

# INTERNATIONAL EDUCATIONAL EXCHANGE SERVICES



## INTERNATIONAL STUDENT EXCHANGE PROGRAMS

### Policy # IES-00002

Administered by: International Educational Exchange Services  
Underwritten by: BCS Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the IEES trustee and the Subscriber. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Coverage begins at 12:01 AM on the effective date (please refer to the ID card). Thereafter, the insurance is effective 24 hours a day, worldwide, except whenever the Covered Person is in his home country or country of regular domicile. Coverage will terminate on the earliest of the following dates: (1) the date the Master Policy terminates; or (2) the premium due date for which the required premium has not been paid; or (3) the date on which the Covered Person ceases to meet the eligibility requirements; or (4) the date the Covered Person requests cancellation of coverage. Coverage will end 12:01 AM on the last date of insurance.

An Eligible Participant may enroll his Eligible Dependents on the date that the Eligible Participant enrolls for coverage, within 31 days from the date that the Eligible Dependent arrives in the country of assignment, or within 31 days of the date they were legally married. Newborn children must be enrolled within 31 days after their date of birth or placement for adoption.

**Coverage of Newborn Infants** A newborn child of an Eligible Participant will automatically be a Covered Person for 31 days from the moment of birth, if the birth occurs while the coverage is in force, and subject to the particular coverages and amounts of insurance as specified in the Policy for eligible dependents. In order to continue the coverage of a newborn child beyond the 31st day following the date of birth, (1) written notice of the birth of the child must be provided within 31 days from the date of birth, and (2) the required premium (if any) must be received by Us. If (1) and (2) above are not satisfied, coverage of a newborn child will terminate 31 days after the date of birth.

#### Description of Coverage

If a Covered Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related

cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$300,000. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the General Policy Exclusions, the Pre-Existing Condition Limitation and to all other limitations and provisions of the Policy.

The expenses must be incurred within 52 weeks after the date treatment was first rendered, following the effective date of the Covered Person's insurance, while coverage remains continuously in force under the Policy.

#### Description of Benefits

Basic Medical Expense	100%* of the first covered expenses incurred, until the Basic Medical Expense Benefit of \$25,000 becomes payable.
Supplemental Major Medical	80%* of covered expenses incurred after the \$25,000 Basic Medical Expense Benefit becomes payable, until an additional benefit of \$25,000 becomes payable.
Catastrophic Major Medical	100%* of covered expenses incurred after the \$25,000 Supplemental Major Medical Expense Benefit becomes payable, until an additional benefit of \$250,000 becomes payable. *(or any other percent stated below for certain expenses)
Deductible Amount**	\$25

\*\*The deductible is the dollar amount of eligible Medical Expenses which must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before certain benefits are payable under the policy.

## Covered Medical Expenses

- Fees for diagnosis and treatment by a Physician, surgeon, Registered Nurse, professional anesthetist, or radiologist.
- Assistant Surgeons are allowed at 20% of the surgery allowance.
- Hospital charges.
- Laboratory, diagnostic and X-ray examinations.
- Outpatient prescription drugs.
- Rental charge for durable medical equipment, or the purchase of this equipment, whichever is less.
- Annual mammogram.
- Annual cervical cytologic screening. (Pap smear)
- Preventive and primary care (dependents under age 18).
- Home health care. (Must follow a hospital confinement of at least 3 days.)
- Reconstructive Breast Surgery

Expenses incurred by a Covered Person for Reconstructive Breast Surgery as described below are considered Covered Expenses and will be payable under this Policy to the same extent as any other covered surgery, provided such Reconstructive Surgery is required as a result of a covered Sickness. Covered Expenses for Reconstructive Breast Surgery will also include the cost of prostheses. If this Policy provides outpatient x-ray or radiation therapy, then the cost of outpatient chemotherapy following Reconstructive Breast Surgery that is performed in connection with the treatment of breast cancer also will be included as a Covered Expense.

- Colonoscopy. Colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society.

## Limitations on Covered Medical Expenses

- Payment for Hospital room and board, which includes all general nursing charges, will be limited to the Hospital's normal charge for semi private accommodation. Intensive Care Unit charges will be limited to two times the semi-private room and board rate per day.
- Outpatient drugs and medicines which require a Physician's written prescription, and which can only be dispensed by a licensed pharmacist are payable at 80%.
- Expenses incurred for treatment of mental illness are limited to treatment for Inpatient or residential care in a Hospital or non-Hospital residential facility for up to 45 days. Outpatient benefits shall be 75% of covered expenses for the first 40 visits and 60% thereafter.
- Expenses incurred for treatment of substance abuse are limited to 28 days for Inpatient or residential care in a Hospital or non-Hospital residential facility, and up to 30 outpatient visits. The process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is

assisted through the period of time necessary to eliminate the intoxicating agent from the body shall be covered for up to 12 days.

- Therapeutic or elective termination of pregnancy up to \$500.
- Professional ground ambulance service to the nearest Hospital up to \$1,000.
- Professional air ambulance service to the nearest Hospital up to \$10,000.
- Expenses incurred for physiotherapy, including acupuncture are payable up to a) a maximum of \$2,500 on an Inpatient basis, and b) a maximum of \$1,500 on an outpatient basis.
- Dental Treatment: (a) when performed by a Physician and (b) made necessary by Injury to sound, natural teeth shall be limited to \$250 per tooth per Injury. Routine dental care and treatment to the gums are not covered.

## Supplemental Benefits

### Accidental Death & Dismemberment - \$25,000 per Participant, \$10,000 Spouse, \$5,000 per Child

If, within 365 days of an Accident covered under this Policy in accordance with the Coverage Description to which this benefit applies, bodily Injury results in any of the following losses, the Company will pay the benefit amount shown opposite such loss in the Table of Benefits. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

## Table of Benefits

### Covered Loss

Loss of Life.....	The Principal Sum
Loss of Two or more members.....	The Principal Sum
Loss of Entire Sight of Both Eyes.....	The Principal Sum
Loss of One Member and Sight of One Eye.....	The Principal Sum
Loss of Speech and Hearing in Both Ears.....	The Principal Sum
Loss of One member or sight of One Eye...1/2	The Principal Sum
Loss of Speech.....1/2	The Principal Sum
Loss of Hearing in Both Ears.....1/2	The Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	1/4 The Principal Sum

Loss of hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

"Severance" means the complete separation and dismemberment of the part from the body.

### Family Air Fare Expense

The Company will pay, up to \$2,500, if the Insured is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class)

expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotel, and meals to a maximum of \$75 per day.

In the event of death, or life-threatening Accident or illness of a parent, spouse, child, sibling, or legal guardian, requiring the Insured to return home after arriving at their placement, the Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. IEES must be advised and approve the flight, which must be arranged through IEES. Retroactive claims will not be accepted. This benefit is limited to \$2,500.

**Right of Subrogation (NOT applicable to California or Arizona residents)**

If the covered person is injured or becomes ill through the act or commission of another person, and if benefits are paid under this Policy due to that Injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, his insurer, or the Covered Person's uninsured motorist insurance, BCS Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, BCS Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

**Preferred Provider Network (Within the U.S.A. only)**

This Policy utilizes the Hygeia Corporation Preferred Provider hospital and physician network for the purpose of delivering quality health care at a preferred fee. You are **not** required to use the PPO network, but can receive information on participating providers by visiting our web page at [www.iees.com](http://www.iees.com) and select the "Search for Doctor/Hospital" option on the home page.

**General Policy Exclusions**

***This policy does not cover loss, charges, or expenses caused by or resulting from:***

1. Pre-existing Condition Limitation: the Policy does not pay benefits for loss due to a pre-existing condition during the first 6 months of coverage, except as provided below:  
  
The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's pre-existing condition during the first 6 months of coverage, subject to a maximum benefit of \$50,000. After the Covered Person has been covered under the Policy for 6 months, pre-existing conditions will be covered the same as any other Injury or Sickness.
2. Expenses incurred within the Covered Person's home country or country of regular domicile.
3. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
4. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
5. Elective Treatments and voluntary testing.
6. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.

7. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
8. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
9. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered Injury. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
10. Routine foot care, including the treatment of corns, calluses and bunions.
11. Treatment of congenital anomalies and conditions arising or resulting directly therefrom.
12. The diagnosis and treatment of acne.
13. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.
14. The diagnosis and treatment of Infertility.
15. Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
16. Routine newborn care, well baby nursery and related physician charges.
17. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
18. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
19. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
20. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
21. Organ transplant.
22. Birth control, including surgical procedures and devices.
23. Treatment that is not incurred by an Insured Person while insured hereunder.

24. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
25. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.

### Definitions

Unless specifically defined elsewhere, wherever used in the Policy:

**Accident** means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

**BCS Insurance Company or The Company** will be referred to as "We", "Our" or "Us".

**Covered Person** means any Eligible Person and, where applicable, Eligible Dependents who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's and Dependents' insurance is paid when due.

**Hospital** means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

**Injury** means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

**Inpatient** means confinement for which the Covered Person is charged at least one full day's room and board.

**Intensive Care Unit** means a section, ward, or wing within a Hospital which is separated from other Hospital facilities and (1) is operated exclusively for the purpose of providing professional Treatment for critically ill patients; (2) has special supplies and equipment necessary for such Treatment which are available on a standby basis for immediate use; (3) provides room and board, and constant observation by registered graduate nurses or other specially trained Hospital personnel; and (4) is not maintained for the purpose of providing normal post-operative recovery Treatment or service.

**Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury {or Sickness} and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury {or Sickness}; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an outpatient.

**Nurse** means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where he works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Outpatient Surgical Facility** means a surgical or medical center, which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; and (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under that law.

**Physician** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Pre-existing Conditions** means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Policy.

**Sickness** means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Treatment** means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

**Usual, Customary, and Reasonable Charges** - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

**For questions please contact administrator:  
International Educational Exchange Services (IEES)**

P.O. Box 370, Ithaca, NY 14851-0370  
TOLL FREE: 866-433-7462 (within USA)  
Phone: 607-272-2707 (collect from overseas)  
FAX: 607-272-2703  
WEB: [www.iees.com](http://www.iees.com)  
EMAIL: [claims@iees.com](mailto:claims@iees.com)

**Assistance Services Provided By:  
MEDEX Assistance Corporation  
IEES Group ID #319691**

P. O. Box 19056  
Baltimore, MD 21284  
TOLL FREE: 800-527-0218 (within USA)  
Phone: 410-453-6330 (collect from overseas)  
WEB: [www.medexassist.com](http://www.medexassist.com)  
EMAIL: [operations@medexassist.com](mailto:operations@medexassist.com)

## SECURE (IEES ID # 319691)

Please keep this document with you while you travel.

A comprehensive program providing You with 24/7 emergency medical and travel assistance services when You are outside Your Home Country or 100 or more miles away from Your permanent residence in Your Home Country. The program also provides emergency security, political and natural disaster evacuation and repatriation services when You are outside of Your Home Country. Expatriates are eligible regardless of distance from your expatriate residence while outside of Your Home Country.

### PROGRAM DESCRIPTION

How To Use FrontierMEDEX SECURE Services  
24 hours a day, 7 days a week, 365 days a year

FrontierMEDEX is Your key to travel security. If You have a medical, personal safety or travel problem, simply call Us for assistance. Our toll-free and collect-call telephone numbers are printed on Your ID card. Either call the toll-free number of the country You are in, or call the Emergency Response Center collect at:

Baltimore, Maryland +1-410-453-6330

A multilingual assistance coordinator will ask for Your name, Your company or group name, the group number shown on Your ID card, and a description of Your situation. We will immediately begin assisting You. A full listing of services follows.

If the condition is an emergency, You should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. We will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

FrontierMEDEX SECURE provides You with Medical Assistance Services, Travel Assistance Services, Medical Evacuation & Repatriation Services, Security, Political and Natural Disaster Evacuation Services, and Worldwide Destination Intelligence as described below. These services are subject to certain Conditions and Limitations also described below.

FrontierMEDEX  
P.O. Box 19056  
Baltimore, MD 21284  
[www.frontiermedex.com](http://www.frontiermedex.com)

### MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** We will provide referrals to help You locate appropriate treatment or care.

**Monitoring of Treatment:** Our assistance coordinators will continually monitor Your case. In addition, FrontierMEDEX Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

**Facilitation of Hospital Payment:** Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required emergency hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including hospital expenses.

**Transfer of Insurance Information to Medical Providers:** We will assist You with hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.

**Medication, Vaccine and Blood Transfers:** In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing physician's authorization, if it is legally permissible.

**Dispatch of Doctors/Specialists:** In an Emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

**Transfer of Medical Records:** Upon Your consent, We will assist with the transfer of medical information and records to You or the treating physician.

**Continuous Updates to Family, Employer, and Home Physician:** With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

**Hotel Arrangements for Convalescence:** We will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

**Replacement of Corrective Lenses and Medical Devices:** We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

### TRAVEL ASSISTANCE SERVICES

**Replacement of Lost or Stolen Travel Documents:** We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** We will make new reservations for airlines, hotels, and other travel services in the event of an Illness or Injury.

**Transfer of Funds:** We will provide You with an emergency cash advance subject to Us first securing funds from You or Your family.

**Legal Referrals:** Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

**Translation Services:** Our multilingual assistance coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise We will provide You with referrals to local interpreter services.

**Message Transmittals:** You may send and receive emergency messages toll-free, 24-hours a day, through Our Emergency Response Center.

### WORLDWIDE DESTINATION INTELLIGENCE

**Destination Profiles:** When preparing for travel You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon Our intelligence database of over 280 cities covering subjects such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency.

Our global medical and security intelligence database is continuously updated and includes information from thousands of worldwide sources.

### MEDICAL EVACUATION & REPATRIATION SERVICES

The following services are available if the Participant suffers an Injury a sudden and unexpected Illness:

**Emergency Medical Evacuation:** If You sustain an Injury or suffer a sudden and unexpected Illness and adequate medical treatment is not available in Your current location, We will arrange and pay for a medically supervised evacuation to the nearest medical facility We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and FrontierMEDEX, You require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

**Transportation to Join a Hospitalized Participant:** If You are traveling alone and are or will be hospitalized for more than three days, We will coordinate and pay for economy round-trip airfare for a person of Your choice to join You.

**Return of Dependent Children:** If Your Dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or Illness, We will coordinate and pay for one-way economy airfare to send them back to Your Home Country. We will also arrange and pay for the services and transportation expenses of a qualified escort, if required and as determined by FrontierMEDEX.

**Transportation After Stabilization:** Following stabilization of Your condition and discharge from the hospital, We will coordinate and pay for transportation to Your point of origin.

Alternatively, We will coordinate and pay for transportation to Your Home Country if We determine that You should return for continuing medical care. We will also arrange and pay for a change to Your existing return travel arrangements if the change is required as a direct result of Your medical condition or treatment. All travel arrangements will be as necessitated by Your medical condition as determined by Your treating physician and FrontierMEDEX. All such arrangements must be coordinated and approved in advance by FrontierMEDEX.

**Repatriation of Mortal Remains:** If You sustain an Injury or suffer a sudden and unexpected Illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate and pay for the expenses of the preparation and transportation of Your mortal remains to Your Home Country. In addition, We will coordinate and pay for the transportation home of personal effects (up to \$2,500 US) in the event of Your death.

### SECURITY AND POLITICAL EVACUATION SERVICES

**Security Evacuation:** In the event of an Emergency Security Situation, We will on a best-effort basis arrange and pay for Your evacuation from an international airport or other safe departure point We designate to the nearest safe haven. We will pay for Your evacuation up to and including seven (7) days from the date of the FrontierMEDEX evacuation alert. If evacuation becomes impractical due to hostile or dangerous conditions, We will maintain contact with You and advise You until evacuation becomes viable or the Emergency Security Situation has passed.

**Political Evacuation:** In the event the officials of Your Home Country issue a written order that You depart Your Host Country for non-medical reasons, or if You are expelled or declared "persona non grata" on the written authority of Your Host Country, We will on a best-effort basis arrange and pay for Your evacuation from an international airport or other safe departure point We designate to the nearest safe haven. We will pay for Your evacuation up to and including seven (7) days from the date of evacuation notice given by the recognized government of Your Home Country or Host Country.

**Transportation to Departure Point:** As part of a Security or Political Evacuation, FrontierMEDEX will arrange and pay for ground transportation to the designated international airport or other safe departure point. We will also arrange and pay for the cost of services to house You and protect Your safety while assembled or during evacuation, if required and as determined by FrontierMEDEX.

**Transportation After Security or Political Evacuation:** Following a Security or Political Evacuation and when safety allows, We will coordinate and pay for one-way economy airfare to return You to either Your Host Country or Your Home Country.

**Other Evacuation Assistance Services:** In the event You feel Your personal safety is threatened, but the situation does not dictate a Security or Political Evacuation and You none-the-less wish to be evacuated, We will assist You on a best-effort basis in making evacuation arrangements. This may include flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services. You will be responsible for costs associated with this type of voluntary evacuation.

### NATURAL DISASTER EVACUATION SERVICES

**Natural Disaster Evacuation:** In the event of a Natural Disaster, We will, on a best-effort basis, arrange and pay for Your evacuation from a safe departure point We designate to a safe haven of Our selection. We will pay for Your evacuation up to and including seven (7) days from the date an evacuation alert is issued by FrontierMEDEX. If evacuation becomes impractical due to hostile or dangerous conditions, We will maintain contact with and advise You until evacuation becomes viable or the Natural Disaster has passed.

**Transportation to Departure Point:** As part of a Natural Disaster Evacuation, We will arrange and pay for ground transportation to the designated international airport or other safe

departure point. We will also arrange and pay for the cost of services to protect Your safety while assembled or during evacuation if required and as determined by FrontierMEDEX.

**Transportation After Natural Disaster Evacuation:** Following a Natural Disaster Evacuation and when safety allows, We will coordinate and pay for one-way economy airfare to return You to either Your Host Country or Your Home Country.

## PROGRAM DEFINITIONS

The following definitions apply:

"Dependent" means the Participant's legal spouse; the Participant's unmarried children from birth and under age 19; or under age 23, if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren and legally adopted children. They must be primarily dependent on the Participant for support and maintenance and must live in a parent-child relationship with the Participant. A spouse or child who is included under this program as a Participant will not be eligible as a Dependent.

"Emergency Security Situation" means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which results in FrontierMEDEX issuing an evacuation alert through the Evacuation Notification service included in this program. At a minimum, Our evacuation alert will adhere to any formal order to evacuate made by your Home Country or Host Country. Emergency Security Situation does not include Natural Disasters.

"Enrollment Period" means the period of time for which You are validly enrolled for SECURE and for which We have received the appropriate enrollment fee.

"Expatriate" means individual traveler whose trips exceed 90 consecutive days or whose travel exceeds 180 days in a 12-month period.

"Home Country" means the country or territory as shown on Your passport.

"Host Country" means a country or territory You are visiting or in which You are living which is not Your Home Country.

"Illness" means a sudden and unexpected sickness that manifests itself during Your Enrollment Period.

"Injury" means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during Your Enrollment Period.

"FrontierMEDEX Physician Advisors" means physicians, retained by FrontierMEDEX to provide Us with consultative and advisory services, including the review and analysis of the quality of medical care You are receiving.

"Natural Disaster" means an unforeseen event occurring directly from natural cause, including but not limited to, earthquake, flood, storm (wind, rain, snow, sleet, hail, lightning, dust or sand), tsunami, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that an evacuation alert is issued by FrontierMEDEX. In no event, shall a Natural Disaster be deemed to apply to a marine vessel, ship or watercraft of any kind.

"Participant" means a person validly enrolled for SECURE and for whom We have received the appropriate enrollment fee.

"We," "Us," and "Our" and means FrontierMEDEX.

"You" and "Your" means the Participant.

## CONDITIONS AND LIMITATIONS

The services described are available to You only during Your Enrollment Period. Medical services are available to You only when You are outside of Your Home Country or 100 or more miles away from Your permanent residence in Your Home Country. Security services are available to You only when You are outside of Your Home Country. Expatriates are eligible for medical and security services regardless of the distance from your Expatriate residence while outside of Your Home Country.

**We will only cover transportation costs if We have given Our prior approval or if those services are coordinated by Us.**

We have sole discretion in making the determination as to whether We will cover the cost of Emergency Medical Evacuations. Our decision will be based on medical considerations, including the opinions of the treating physicians, FrontierMEDEX Physician Advisors and Our medical director with respect to Your condition and ability to travel. We will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care, as determined by Us.

We have sole discretion in making the coverage determination for Your Transportation After Stabilization. Our determination will be based on Your need for continuing medical care. We will not return You to Your Home Country for the sole sake of Your convenience.

We reserve the right to determine, at Our sole discretion, the means, method and timing of a Security, Political or Natural Disaster Evacuation. Our security personnel will consult with interested governments, security analysts, and the sponsor of Your FrontierMEDEX program. Evacuations will be from an international airport or other safe departure point We designate. We will arrange and pay for Your transportation to the nearest safe haven We designate. The decision to travel is the sole responsibility of the traveler. If the Participant refuses an evacuation, We will not be liable for expenses incurred after the date for which the evacuation is scheduled.

Our obligation to pay for Your Security, Political or Natural Disaster Evacuation will be limited to a maximum of \$100,000 USD per person per Emergency Security Situation or Natural Disaster. Eligible expenses include Transportation to Departure Point to a maximum limit of \$1,500 per person per Security, Political or Natural Disaster Evacuation and, if required, costs to protect Your safety while assembled or during evacuation.

In the event We are arranging transportation by commercial air and You hold an original return airline ticket, We may use that ticket and are only responsible for any applicable change fees.

We are not responsible for the availability, timing, quality, results of, or failure to provide any medical, security, legal or other care or service caused by conditions beyond Our control. This includes Your failure to obtain care or service or where the rendering of such care or service, including Medical, Security, and Political Evacuations from Cuba is prohibited by U.S. law, local laws, or regulatory agencies.

Your legal representative shall have the right to act for You and on Your behalf if You are incapacitated or deceased.

We shall not be responsible for providing any costs or expenses for a situation arising from:

- (1) Hospital or medical expenses of any kind or nature unless those expenses are part of the Emergency Medical Evacuation or Transportation After Stabilization.
- (2) Your traveling against the advice of a physician or traveling for the purpose of obtaining medical treatment.
- (3) Taking part in military or police service operations.
- (4) The commission of, or attempt to commit, an unlawful act.
- (5) Pregnancies except in the case of a major, vital complication which presents a clear and significant risk of death or imminent serious injury or harm to the mother or fetus.
- (6) Initial transportation to local facilities, including ground ambulance fees, except as arranged by Us.
- (7) Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, or bungee jumping unless otherwise agreed in writing by Us prior to Your Enrollment Period.
- (8) Incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges.
- (9) Subsequent Medical Evacuations for the same or related medical condition, regardless of location, or more than one Security or Political Evacuation from a country or territory per individual per annual term.
- (10) Failure to properly procure or maintain immigration, work, residence or similar type visas, permits or documents.
- (11) Security or Political Evacuations from Your Home Country.
- (12) Security or Political Evacuations when the Emergency Security Situation precedes Your arrival in the Host Country, or when the evacuation order issued by the recognized government of Your Home Country or Host Country has been posted for a period of more than seven (7) days.
- (13) Natural Disaster Evacuations when the Natural Disaster or the event directly giving rise to it precedes Your arrival.
- (14) The actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.

## REIMBURSEMENT TO FRONTIERMEDEX AND RIGHTS OF SUBROGATION

You or a responsible party on Your behalf shall either pay the cost of medical care and treatment, including hospital expenses directly or shall reimburse Us upon demand for all such costs and expenses which may be imposed upon Us by health care providers for the cost of medical care and treatment, including hospital expenses, or related assistance services either authorized by You or deemed to be advisable and necessary by Us under urgent medical circumstances, to the extent that such expenses are not Our responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available to You.

We shall be fully and completely subrogated to Your rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by Us or medical care and treatment, including hospital expenses, in the event that We pay or contribute to the payment of them. You must assign to Us any and all rights of recovery under any such insurance plans, including any occupational benefit plan, health insurance, or other insurance plan or public assistance program, up to the sum of any payments by Us.

For questions relating to **medical** claims, please contact:

International Educational Exchange Services (IEES)

P.O. Box 370

Ithaca, New York 14851-0370

TOLL FREE 866-433-7462 (within USA)

Phone: 607-272-2707 (collect from overseas)

FAX: 607-272-2703

WEB: [www.iees.com](http://www.iees.com)

EMAIL: [claims@iees.com](mailto:claims@iees.com)

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