

This is a Description of Coverage for:

Global Medical USA



ace usa

You are entitled to the benefits described in this Description of Coverage, if you have enrolled for this insurance and paid the required premium.

Underwritten By: ACE American Insurance Company (Herein referred to as The Company)

Eligibility: You may be covered under this Plan if you are a foreign national traveling outside of your Home Country. You may also enroll your lawful spouse and unmarried children including adopted children under age 19, who are traveling and residing with you, provided they are dependent upon you for maintenance and support. Any children born to you and your spouse while you are covered under the plan will be insured from the moment of birth. Coverage on a newborn child will cease 31 days after the date of birth unless the Company receives notification of the birth, a completed enrollment form and required premium.

Period of Coverage: Coverage will begin at 12:01 a.m. Local Time on the latest of the following: a) the date of the covered person's departure from their Home Country; b) the date the enrollment form and premium are received by the Company or its designated representative; or c) the date requested on the enrollment form. Coverage will end on the earliest of the following: a) the date of covered person's return to their Home Country (there is no continuation of coverage upon his or her return home, except as specifically indicated in the Extended Home Country Benefit); b) the date requested on the enrollment form; c) the date of termination under the Plan's provisions; or d) the end of the period for which premium has been paid.

Definitions: Sickness means an illness, disease or condition of the covered person that causes a loss for which the he or she incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Injury means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a doctor or furnished by a Hospital; 3) performed in the least costly setting required by the covered person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the covered expense. Home Country means a country from which the covered person holds a passport. If the covered person holds passports from more than one country, his or her Home Country will be that country which the covered person has declared to the Company in writing as his or her Home Country.

Medical Expense Benefits: If a covered Injury or Sickness occurs during the Period of Coverage and you or any covered dependent requires medical or surgical treatment, the Company will pay according to the schedule for the plan in which you enrolled. Benefits for dependent children are limited to \$50,000 per condition. The plan will be indicated on your enrollment form and your confirmation of coverage. The Company will pay, 80% of the first \$10,000 of covered expenses, then 100% to the selected policy maximum after the covered person has paid the deductible (\$250, \$500, or \$1,000 per Period of Coverage) selected in the enrollment form. In addition, there is a \$250 surgical co-payment, inpatient or outpatient. There is an additional \$50 co-payment for Emergency Room treatment which is waived if admitted as an inpatient to the hospital. The deductible amount consists of covered expenses which would otherwise be payable under the Policy. This deductible is the covered person's responsibility. Expenses incurred for a Sickness that first manifested, was treated or diagnosed during the covered person's first fourteen days of coverage will be limited to a maximum of \$1,000. No other benefits will be paid for the Sickness. The Covered Expenses shall in no event include any amount which is in excess of usual and customary charges for similar treatment, services or supplies in the locality where the expense is incurred. In no event shall the Company's liability for each covered person exceed the selected maximum.

Covered Expenses: To be considered a covered expense under this Plan, it must: a) have been incurred as the result of, and within 52 weeks of, a covered Sickness or Injury outside of their Home Country during the Period of

Coverage; b) not be excluded by provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of covered expenses:

1. Expenses made by a hospital for room and board, general nursing care and other services, including professional services, but not including personal services of a non-medical nature. However, covered expenses may not exceed the hospital's average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care is limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental expenses resulting from an accident, up to \$100 per tooth and \$500 as maximum benefit.
8. Expenses incurred for a Sickness that first manifested, was treated or diagnosed during the covered person's first fourteen days of coverage will be limited to a maximum of \$1,000. No other benefits will be paid for the Sickness.

Emergency Medical Evacuation Benefit: The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by MEDEX Assistance (MEDEX) in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by MEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits. (Unless the Home Country Benefit Option is purchased, in which case those benefits will be available.) "Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

Benefits will not be payable unless the Company (or MEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.

Emergency Reunion Benefit: In the event of an Emergency Medical Evacuation due to a covered Injury or Sickness, where the doctor feels it would be beneficial for the covered person to have a family member at his or her side during transport, the Company will pay the expenses incurred for travel and lodging for that relative, up to a maximum of \$12,500. Covered Expenses include an economy airline ticket and other travel related expenses not to exceed \$300 a day for a maximum of ten days. All arrangements must be made by MEDEX and approved by the Company in order for expenses to be considered eligible.

Repatriation of Remains Benefit: The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We (or MEDEX) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by MEDEX.

Home Country Benefits: The Company will pay benefits if, during the Period of Coverage, a covered person returns to their Home Country for incidental visits of up to two weeks total, provided: a) the period of coverage is for a period of at least 30 days; and b) the primary reason for the covered person's return to the Home Country is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

OPTIONAL BENEFITS: If the Insured elects and pays the required premium for each of the Optional Benefits, the Company will pay benefits as described. The election of Optional Benefits is shown on the Insured's enrollment form.

Hazardous Activity Coverage: The Company will pay benefits if a covered person is injured and the covered accident results from: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. Note: Exclusion 35 does not apply when this coverage is purchased.

Athletic Coverage: The Company will pay benefits if a covered person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded. Note: Exclusion 6a does not apply with respect to these named sports when this coverage is purchased.

Extended Home Country Benefit: If the Home Country benefit is payable, benefits will be extended for an additional month provided the covered person has enrolled for coverage under the Policy for at least six consecutive months when this coverage is purchased.

Excess Benefits: All benefits payable, except Accidental Death and Dismemberment benefits, shall be in excess of all other valid and collectible health care insurance benefits.

Accidental Death and Dismemberment Benefit: If Injury to the covered person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

Principal Sum: \$25,000

Description of Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Exclusions and Limitations:

For Medical Expense, Emergency Medical Evacuation, Emergency Repatriation of Remains Benefit and Emergency Reunion and Home Country benefits, no benefit shall be payable with respect to expenses incurred for:

1. For pre-existing conditions defined as an Sickness, disease or other condition of the covered person, that in the 36 month period before the covered person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.);
2. Injury or sickness where the covered person's trip to the host country is undertaken for treatment or advice for such injury or sickness.
3. For services, supplies, or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor; or expenses which are non-medical in nature.
4. For suicide or attempted suicide, while sane or insane.
5. For loss incurred as a result of war or any act of war, whether declared or not.
6. a) For injury sustained while participating in an amateur, club, intramural, interscholastic or intercollegiate sport; b) For injury sustained while participating in a professional or semi professional sport.
7. For loss incurred as a result of pregnancy, childbirth, or miscarriage, or any complications thereof.
8. For routine physicals, preventive medicines, serums, vaccines.
9. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
10. For elective surgery.
11. For any mental and nervous disorders except for what is provided by the policy.
12. Dental care, except as the result of Injury to natural teeth cause by Accident or for emergency pain relief treatment to sound, natural teeth. Routine dental care and treatment, damage to dentures and bridges, unless noted in the policy; treatment of temporomandibular joint dysfunction and associated myofascial pain.
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.
14. Injury or Sickness that occurs while the Covered Person while under the influence of any drug unless administered under the advice and consent of a Doctor.
15. For expenses as a result of, or in connection with, intentionally self-inflicted injury.
16. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
17. For treatment furnished under any other individual or group policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual.
18. Cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery.
19. Hernia of any kind.
20. Routine nursery care.
21. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
22. Braces, appliances, wheelchairs, examinations or prescriptions for them or repair or replacement of artificial limbs, orthopedic braces or orthotic devices.
23. Services, supplies or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
24. Treatment or service provided by a private duty nurse.

25. Treatment by any Immediate Family member or member of the Insured's household.
26. Services provided by any government hospital or agency; any expense covered by another employer or government sponsored plan for which, and to the extent that the Insured is eligible for reimbursement.
27. Expenses incurred as the result of loss or injuries arising out of employment which would be covered by Workers' Compensation or a similar program.
28. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
29. Custodial care or rest cures.
30. Services incurred in home country, unless provided in the policy.
31. Elective treatment, exam or surgery including those (a) deemed to be experimental and (b) are not recognized and generally accepted medical practices in the United States.
32. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or while riding without a helmet in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
33. Expenses payable by any automobile insurance policy without regard to fault.
34. Birth defects and congenital anomalies; or complications which arise from such conditions
35. Injury resulting from off-road motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, racing or speed contests, bungee jumping, spelunking, white water rafting, surfing and parasailing.
36. Organ or tissue transplant.
37. Elective termination of pregnancy; Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
38. Injury or Sickness that occurs while the Covered Person is under the influence of any drug unless administered under the advice and consent of a Doctor.
39. Any treatment, services or supplies received by the covered person with respect to an Injury or Sickness which are incurred or received by the covered person while he or she is in his or her Home Country, except as provided by the Home Country Benefits provided or if selected by the covered person.

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Intentionally self inflicted injury;
2. Suicide or attempted suicide;
3. War or any act of war, declared or undeclared;
4. Service in the military, naval, or air service of any country;
5. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
6. Piloting or acting as a crewmember or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1802

From within the USA and Canada: 1-888-293-9229

Outside the USA or Canada call: 1-610-293-9229

Fax: 1-610-293-9299

www.visit-aci.com

Emergency Assistance: MEDEX Assistance

Toll Free from within the USA and Canada: 1-800-527-0218;

Outside the USA or Canada call direct or collect: 410-453-6330

In addition to this health insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Call the assistance center at MEDEX toll-free, direct, or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the United States; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider

and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

Program Arranged By: CMI Insurance, a MEDEX Global Group company, P.O. Box 19056, Baltimore, MD 21284
www.cmi-insurance.com

www.globalmedicalusa.com

Claim forms and instructions are available from the web site.

Policy Number: GLM N01060867 ACE American Insurance Company

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in GLM N01060867, issued to: Trustee of ACE USA Accident & Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

05/2009

ACE INA PRIVACY STATEMENT

The ACE INA group of companies strongly believes in maintaining the privacy of information we collect about individuals. We want you to understand how and why we use and disclose the collected information. The following provides details of our practices and procedures for protecting the security of nonpublic personal information that we have collected about individuals. This privacy statement applies to policies underwritten by ACE American Insurance Company.

INFORMATION WE COLLECT

The information we collect will vary depending on the type of product or service individuals seek or purchase, and may include:

- Information we receive from individuals, such as their name, address, age, phone number, social security number, assets, income, or beneficiaries;
- Information about individuals' transactions with us, with our affiliates, or with others, such as policy coverage, premium, payment history, motor vehicle records; and
- Information we receive from a consumer reporting agency, such as a credit history.

INFORMATION WE DISCLOSE

We do not disclose any personal information to anyone except as is necessary in order to provide our products or services to a person, or otherwise as we are required or permitted by law.

We may disclose any of the information that we collect to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements.

THE RIGHT TO VERIFY THE ACCURACY OF INFORMATION WE COLLECT

Keeping information accurate and up to date is important to us. Individuals may see and correct their personal information that we collect except for information relating to a claim or a criminal or civil proceeding.

CONFIDENTIALITY AND SECURITY

We restrict access to personal information to our employees, our affiliates' employees, or others who need to know that information to service the account or in the course of conducting our normal business operations. We maintain physical, electronic, and procedural safeguards to protect personal information.

CONTACTING US

If you have any questions about this privacy statement or would like to learn more about how we protect privacy, please write to us at ACE INA Customer Services, P.O. Box 1000, 436 Walnut Street, WA04F, Philadelphia, PA 19106. Please include the policy number on any correspondence with us.

ACE American Insurance Company

Refund of premium, less a \$10 processing fee, will be considered ONLY if a written request is received by CMI Insurance PRIOR to the effective date of coverage. After that, the premium is considered fully earned and IS NOT REFUNDABLE. Partial refunds are not available.