependency
 - b. Weight reduction or appetite suppressant,
 - c. Cosmetic drugs, even if ordered for non-cosmetic purposes
 - d. Acne and rosacea drugs (including hormones and Retin-A), except for cystic and pustular acne, Vitamins, supplements, or herbs.
- 33) Personal Comfort and Convenience Items: Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take home supplies.
- 34) Podiatric Care: Routine foot care, orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
- 35) Search and Rescue: Any expenses relating to search and rescue operations to find a Plan Participant in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
- 36) Sexual Dysfunction: Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions;
- 37) Sleep Studies: Sleep studies and other treatments relating to sleep apnea;
- 38) Smoking Cessation: Treatments whether or not recommended by a Physician;

The Insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Bulgaria, Germany, the United Kingdom or the United States of America (provided this does not violate any regulation or specific national law applicable to the undersigned insurer).

Please refer to your plan document for a detailed listing of all benefits and exclusions. This participant document is only a summary of your benefits and exclusions.