

Global Group High School Exchange

Accident & Sickness Insurance Plan With

- Emergency Medical Evacuation Benefit
- Emergency Reunion Benefit
- Repatriation of Remains Benefit
- Accidental Death & Dismemberment Benefit
- 24 Hour Worldwide Assistance

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



Global Group High School Exchange
Accident & Sickness Insurance Plan

We are pleased to offer this insurance Plan to participants of independently organized High School, Secondary School, and Middle School international student exchange programs. The Plan provides valuable coverage for both outbound American students as well as inbound international students and their respective chaperones. It covers participants while outside their Home Country. In addition, there is an emergency assistance feature for international travel offered by MEDEX.

Enrollment Information

The program helps local organizers to be certain that their participants have adequate coverage for the duration of the international exchange trip. The cost of the insurance is included in the cost of the program. All participants are to be enrolled. Basic coverage excludes interscholastic sports; however, if interscholastic sports coverage is needed, coverage may be added for the entire group with additional premium as illustrated on the enrollment form. The enrollment form should be completed by the group leader on behalf of all of the program participants. The enrollment form and premium check should be mailed providing sufficient time for processing. Unless the trip is canceled and the Company is notified prior to the effective date of coverage, all premiums received by the Company will be non-refundable. Any changes to the list of insured participants should be reported in writing to the Company immediately.

Period of Coverage

Coverage begins at 12:01 a.m. Standard Time at the school's address, on the latest of the following: a) the date of an Insured's departure from his or her Home Country; b) the date the school's enrollment form and premium are received by the Company or its designated representative; or c) the date requested in the school's enrollment form. Coverage will end on the earliest of the following: a) the date of an Insured's return to his or her Home Country; b) the date requested in the school's enrollment form; or c) the date through which premium has been paid.

Medical Expense Benefit

\$500,000 Maximum Benefit

The Company will pay 100% of the covered expenses, up to \$500,000 per Sickness or Injury. There is no deductible included in this Plan.

Definitions

"Sickness" means an illness, disease or condition of the Insured that causes a loss for which 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 an Insured 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 Insured'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 Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to Us in writing as his or her Home Country.

What Expenses Are Covered

To be considered a covered expense under this Plan, it must: a) have been incurred and as a result of, and within 52 weeks of a covered Sickness or Injury during the Period of Coverage; b) not be excluded by the provisions of this Plan; c) be Medically Necessary; and d) be specifically included in the following list of expenses. All expenses will be deemed to be incurred on the date the service is rendered or supply is received. The covered expense shall in no event include any amount which is in excess of the usual and customary charges.

1. Expenses made by a hospital for room and board, general nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private 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. Charges for Dental expenses resulting from an accident and dental expenses for emergency pain relief treatment to sound, natural teeth: limit \$100 per tooth, \$500 overall maximum limit.
8. Expenses for treatment of mental and nervous disorders. Benefits are payable: a) up to a \$300 maximum for outpatient treatment, and b) 50% of covered expenses for inpatient treatment up to a maximum of 10 days.

Emergency Medical Evacuation Benefit *100% of Covered Expenses*

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 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.

"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 *\$12,500 Maximum Benefit*

In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days.

In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious

Injury, kidnapping, or rape. **“Family Member”** means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

All arrangements must be made by MEDEX and approved by the Company (or MEDEX) in order for expenses to be considered eligible.

Repatriation of Remains Benefit 100% of Covered Expenses

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.

Accidental Death & Dismemberment Benefit \$10,000 Principal Sum

If Injury to the Insured 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.

Covered 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.

Aggregate Limitation (applicable only to Accidental Death and Dismemberment Benefit): If two or more persons are injured as the result of the same Covered Accident, and the total of all amounts payable for all persons, in the absence of this provision, exceeds \$1,000,000, the amount for each person will be proportionately reduced so that the total will equal \$1,000,000.

Exclusions and Limitations

With respect to Medical Expense Benefit, Emergency Medical Evacuation Benefit, Repatriation of Remains Benefit, and Emergency Reunion Benefit, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions defined as a Sickness, disease or other condition of the covered person, that in the 12-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. However, this limitation will not apply if the Covered Person was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. **“Creditable Coverage”** means: 1) a

- self-funded employer group health plan under ERISA; 2) a group or individual health insurance coverage; 3) Part A or Part B of Medicare; 4) Medicaid; 5) CHAMPUS; 6) the Indian Health service or that of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the federal employees health benefits program (FEHBP); 9) a public health plan; or 10) a health benefit plan. **(This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.);**
2. 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.
 3. For suicide or attempted suicide, while sane or insane.
 4. For loss incurred as a result of war or any act of war, whether declared or not.
 5. For injury sustained while participating in professional, or interscholastic sports (unless interscholastic sports coverage is selected for the entire group), or intercollegiate sports.
 6. For loss incurred as a result of pregnancy and childbirth. This does not include complications of pregnancy.
 7. For routine physicals.
 8. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
 9. For elective surgery.
 10. For dental care, except as the result of Injury to natural teeth caused by an accident.
 11. 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.
 12. For expenses resulting from alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a doctor.
 13. For expenses as a result of, or in connection with, intentionally self-inflicted injury.
 14. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
 15. For scuba diving, jet and water skiing, mountain climbing (where ropes or guides are normally used), sky diving, and professional or amateur racing;
 16. For treatment furnished under any mandatory government program or facility set up for treatment without cost to an individual.
 17. For treatment by an immediate family member.
 18. For treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
 19. Commission of or active participation in a riot or insurrection.
 20. Organ or tissue transplants and related services.
 21. Injury or sickness where the Covered Person's trip to the host country is undertaken for treatment or advice for such injury or sickness.
 22. Injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
 23. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
 24. Treatment of hernia.
 25. Treatment of acne.
 26. Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
 27. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child.
- For the Accidental Death and Dismemberment Benefit, this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:**
1. Intentionally self-inflicted injury.
 2. Suicide or attempted suicide; while sane or insane.

3. War or any act of war, whether declared or not.
4. Service in the military, naval, or air service of any country.
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. Piloting or acting as a crew member 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.

Coordination of Benefits

If a covered person is covered by more than one insurance program, benefits will be subject to a Coordination of Benefits Provision. A plan, which does not have such a provision, would pay benefits first. In all other instances, the plan that will pay benefits first is: a) the plan which covers the covered person as an employee rather than as a full or part-time student; b) if a) does not apply, the plan which covers the covered person as a full or part-time student rather than as a dependent; c) if a) and b) do not apply, the plan which covers the person as a dependent, subject to specific rules contained in the policy; d) if a), b) and c) do not apply, the plan which has covered the covered person for the longer time. If the benefits of this plan are reduced according to these rules, such reduction will be done in proportion. Any benefits paid by this plan on a reduced basis will be charged against the benefit limits of this Plan.

Right of Subrogation

If the Insured is injured as the result of another person's negligence, the Company has the right to seek reimbursement on his/her behalf against the negligent party for any claims paid under this Plan, unless prohibited by state law.

24 Hour worldwide assistance
Offered by MEDEX



- *More than 59,000 resources to help with any travel or medical emergency*
- *Multi-lingual coordinators and experts working 24/7 to care for your assistance needs*
- *Centralized case management gives you one easy-to-reach point of contact*
- *Access the U.S.-based Emergency Response Center from any place in the world using toll-free phone numbers*

In addition to this health insurance program is the availability of the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at MEDEX. Upon enrollment in the Plan you will be provided with the telephone numbers to use.

The multilingual staff will answer your call and provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board-certified emergency doctors in the United States.
3. Urgent message relay between family, friends, personal doctor, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations of Remains.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Claims

Claims are to be filed with the Company claim office. Detailed claim instructions and claim forms are provided upon enrollment in this Plan. Claim instructions and forms may also be found at our web site, www.cmi-insurance.com.

Underwritten By:



ace usa

ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

Marketed By:



CMI Insurance
P.O. Box 19056
Baltimore, MD 21284
Phone: (410) 583-2595
(800) 586-0753
FAX: (410) 583-8244
www.cmi-insurance.com

This brochure provides 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 policy GLM N01172578, 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.

Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.

GLOBAL GROUP HIGH SCHOOL EXCHANGE

Accident & Sickness Insurance Plan

Enrollment Form

Use this Enrollment Form

How to Enroll

Go to our web site for online enrollment and instructions:

www.cmi-insurance.com

Or...

1. Complete the enrollment form inside, making sure to sign and date it.
2. Select the coverage plan you want and compute your premium in the box beside the rate charts.
3. Make a check (in U.S. funds only) payable to MEDEX Insurance Services, Inc. Include check/money order or supply credit card information on the enrollment form and mail to:

**CMI Insurance
P.O. Box 19056
Baltimore, MD 21284**

For questions,
call (410) 583-2595, Fax 410-583-8244

Use this Enrollment Form

or go to

www.cmi-insurance.com

and enroll online

Enrollment Form

Enrollment Form

Policy No. GLMN01172578

Global Group High School Exchange Accident & Sickness Insurance Plan
Underwritten by ACE American Insurance Company

Name of U.S. School _____
 School Address _____
 School Telephone Number _____ FAX Number _____
 Name of U.S. School Group Coordinator _____ E-mail address _____ (if available)
 Coverage Dates: Effective Date _____ Termination Date _____
 Inbound to U.S. from _____ COUNTRY _____ OR Outbound from U.S. to _____ COUNTRY _____
 Name and Address of International School _____

	Name of Participants	Date of Birth	Gender
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

If group is larger, copy form and add balance, or attach additional sheet

Premium Calculation

(Note: Weekly premium rates are for periods not exceeding 7 days. Periods of more than 7 days must be rounded up to the next whole week.)

Complete only one in each category. All participants must be enrolled in the same Program.

UNDER AGE 25	Basic Program: _____ # of Participants X \$14.00 X _____ weeks = \$ _____ Enhanced Program: (includes interscholastic sports); _____ # of Participants X \$16.00 X _____ weeks = \$ _____
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OVER AGE 25	Basic Program: _____ # of Participants X \$28.00 X _____ weeks = \$ _____ Enhanced Program: (includes interscholastic sports); _____ # of Participants X \$32.00 X _____ weeks = \$ _____
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PAYMENT METHOD (U.S. funds only): Check (payable to MEDEX Insurance Services, Inc.) Money Order MasterCard/VISA*

Card # | | | | - | | | | - | | | | - | | | | Exp. Date _____ Phone _____

Name on Card _____ Signature X _____

*Credit card payment will be subject to a \$7.00 administrative fee

Make all checks payable to MEDEX Insurance Services, Inc., and mail with this form to:

CMI Insurance, P.O. Box 19056, Baltimore, MD 21284 (Phone: 410-583-2595 or Fax 410-583-8244)

My signature below certifies that I have read and understand the Health Insurance in the Global Group High School Exchange brochure and agree to accept as applicable to me the terms and conditions stated therein.

IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signature of Group Coordinator X _____ Date _____