

Insurance Information For Participants of

LB0013
Travel Insurance Plan
Comfort

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.

Schedule of Benefits

The following benefits are per person per **Policy** period and subject to the **Insured Person's Policy** period Deductible. After satisfaction of the **Policy** period **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

Insured Amount per Person per Accident or Illness
Co-Payment:

\$/€ 100.000
\$/€ 0

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	100% subject to a \$350 copay, waived if admitted
Emergency Dental Expense Benefit	100%
Palliative Dental	100% up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit - Inpatient	100%
Physiotherapy Expense Benefit - Outpatient	100%, up to \$2,500 maximum
Durable Medical Equipment Expense Benefit	100%
Emergency Medical Evacuation Expense Benefit	100%
Emergency Medical Repatriation Expense Benefit	100%
Emergency Reunion	100% of actual expense
Prescription Drug Benefit	100%
Continuation Benefit	Available up to a maximum of 13 weeks or up to a Maximum Benefit of \$10,000, whichever is reached first
Return of Mortal Remains Expense Benefit	100%

Pre-Authorization Services

Pre-Authorization is required to assure your treatment will be covered under the plan and to arrange for direct billing with the hospital. The following list of services must be Pre-Authorized:

- Hospitalization
- **Outpatient** Surgery
- **Inpatient** Private Duty Nursing
- **Air Ambulance** - services will be coordinated by the Underwriter's Air Ambulance **Provider**.
- **All Assistance Services**
- Specialty Treatments and Highly Specialized Drugs
 - Physical Therapy and Rehabilitation Services
 - Any condition, including Chronic Conditions, which do not meet the above criteria, but are, expected to accumulate over \$5,000 of medical treatment per Policy year

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

This plan is underwritten by Brit Syndicate 2987 at Lloyd's.

Brit Syndicate 2987 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.firsthealthlb.com

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.

Pharmacy Providers

GBG policies offer many levels of pharmacy benefits that are available worldwide, and our health plans can be customized to fit the specific pharmacy needs of every client. For pharmacy coverage in the United States, GBG utilizes CVS Caremark, giving members access to one of the leading pharmaceutical service companies. Outside of the United States, pharmacy expenses are reimbursed on a pay-and-claim basis.

[View full list of participating CVS Caremark pharmacy providers](#)

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:

1.866.914.5333 (24 Hour Customer Service U.S./Canada Toll-free)

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.firsthealthbp.com.

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:
+1.905.669.4920 (worldwide collect)

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
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In all other cases, as for example:

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

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

Search for an Urgent Care Clinic: www.firsthealthlp.com

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 **1.866.914.5333** 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 **+1.905.669.4920** for 24/7 emergency assistance when traveling. Select the telephone prompt for emergency travel assistance.