

2018-2019

Student Injury & Sickness Insurance Plan



Valley Forge Military Academy
Policy #: EXL-SA10002-18



Valley Forge Military Academy (the “Policyholder”)
2018 - 2019 Student Injury & Sickness Insurance Plan (the “Plan”)
Policy #: EXL-SA10002-18 (the “Policy”)

Underwritten by:



Administered by:



Insurance Underwritten By: Sirius America Insurance Company, with its principal place of business in New York, New York (the “Company”)

Please keep this brochure as a general summary of the insurance. This brochure is a brief description of the coverage available under the Policy. The Policy contains full details of the coverage. If the contents of this brochure conflict with the Policy, please remember that the Policy governs.

PLAN ELIGIBILITY

Student Eligibility

Preparatory and college students are eligible for enrollment in the Plan.

Students are automatically enrolled in the Plan; *however*, students may waive enrollment in the Plan by providing proof of comparable coverage under another health insurance plan. To waive enrollment in the Plan, a student must provide proof of comparable coverage prior to the waiver deadline.

PLAN COSTS

The annual plan costs for coverage is \$2,136 (including administrative fees) per student. Student plan costs are charged as part of the students’ tuition. The annual premium is subject to state approval.

POLICY EFFECTIVE & TERMINATION DATES

The Policy is effective at 12:01 a.m. on July 1, 2018. Thereafter, coverage for the insurance is effective 24 hours a day. Coverage will terminate on at 12:01 a.m. on the last date of the insurance; the last date of the insurance is the earliest of the three following dates: (1) the date on which the Policy terminates; *or* (2) the plan costs due date on which the required plan costs have not been paid; *or* (3) the date on which the Covered Person ceases to meet the eligibility requirements of the Plan.

DESCRIPTION OF COVERAGE

If a Covered Person incurs expenses while Insured under the Policy due to an Injury or Sickness, the Plan will pay the Allowable Charges for Medically Necessary Covered Medical Expenses listed in the Medical Expense Benefit section. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, will be considered as resulting from one Injury or Sickness. Benefits are subject to the Deductible Amount, Co-payments and Coinsurance Percentages, specified benefits set forth under Medical Expense Benefits, the limitations appearing under Limitations on Covered Medical Expenses, the General Policy Exclusions, and to all other limitations and provisions of the Policy. All medical benefits are subject to coordination of benefits (COB); please refer to the Coordination of Benefits section of this brochure

The expenses must be incurred after the effective date of the Covered Person’s insurance while coverage remains continuously in force under the policy.

DESCRIPTION OF BENEFITS

In-network

The Covered Person must pay the \$200 annual Deductible³ before benefits are paid. After the Deductible³ and Co-payments have been satisfied, the benefit percentage the plan pays is 80% (after payment of 20% Coinsurance¹) of covered expenses until the Covered Person reaches the per-person Out-of-Pocket² Maximum of \$7,150. Once the Covered Person satisfies their out-of-pocket maximum the Plan will pay 100% of covered expenses for mandated preventive services. The Plan will pay 100% of covered expenses for services received at the Student Health Center.

In addition, the Covered Person must pay a \$20 per visit Co-payment⁴ for outpatient physiotherapy services.

Out-of-network

The Covered Person must pay the \$400 annual Deductible³ before benefits are paid. After the Deductible³ and Co-payments have been satisfied, the benefit percentage the Plan pays is 60% (Coinsurance¹ is 40%) of covered expenses until the Covered Person reaches the per-person Out-of-Pocket² Maximum of \$14,300. Once the Covered Person satisfies their out-of-pocket maximum the Plan will pay 100% of covered services except those related to mandated preventive services as described in the Medical Expenses Benefits section when provided out-of-network.

In addition, the Covered Person must pay a \$40 per visit Co-payment⁴ for outpatient physiotherapy services.

Outpatient Prescription Drugs – the Covered Person is responsible for the applicable Co-payments, and the Plan pays 100% of the benefits after the applicable Co-payment is paid. The Co-payments for Covered Persons are as follows:

Generic Drugs.....	\$10 per prescription
Brand Name ⁵ Prescriptions.....	\$40 per prescription

- ¹ Coinsurance is defined in the Definitions section of this brochure.
- ² The Out-of-Pocket expenses are the Deductible, Co-payments and Coinsurance amounts that the Covered Person is responsible to pay. (Limitations and Exclusions are NOT included in calculating Out-of-Pocket.)
- ³ Deductible is defined in the definitions section of this brochure.
- ⁴ Co-payment is defined in the Definitions section of this brochure.
- ⁵ Brand name prescriptions will be subject to coinsurance if a generic prescription equivalent is available.

MEDICAL EXPENSES BENEFITS

- Hospital room and board expense.
- Hospital miscellaneous expenses (operating room, lab tests, X-ray examinations, anesthesia, drugs, therapeutic services and supplies).
- Inpatient physiotherapy/occupational therapy.
- Inpatient and outpatient surgery.
- Inpatient and outpatient anesthetist services.
- Inpatient registered nurse’s services and inpatient and outpatient physician’s visits.
- Pre-admission testing.
- Inpatient and outpatient psychotherapy.
- Inpatient and outpatient consultant physician fees.
- Skilled Nursing Facility (e.g., 120 days per admission).*
- Outpatient surgery miscellaneous expenses (for example, operating room, anesthesia, drugs, therapeutic services and supplies).
- Outpatient physiotherapy/occupational therapy (limited to 30 visits during the Policy year).
- Outpatient medical emergency expenses.
- Outpatient diagnostic x-ray services and laboratory procedures.
- Outpatient radiation therapy.
- Outpatient physician tests and procedures.
- Outpatient injections and chemotherapy.
- Outpatient prescription drugs.
- Ambulance services.
- Outpatient braces, appliances and durable medical equipment.
- Dental treatment, subject to limitations discussed in the section of this brochure entitled, “Benefit Limitations: Medical Expenses.”
- Infusion Therapy.

- Dialysis Treatment.
 - Transplant Surgery (when a human organ or tissue transplant is provided from a living donor to a Covered Person, both the recipient and the donor may receive the benefits of the Plan).
 - Emergency Services.
 - Rehabilitative and Habilitative services (limited to 36 visits per policy year).
 - Reconstructive breast surgery.
 - Outpatient Speech Therapy (limited to 30 visits per policy year).
 - Outpatient Cardiac Rehabilitation (limited to 36 visits per Policy year).
 - Chiropractic Care (limited to 20 visits per Policy year).
 - Maternity, Prenatal and Newborn Care.
 - Hospice Care.
 - Sterilization including female tubal ligation and male vasectomy.
 - Sexual Dysfunction Services.
 - Pulmonary and respiratory therapy (limited to 36 visits per policy year).
 - Orthotic Devices.
 - Home health care (limited to no more than 60 home health care visits in any period of 12 consecutive months).
 - In-network Preventive Care without Copayments, Coinsurance or Deductible as described under Federal law and regulation regarding mandated preventive services. This includes:
 1. evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force including smoking and tobacco cessation counseling and domestic violence and screening counseling and colorectal cancer screening;
 2. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
 3. with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration including gonorrhea prophylactic medication, Hypothyroidism screening, PKU screening, RH incompatibility screening, lead poisoning screening and routine hearing screening;
 4. with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration and includes contraceptive drugs and devices.
 - Pediatric dental care (applicable to Covered Persons under age of 19). This includes preventive, basic and restorative dental care. Also orthodontic treatment including braces (once per lifetime). Refer to your Policy for specific details.
 - Pediatric vision care (applicable to Covered Persons under age of 19). This includes an annual eye exam and one (1) pair of glasses (frames and lenses) per year. Refer to your Policy for specific details.
 - Infertility Treatment: covers diagnostic, counseling, and planning services for treatment of the underlying cause of infertility such as sperm count, endometrial biopsy, hysterosalpingography, and diagnostic laparoscopy. Artificial insemination is covered including facility services for the promotion of fertilization of a female recipient's own ova (eggs).
 - Urgent Care Centers: covers Urgent Care Centers, when Medically Necessary as determined by Sirius America Insurance Company. Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention in a non-emergency situation or that cannot wait to be addressed by the Provider.
 - Mental health and substance use disorder services: covers evaluation, consultation and treatment including counseling, medical testing, diagnostic evaluation and detoxification in an Inpatient or Outpatient setting that is necessary to determine a diagnosis and treatment plan for mental health conditions.
 - Nutritional counseling including diabetes education: covers counseling visits limited to 6 visits per year. Diabetes education includes Outpatient self-management training and education, including medical nutrition when prescribed by an authorized provider.
 - Mastectomy Care: covers the following when performed after a mastectomy: Surgery to reestablish symmetry or alleviate functional impairment including, but not limited to: augmentation, mammoplasty, reduction mammoplasty, and mastopexy.
 - Dental Anesthesia: covers expenses incurred by a Covered Person for general anesthesia and associated hospital or ambulatory surgical facility charges in connection with dental care. The Covered Person must be seven years of age or younger or developmentally disabled for whom a successful result cannot be expected from dental care provided under local anesthesia and for whom a superior result can be expected for treatment under general anesthesia.
 - Outpatient medical foods and nutritional formulas: covers medical foods administered either orally or through a feeding tube, when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as: phenylketonuria; branched-chain ketonuria; galactosemia; and homocystinuria. Nutritional formulas are covered when the nutritional formula is the sole source of nutrition (more than 75% of estimated basal caloric requirement) for an infant or child suffering from Severe Systemic Protein Allergy, that does not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.
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- * The number of days can vary depending on your coverage. Please refer to your Policy for details.
- BENEFIT LIMITATIONS: MEDICAL EXPENSES**
- Payment for Hospital room and board, including 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 twice the semi-private room and board rate per day.
 - Dental Treatment is limited as follows: (a) services must be performed by a Physician; and (b) treatment must be Medically Necessary by Injury to sound, natural teeth. Dental services and dental appliances furnished to a newborn when required to treat medically diagnosed cleft lip, cleft palate, or ectodermal dysplasia are also covered. Routine dental care and treatment to the gums are not covered, except for pediatric dental care as described in the Medical Expenses Benefits section of this brochure.
 - Benefits for Covered Expenses as a result of an Injury sustained during an interscholastic or intercollegiate sport are limited to a maximum of \$90,000 per occurrence.
- EXPRESS SCRIPTS**
- The Policy utilizes the Express Scripts Pharmacy network. The medical ID Card includes information the pharmacist needs in order to submit a claim. Although many pharmacies participate in the Express Scripts, Inc. network, check with the pharmacy before you make your purchase. To find participating pharmacies in your area, call Express Scripts, Inc. at 1-866-282-1491 or visit their website at www.express-scripts.com. You will not have to file a claim on purchases made at participating pharmacies. The pharmacist will tell you what to pay.
- PREFERRED PROVIDER NETWORK
(Within the United States only)**
- The Policy utilizes the PHCS hospital and physician network for the purpose of delivering in-network health care. Call 1-800-922-4362 or visit www.multiplan.com to find a PHCS provider, or if none are available, a MultiPlan provider.

In-network means Physicians, Hospitals or other health care providers who have contracted to provide medical care at negotiated prices. The availability of providers is subject to change without notice. A Covered Person should always check if a provider is an in-network provider at the time services are provided or when making an appointment.

Out-of-network means providers who have not agreed to any pre-arranged fees. If a Covered Person seeks treatment from an out-of-network provider, benefits will be paid at the out-of-network levels shown in the Description of Benefits section of this brochure. Please note that use of out-of-network providers could result in significantly greater out-of-pocket expenses.

POLICY EXCLUSIONS

Benefits are not payable under the Policy in the following circumstances:

1. Adult 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 or for Pediatric Vision Care. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
2. Hearing examinations or hearing aids; or other Treatment for hearing defects and problems except as provided under the Preventive Services Benefit or 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.
3. Dental care or Treatment except as otherwise provided under the Policy.
4. 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).
5. Participation in a riot or civil disorder; commission of or attempt to commit a felony.
6. Participation in, practice for, or orthopedic equipment and appliances used for; interscholastic or intercollegiate sports, semi-professional sports; or professional sports, (except as specified in the Coverage Descriptions).
7. Expenses for Treatment of Injuries sustained by reason of participation in or, practice for; semi-professional sports; or professional sports.
8. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
9. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
10. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while such person is insured under the Policy.
11. Elective Treatments and voluntary testing except as otherwise provided under the Policy.
12. Injury or Sickness covered by Worker's Compensation, Employer's Liability Laws, or similar legislation.
13. Charges used to meet any Deductible, or in excess of the Coinsurance level, or in excess of those considered Allowable Charges.
14. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
15. Treatment, services or supplies provided normally without charge by the School's infirmary or its employees, or Physicians who work for the School.
16. Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
17. Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid.
18. Nasal or Sinus Surgery or surgery to correct a deviated nasal septum (unless required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy).
19. Acupuncture.
20. For in-vitro fertilization (IVF), ovum or embryo placement, intracytoplasmic sperm injection (ICSI), and gamete intrafallopian transfer (GIFT) and associated services; donor eggs and sperm and surrogate mothers.
21. For international students only, Expenses incurred within the Covered Person's home country or country of regular domicile.
22. Treatment that is not incurred by a Covered Person while insured hereunder.
23. Supplies, except as otherwise provided in the Policy.
24. Circumcision.
25. Routine foot care including the Treatment of corns, calluses and bunions
26. Nonmalignant warts, moles or lesions.
27. Applied behavioral analysis except as otherwise provided in the Policy.
28. Biofeedback, neuro feedback and related testing.
29. Donor searches for organ and tissue transplants, including compatibility testing of potential donors who are not immediate blood related family members.
30. Educational, vocational or self-management training services or supplies unless otherwise provided in the Policy or when received as a part of a covered wellness visit or screening.
31. Experimental or investigational procedures except as otherwise provided in the Policy.
32. Group speech therapy.
33. Health club memberships, health spa charges, exercise equipment or classes, charges from a physical fitness instructor or personal trainer, or any other charges for services, equipment or facilities for developing or maintaining physical fitness, even when ordered by a Physician.
34. Home care services, including homemaker services; maintenance therapy; food and home delivered meals; or custodial care and services.
35. Certain Hospital services, including guest meals, telephones, televisions and other convenience items; care by interns, house Physicians or other Hospital employees billed separately, private room unless Medically Necessary.
36. Immunizations for travel and work or when not received as a part of the Preventive Care Services Benefit.
37. Mental health and substance use disorder services not covered include: Inpatient stays for environmental changes; cognitive rehabilitation therapy; educational therapy; vocational and recreational activities; coma stimulation therapy; services, surgery, and drugs to treat deviation and dysfunction; Treatment of social maladjustment without signs of psychiatric disorder; or remedial or special education services.
38. Nutritional and/or dietary supplements except as required by law. This exclusion includes but is not limited to nutritional formulas and dietary supplements that are available over the counter and do not require a written prescription.
39. Obesity surgery, services drugs or supplies; services, drugs or supplies related to weight loss or dietary control even when there is a medical problem, including complication directly related to such surgeries or procedures. Service rendered to improve appearance following gastric bypass surgery, such as abdominoplasties, panniculectomies and lipectomies are not covered.
40. Over-the counter convenience and hygienic items.

41. Recreation therapy including sleep, dance, arts, crafts, aquatic, gambling and nature therapy.
42. Services or supplies for or related to sex transformation.
43. Skilled Nursing Facility stays for Treatment of psychiatric conditions and senile deterioration; Inpatient services during a temporary leave from a Skilled Nursing Facility; or a private room unless Medically Necessary.
44. Appliances for temporomandibular joint pain dysfunction.
45. Out-of-Network preventive services.

DEFINITIONS

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 the Policy.

Allowable Charges means the lesser of the negotiated fee or the provider's actual charges for care and Treatment. If there is no negotiated fee the Allowable Charges for care and Treatment are the lesser of the provider's fee for the actual service or the Usual, Reasonable and Customary Charge.

Coinsurance means the portion of Allowable Charges that the Insured has to pay.

Complications of Pregnancy means any condition which: (1) is diagnosed as being distinct from pregnancy but is adversely affected by or caused by pregnancy and (2) requires a Hospital stay. Such conditions include: acute nephritis, nephrosis, cardiac decompression, missed abortion, ectopic pregnancy, spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible, a non-elective cesarean section and similar medical and surgical conditions of comparable severity.

Co-payment means a specified charge that the Covered Person is required to pay when a medical service is rendered.

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

Deductible means the amount of Allowable Charges the Insured owes before We begin to pay for Covered Expenses.

Emergency Care means bona fide emergency services provided after the sudden onset of a medical condition resulting from an Injury or Sickness manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably expect to result in: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily function; or (3) serious dysfunction of a bodily organ or part.

Essential Health Benefits means benefits covered under the Policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the PPACA and any regulations issued pursuant thereto.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis provided under the supervision of a staff or 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 the Policy is in force.

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

Medically Necessary means services or supplies that are (1) provided for the diagnosis, Treatment, cure or relief of a health condition,

Sickness, Injury or disease; and, except as allowed under a covered clinical trial, not for experimental, investigational, or cosmetic purposes; (2) necessary for and appropriate to the diagnosis, Treatment, cure, or relief of a health condition, Sickness, Injury, disease, or its symptoms; (3) within generally accepted standards of medical care in the community; and (4) not solely for the convenience of the Covered Person, the Covered Person's family or the provider.

For Medically Necessary services or supplies, nothing in this definition precludes Sirius America Insurance Company comparing the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

Non-Preferred Provider means a licensed provider of medical services who is not under agreement with the PHCS hospital and physician network to provide those services. A Covered Person may be confined in a Hospital that is a Non-Preferred Provider. If such person can be transferred to a Hospital which is a Preferred Provider, without affecting the quality of care, and elects to so transfer, benefits will become payable at the Preferred Provider rate from the transfer date.

Preferred Provider means a licensed provider of medical services who is under agreement with the PHCS hospital and physician network to provide those services. A list of Preferred Providers will be provided to the Policyholder, when applicable.

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.

Registered Nurse means a person who has received the designation of "Registered Nurse (R.N.);" and is registered and licensed to practice by the State Board of Nurse Examiners or other state authority in the state where such person works, and who is practicing within the scope and limitation of that license. The term Registered Nurse will not include the Covered Person or such person's spouse, children, brothers, sisters, or parents, or any person residing in such person's household.

Oral Surgery means oral surgery for: maxillary or mandibular frenectomy when not related to a dental procedure; alveolectomy when related to tooth extraction; orthognathic surgery that is required because of a medical condition or injury which prevents normal function of the joint or bone and is Medically Necessary to attain functional capacity of the part; surgical services on the hard or soft tissue of the mouth when the main purpose is not to treat or help the teeth and supporting structures; and the Treatment of medically diagnosed cleft lip, cleft palate or ectodermal dysplasia.

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.

Patient Protection and Affordable Care Act means the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act (Public Law 111-152).

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.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. The term Sickness also includes Complications of Pregnancy.

Skilled Nursing Facility means a facility which is licensed pursuant to state and local laws; is operated primarily for the purpose of providing skilled nursing care and Treatment for individuals convalescing from Injury or Sickness including room and board and provides 24 hour a day skilled nursing services under the full time supervision of a Physician or Registered Nurse and if full time supervision by a Physician is not provided has , it has the services of a Physician available under a fixed

agreement; it keeps adequate medical records and has organized facilities for medical Treatment. Skilled Nursing Facility does not include an institution or part of one that is used mainly as a place for rest or the aged.

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 Sirius America Insurance Company.

COORDINATION OF BENEFITS

The Plan will coordinate benefits with other health carriers when coverage exists under the Policy and other health coverages under which the Covered Person may be enrolled. Total payment from coverage under the Policy and other health coverages under which the Covered Person is enrolled shall not exceed 100% of the cost of the covered services. Please refer to the Policy for full details.

CONFORMITY WITH STATUTES

Any provision that is in conflict with the requirements of state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

For benefit and claim questions, or to request an ID Card please contact the claims' administrator:

ASRM, LLC
505 South Lenola Road, Suite 231
Moorestown, NJ 08057

TOLL FREE 800-359-7475
FAX 856-231-7995
WEB www.helpwithmyplan.com
EMAIL customerservice@asrmlc.com



Travel Assistance Services

Your Guide to Safe Travel

Emergencies happen, but help is now only a phone call away.

An unexpected illness, tooth ache or forgotten medication can ruin a trip. With travel assistance services from Europ Assistance USA (EA), help is only a phone call away. When you are traveling you have access to travel medical and personal services.

With a local presence in 200 countries and territories worldwide and 35 24/7 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical and security staff, EA is here to help you obtain the care and attention you need in case of an emergency while traveling.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact EA.

Contact Us for Help 24/7

240-330-1536
(Collect outside the US)

877-319-4387
(Toll-free in the US and Canada)

ops@europassistance-usa.com



Scan the QR code with your smartphone to automatically add Europ Assistance to your contacts

Medical Assistance Services

- Emergency Medical Payment
- Medical Search and Referral
- Replacement of Medication and Eyeglasses
- Medical Monitoring
- Visit by Family Member or Friend
- Dependent Children Assistance
- Traveling Companion Assistance
- Emergency Evacuation/Medically-Necessary Repatriation
- Repatriation of Mortal Remains
- Trip Interruption

Personal Assistance Services

- Pre-Trip Information
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash
- Emergency Travel Arrangements
- Legal Assistance/Bail
- Emergency Message Relay
- Vehicle Return
- Pet Return

See reverse for detailed service information

This is a non-contractual document.
TA Flyer 12571_0312



When you call, please be ready to provide:

** The name of your company

** A phone number where we may reach you

Travel Assistance Services Details

Medical Assistance Services

Emergency Medical Payment

EA will advance on-site emergency inpatient medical payments to you, up to \$10,000 USD upon receipt of satisfactory guarantee of reimbursement from you. The cost of medical services is your responsibility.

Medical Search and Referral

EA will assist you in finding physicians, dentists and medical facilities.

Replacement of Medication and Eyeglasses

EA will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. EA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

Medical Monitoring

During the course of a medical emergency resulting from an accident or sickness, professional case managers, including physicians and nurses, EA will monitor your case to determine whether the care is appropriate.

Visit by Family Member/Friend

If you are traveling alone and must be or are likely to be hospitalized for seven or more days or are in life-threatening condition, EA will arrange and coordinate payment for the round-trip transportation for one family member or friend, designated by you from his or her home to the place where you are hospitalized.

Dependent Children Assistance

If any dependent children under the age of 19 traveling with you are left unattended because you are hospitalized, EA will coordinate their transportation home. Should transportation with an attendant be necessary, EA will arrange for a qualified escort to accompany the child(ren). All costs related to this service are your responsibility.

Traveling Companion Assistance

If a travel companion loses previously-made travel arrangements due to your medical emergency, EA will arrange for your traveling companion's return home. Transportation costs are the responsibility of you or your traveling companion.

Emergency Evacuation/Medically-Necessary Repatriation

In the event of a medical emergency, when a physician designated by EA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, EA will coordinate and arrange payment for the transport under proper medical supervision.

Repatriation of Mortal Remains

In the event of your death while traveling, EA will coordinate and arrange payment for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

Trip Interruption

If you or an immediate family member is critically injured, sick or dies while traveling, EA shall arrange for you or your immediate family member's return to the preferred place of hospitalization or burial via the most direct route on economy class airfare. Transportation cost is your responsibility.

Personal Assistance Services

Pre-Trip Information

EA offers a wide range of informational services before you leave home, including: Visa, Passport, Health Hazards Advisories, Currency Exchange, Inoculation and Immunization Requirements, Temperature and Weather Conditions and Embassy and Consulate Referrals.

Interpretation/Translation

EA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, EA will refer you to local translators.

Locating Lost or Stolen Items

EA will assist in locating and replacing lost luggage, transportation ticket application, documents and personal possessions.

Emergency Cash

EA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

Emergency Travel Arrangements

In the event of an emergency, EA can help you make new travel arrangements, including airline, hotel and car rental reservations. All costs related to this service are your responsibility.

Legal Assistance/Bail

EA will notify the proper embassy or consulate of incarceration, arranging the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you. You pay attorney fees.

Emergency Message Relay

EA will transmit an urgent message for you to your family, friends or business associates. EA will also accept and retain messages for up to 15 days.

Vehicle Return

EA will coordinate the return of the vehicle left unattended to your residence or place of rental if you become physically unable to operate any non-commercial vehicle as a result of a medical emergency. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. All costs related to this service are your responsibility.

Pet Return

EA will coordinate the return to your residence if a pet traveling with you is left unattended because you are hospitalized. All costs related to this service are your responsibility.

Conditions and Exclusions

EA USA shall provide services to all members. On any expenditure for which the member is responsible, EA shall not be obligated to provide services without first securing funds from the member in payment of such expenditure. If the member pays for covered expenses without receiving an approval or authorization in writing from EA, then EA shall not be obligated to reimburse the member for any such expenditure. In the event a member requests a service not included in a program, EA may, in its sole and absolute discretion, provide such benefits or services at the sole expense of the member, including a reasonable fee to EA for its efforts on behalf of the member.

EA provides the services under this program in all countries of the world. However, conditions such as war, natural disaster or political instability may exist in some countries that render assistance services difficult or impossible to provide. In such instances services cannot always be assured. EA shall attempt to assist a member consistent with the limitations presented by the prevailing situation in the area. EA reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit EA to fully provide services. In the event a member travels in any area in which such conditions exist, EA nonetheless shall endeavor to provide services consistent, however, with the risks and conditions then prevailing. EA shall not be responsible for failure to provide, or for delay in providing services when such failure or delay is caused by conditions beyond EA's control, including but not limited to flight conditions, labor disturbance and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering a service is prohibited by local law or regulations.

Decisions by physicians or other health care professionals employed by or under contract to or designated by EA as to the medical necessity for providing any of the medical services covered by this program are medical decisions based on medical factors and shall be conclusive in determining the need for such services. EA shall not evacuate or repatriate a member if an EA designated physician determines that such transport is not medically advisable or necessary or if the injury or illness can be treated locally. In all cases, the medical professionals, medical facilities or legal counsel suggested by EA to provide direct services to the eligible person pursuant to this program are not employees or agents of EA, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. EA assumes no responsibility for the quality or content of any such medical or legal advice or services. EA shall not be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services arising out of or pursuant to this program. The member shall not have any recourse against EA by reason of its suggestion of or contract with any medical professional or attorney.

These services are not insured benefits. To the extent these services or any advanced payments are not included in the program, you will be responsible for payment. All services must be arranged by and approved by EA.