

2011-2012

Youth For Understanding USA

**Emergency Travel Assistance
Health Insurance Plan Summary
Private Liability Insurance Plan Summary**

Underwritten by:
Aetna Life and Casualty (Bermuda), Ltd.

Policy Number 299951



TABLE OF CONTENTS

1.	Contact Information	3
2.	Emergency Travel Assistance (On Call International)	3
3.	Medical Claims procedures (Aetna Student Health)	5
	• Frequently Asked Questions	5
	• Coverage Summary	6
	• Definitions.....	7
	• Exclusions and Limitations	12
4.	Personal Liability Insurance (Generali Gruppe).....	17
	• Exclusions and Limitations	18
	• Liability Claims Procedure	20

CONTACT INFORMATION

Emergency Travel Assistance 24/7 (On Call International)

(866) 525-1956 (within U.S.). If outside the U.S., call collect by dialing the U.S. access code plus **(603) 328-1956**.

Medical Claims (Aetna Student Health):

Please call Aetna Student Health at **(888) 295-9793**, Monday through Friday 9:00 AM – 5:00 PM EST. If outside the U.S., call collect by dialing the U.S. access code plus **(617) 218-8400**.

Personal Liability Insurance (Generali Gruppe) Policy number 212 625 1911

Find claims directions on page 20 of this Brochure.

EMERGENCY TRAVEL ASSISTANCE SERVICES (ON CALL INTERNATIONAL)

Aetna Student Health has contracted with On Call International (On Call) to provide **Covered Persons** with access to certain accidental death and dismemberment benefits, worldwide emergency travel assistance services and other benefits.

A brief description of these benefits is outlined below.

Accidental Death and Dismemberment (AD&D) Benefits.

These benefits are underwritten by Aetna Life and Casualty of Bermuda, Ltd. They include the following: Benefits are payable for the Accidental Death and Dismemberment of **Covered Persons**, up to a maximum of **\$40,000**.

Medical Evacuation and Repatriation (MER) Benefits.

The following benefits are underwritten by Virginia Surety Company (VSC), with medical and travel assistance services provided by On Call. These benefits are designed to assist **Covered Persons** when traveling more than 100 miles from home, anywhere in the world.

- Unlimited Emergency Medical Evacuation
- Unlimited Medically Supervised Repatriation (while on program)
- Unlimited Return of Mortal Remains (while on program)
- Emergency Family Reunion in the amount of **\$6,250** for one economy round trip airline ticket, accommodations and meals not to exceed **\$150** per day subject to a maximum of 5 days for a family relative to join hospitalized member
- Emergency Return Home in the amount of **\$4,000**
- In the event of any Emergency Return Home, students must contact YFU USA also in order to coordinate arrangements with On Call.

Natural Disaster and Political Evacuation Services (NDPE)

The following benefits are underwritten by On Call. If a **Covered Person** requires emergency evacuation due to governmental or social upheaval, which places him/her in imminent bodily harm (as determined by On Call security personnel in accordance with local and U.S. authorities), On Call will arrange and pay for his/her transportation to the nearest safe location, and then a one-way economy class airline ticket to the his/her home country. If the **Covered Person** is delayed at the safe haven, On Call shall arrange and pay for reasonable lodging expenses up to **\$100** per day, for a maximum of three days. (Economy airfare and lodging costs shall not exceed a combined single limit of **\$5,000 USD per Covered Person**).

*Subject to a maximum benefit of **\$100,000 per Covered Person**, per Event*

*This is only a summary of your plan benefits. Please refer to the Description of Covered Services for Terms and Conditions

Worldwide Emergency Travel Assistance (WETA) Services.

On Call provides the following travel assistance services:

- 24/7 Emergency Travel Arrangements
- Translation Assistance
- Emergency Travel Funds Assistance
- Lost Luggage and Travel Documents Assistance
- Assistance with Replacement of Credit Card/Travelers Checks
- Medical/Dental/Pharmacy Referral Service
- Hospital Deposit Arrangements
- Dispatch of Physician
- Emergency Medical Record Assistance

The On Call International Operations Center can be reached 24 hours a day, 365 days a year. The information contained above is just a summary of the AD&D, MER and WETA benefits and services available through On Call, USFIC (United States Fire Insurance Company) and VSC. For a copy of the plan documents applicable to the AD&D, MER and WETA coverage, including a full description of coverage, exclusions and limitations, please contact Aetna Student Health at **(888) 294-6050** or **www.aetnastudenthealth.com**

NOTE: In order to obtain coverage, all MER and WETA services must be provided and arranged through On Call. Reimbursement will not be provided for any services not provided and arranged through On Call. Although certain emergency medical services may be covered under the terms of the **Covered Person's** student health insurance plan (the "Plan"), neither On Call, USFIC nor WETA provides coverage for emergency medical treatment rendered by doctors, hospitals, pharmacies or other health care providers. Coverage for such services will be provided in accordance with the terms of the Plan and exclusions and limitations may apply.

To file a claim for AD&D benefits, or to obtain MER and WETA benefits/services, or for any questions related to those benefits/services, please call On Call International at the following numbers listed and provided to **Covered Persons** when they enroll in the Plan:
Toll Free **(866) 525-1956** or collect **(603) 328-1956**.

Aetna Student Health is the brand name for products and services provided by Aetna Life and Casualty (Bermuda), Ltd. and Chickering Claims Administrators, Inc, (CCA). CCA and On Call are independent contractors and not employees or agents of the other.

CCA provides access to AD&D, MER and WETA benefits/services through a contractual arrangement with On Call. However, neither CCA nor any of its affiliates provides or administers AD&D, MER or WETA benefits/services and neither CCA nor any of its affiliates is responsible in any way for the benefits/services provided by or through On Call, USFIC or VSC. Premiums/fees for benefits/services provided through On Call, USFIC and VSC are included in the Rates outlined in this brochure.

*These services, programs or benefits are offered by vendors who are independent contractors and not employees or agents of Aetna.

MEDICAL CLAIMS PROCEDURES (AETNA STUDENT HEALTH)

How to Use Your Health Insurance Plan Before You Visit a Provider (doctor, hospital, pharmacy, specialist).

Step 1: Understanding the guidelines of your Plan may prevent you from paying unexpected out-of-pocket fees.

Step 2: Be sure to present your Aetna Health Insurance Card when visiting a Medical Provider.

Step 3: Confirm if the Medical Provider is an In-Network Preferred Provider or a private physician. You can find an In-Network Provider on Aetna DocFind[®] web pages.

Step 4: If you are being treated by an In-Network Provider, your claim will automatically be submitted to Aetna Student Health by the Medical Provider.

(*Under this plan dental providers must submit claims to Aetna Student Health)

If you are being treated by a Non-Network Provider, ask how your claim will be filed with the Medical Provider. The Provider may ask for payment immediately. If the Provider does not file the claim directly with Aetna Student Health, then you must file the claim by submitting an itemized bill immediately after treatment to Aetna Student Health. Your name, ID number and Youth For Understanding USA should be written clearly on all medical bills. Always retain copies for your records.

Please go to www.aetnastudenthealth.com to search for a provider online.

Please send all bills for reimbursement to:

Aetna Student Health
PO Box 981106
El Paso, Texas 79998

Step 5: Aetna will send payment to the medical provider or send payment to the student if he/she submits a payment receipt with the claim. Payment will be for covered services only. Once a claim is processed, an Explanation of Benefits (EOB) Statement will be mailed to you explaining the benefit paid to the Provider. The Provider will then send you a statement indicating if a balance is due.

Note: All Customer Service inquiries, including Provider Network questions, should be directed to Aetna Student Health by calling **(888) 295-9793**.

FREQUENTLY ASKED QUESTIONS

Taking care of medical details

Is it my responsibility to file a medical claim?

If you visit an In-Network Preferred Provider, they should file a medical claim on your behalf. In the event that the provider does not submit a claim for you, see page 5 for claim instructions.

How do I choose a primary doctor or hospital?

Go to Aetna DocFind[®] and you can search for doctors, hospitals and specialist by specialty or location. This directory of medical providers can be found at www.aetnastudenthealth.com.

How are covered prescription charges paid?

You must pay the prescription charges for covered benefits and submit a claim form for reimbursement, per the directions in Step 4. Use the separate Aetna claim form for prescription reimbursements.

COVERAGE SUMMARY

Listed below is a summary of the Plan benefits. Please refer to the Master Policy on the Aetna website for a complete description.

Benefit Type	Coverage / Maximum
Policy Maximum	\$1,000,000
Coinsurance	In-Network Preferred: 100% of the Negotiated Charge Out-of-Network Non-Preferred: 100% of the Recognized Charge
Mental / Nervous – Inpatient and Outpatient	\$10,000 maximum
Physiotherapy	\$600 maximum per Policy Year
Emergency Dental - Alleviation of Dental Pain	\$1,000 maximum per Policy Year
Allergy Testing	Coverage is for allergy testing only. Allergy treatment is not a covered medical expense .
Treatment of mental and nervous disorders -Inpatient	\$10,000 maximum per policy year combined with Outpatient
Treatment of mental and nervous disorders -Outpatient	\$10,000 maximum per policy year combined with Inpatient
Evacuation	Unlimited
Repatriation	Unlimited
Emergency Family Reunion	\$6,250
Emergency Return Home	\$4,000
Bereavement Reunion	\$2,500
Accidental Death and Dismemberment	\$40,000 to a \$200,000 maximum per incident
Pre-existing Conditions	Covered up to a maximum of \$10,000 per lifetime per Pre-existing Condition
Maternity	Not covered

Insured Medical Plan is underwritten by Aetna Life and Casualty (Bermuda), Ltd. Accidental Death and Dismemberment coverage is underwritten by United States Fire Insurance Company. Medical Evacuation/Repatriation coverage is provided by On Call International and is underwritten by Virginia Surety Company.

DEFINITIONS

The following words and phrases when used in this Policy shall have, unless the context clearly indicates otherwise, the meaning given to them below:

Accident: an occurrence which (a) is unforeseen; (b) is not due to or contributed to by sickness or disease of any kind; and (c) causes injury.

Actual Charge: the charge made for a covered service by the provider who furnishes it.

Aggregate Maximum: the maximum benefit that will be paid under this Policy for all Covered Medical Expenses incurred by a covered person that accumulate from one Policy Year to the next.

Copay: this is a fee charged to a person for Covered Medical Expenses.

Covered Medical Expense: those charges for any treatment, service or supplies covered by this Policy which are:

- not in excess of the reasonable and customary charges; or
- not in excess of the charges that would have been made in the absence of this coverage; and
- incurred while this Policy is in force as to the covered person except with respect to any expenses payable under the Extension of Benefit Provisions.

Covered person: a covered student while coverage under this Policy is in effect.

Deductible: the amount of Covered Medical Expenses that are paid by each covered person during the policy year before benefits are paid.

Dental provider: This is any dentist; group; organization; dental facility; or other institution; or person legally qualified to furnish dental services or supplies.

Dentist: a legally qualified dentist. Also, a physician who is licensed to do the dental work he or she performs.

Durable Medical and Surgical Equipment: no more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:

- made to withstand prolonged use;
- made for and mainly used in the treatment of a disease or injury;
- suited for use in the home;
- not normally of use to persons who do not have a disease or injury;
- not for use in altering air quality or temperature;
- not for exercise or training.

Not included is equipment such as: whirlpools; portable whirlpool pumps; sauna baths; massage devices; overbed tables; elevators, communication aids; vision aids; and telephone alert systems.

Elective Treatment: medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the covered person's effective date of coverage. Elective treatment includes; but is not limited to:

- tubal ligation;
- vasectomy;
- breast reduction;
- sexual reassignment surgery;
- submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered acute purulent sinusitis;
- treatment for weight reduction;
- learning disabilities;
- temporomandibular joint dysfunction (TMJ);
- immunization;
- treatment of infertility; and
- routine physical examinations or physical examinations required by a school for participating in athletic or other activities.

Emergency Admission: one where the physician admits the person to the hospital or residential treatment facility right after the sudden unexpected onset of a change in a person's physical or mental condition which:

- requires confinement right away as a full-time inpatient; and
- if immediate inpatient care was not given could; as determined by Aetna; reasonably be expected to result in:
 - loss of life or limb; or
 - significant impairment to bodily function; or
 - permanent dysfunction of a body part.

Emergency Medical Condition: the sudden and; at that time; unexpected onset of a change in a person's physical or mental condition requiring immediate medical; surgical; or psychiatric care; which if not performed right away could; as determined by Aetna; reasonably be expected to result in loss of life or limb; or significant impairment to bodily function; or permanent dysfunction of a body part. It does include an accident or serious illness such as heart attack; stroke; poisoning; loss of consciousness or respiration; and convulsions.

It does not include elective care; routine care; care for a non-emergency illness; or care required as a result of circumstances which would have been foreseen prior to the covered student's departure for the host community.

Generic Prescription Drug or Medicine: a prescription drug which is not protected by trademark registration; but is produced and sold under the chemical formulation name.

Hospital: a facility which meets all of these tests:

- it provides in-patient services for the care and treatment of injured and sick people; and
- it provides room and board services and nursing services 24 hours a day; and
- it has established facilities for diagnosis and major surgery; and
- it is run as a hospital under the laws of the jurisdiction which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; or (c) as a nursing or rest home. The term "hospital" includes an alcohol and drug addiction treatment facility during any period in which it provides effective treatment of alcohol and drug addiction to the covered person.

Hospital Confinement: a stay of 18 or more hours in a row as a resident bed patient in a hospital.

Injury: bodily injury caused by an accident. This includes related conditions and recurrent symptoms of such injury.

Intensive Care Unit: a designated ward; unit; or area within a hospital for which a specified extra daily surcharge is made and which is staffed and equipped to provide; on a continuous basis; specialized or intensive care or services; not regularly provided within such hospital.

Jaw Joint Disorder: This is a Temporomandibular Joint Dysfunction or any similar disorder in the relationship between the jaws or jaw joint; and the muscles; and nerves.

Medically Necessary: a service or supply that is necessary and appropriate for the diagnosis or treatment of a sickness or injury based on generally accepted current medical practice. A service or supply will not be considered as medically necessary if:

- It is provided only as a convenience to the covered person or provider; or
- it is not the appropriate treatment for the covered person's diagnosis or symptoms; or
- it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular physician may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply medically necessary.

Negotiated Charge: the maximum charge a Preferred Care Provider or Designated Provider has agreed to make as to any service or supply for the purpose of the benefits under this Policy.

Non-Occupational Disease: A non-occupational disease is a disease that does not:

- arise out of (or in the course of) any work for pay or profit; or
- result in any way from a disease that does.

A disease will be deemed to be non-occupational regardless of cause if proof is furnished that the covered student:

- is covered under any type of workers' compensation law; and
- is not covered for that disease under such law.

Non-Occupational Injury: A non-occupational injury is an accidental bodily injury that does not:

- arise out of (or in the course of) any work for pay or profit; or
- result in any way from an injury which does.

Non-Preferred Care: a health care service or supply furnished by a health care provider that is not a

Preferred Care Provider: if, as determined by Aetna:

- the service or supply could have been provided by a Preferred Care Provider; and
- the provider is of a type that falls into one or more of the categories of providers listed in the directory.

Non-Preferred Care Provider: a health care provider that has not contracted to furnish services or supplies at a negotiated charge.

One Sickness: a sickness and all recurrences and related conditions which are sustained by a covered person.

Partial hospitalization: continuous treatment consisting of not less than four hours and not more than twelve hours in any twenty four hour period under a program based in a hospital.

Pharmacy: an establishment where prescription drugs are legally dispensed.

Physician: (a) legally qualified physician licensed by the state in which he or she practices; and (b) any other practitioner that must by law be recognized as a doctor legally qualified to render treatment.

Policy Year: the period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

Pre-Existing Condition: any injury; sickness; or condition that was diagnosed or treated; or would have caused a prudent person to seek diagnosis or treatment; within six months prior to the covered person's effective date of insurance.

Preferred Care: care provided by a preferred care provider:

- a health care provider that is not a Preferred Care Provider for an emergency medical condition when travel to a Preferred Care Provider; or referral by a covered person's primary care physician prior to treatment; is not feasible; or
- a Non-Preferred Urgent Care Provider when travel to a Preferred Urgent Care Provider for treatment is not feasible; and if authorized by Aetna.

Preferred Care Provider: a health care provider that has contracted to furnish services or supplies for a negotiated charge; but only if the provider is; with Aetna's consent; included in the directory as a Preferred Care Provider for:

- the service or supply involved; and
- the class of covered persons of which you are member.

Prescriber: any person; while acting within the scope of his or her license; who has the legal authority to write an order for a prescription drug.

Prescription: an order of a prescriber for a prescription drug. If it is an oral order; it must be promptly put in writing by the pharmacy.

Prescription Drugs: any of the following:

- A drug, biological, or compounded prescription which; by law; may be dispensed only by prescription.
- Injectable insulin; disposable needles and syringes; when prescribed and purchased at the same time as insulin; and disposable diabetic supplies.

Reasonable Charge: Only that part of a charge which is reasonable is covered. The reasonable charge for a service or supply is the lowest of:

- The provider's usual charge for furnishing it; and
- The charge Aetna determines to be appropriate; based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made; and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances; Aetna may have an agreement; either directly or indirectly through a third party; with a provider which sets the rate that Aetna will pay for a service or supply. In these instances; in spite of the methodology described above; the reasonable charge is the rate established in such agreement.

In determining the reasonable charge for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

Room and Board: charges made by an institution for board and room and other necessary services and supplies. They must be regularly made at a daily or weekly rate.

Semi-private Rate: the charge for room and board which an institution applies to the most beds in its semiprivate rooms with 2 or more beds. If there are no such rooms; Aetna will figure the rate. It will be the rate most commonly charged by similar institutions in the same geographic area.

Sickness: disease or illness including related conditions and recurrent symptoms of the sickness. All injuries or sickness due to the same or a related cause are considered one injury or sickness.

Sound Natural Teeth: natural teeth; the major portion of the individual tooth which is present regardless of fillings and is not carious; abscessed; or defective. Sound natural teeth shall not include capped teeth.

Surgery Center: a free standing ambulatory surgical facility that:

- Meets licensing standards.
- Is set up, equipped and run to provide general surgery.
- Makes charges.
- Is directed by a staff of physicians. At least one of them must be on the premises when surgery is performed and during the recovery period.
- Has at least one certified anesthesiologist at the site when surgery which requires general or spinal anesthesia is performed and during the recovery period.
- Extends surgical staff privileges to:
 - physicians who practice surgery in an area hospital; and
 - dentists who perform oral surgery.
- Has at least 2 operating rooms and one recovery room.
- Provides, or arranges with a medical facility in the area for, diagnostic x-ray and lab services needed in connection with surgery.
- Does not have a place for patients to stay overnight.
- Provides, in the operating and recovery rooms, full-time skilled nursing services directed by a registered nurse.
- Is equipped and has trained staff to handle medical emergencies.
- It must have:
 - a physician trained in cardiopulmonary resuscitation; and
 - a defibrillator; and
 - a tracheotomy set; and
 - a blood volume expander.
- Has a written agreement with a hospital in the area for immediate emergency transfer of patients. Written procedures for such a transfer must be displayed; and the staff must be aware of them. Provides an ongoing quality assurance program. The program must include reviews by physicians who do not own or direct the facility.
- Keeps a medical record on each patient.

Surgical assistant: a medical professional trained to assist in surgery in both the preoperative and postoperative periods under the supervision of a physician.

Surgical expense: charges by a physician for;

- a surgical procedure;
- a necessary preoperative treatment during a hospital stay in connection with such procedure; and
- usual postoperative treatment.

Surgical procedure:

- a cutting procedure;
- suturing of a wound;
- treatment of a fracture;
- reduction of a dislocation;
- radiotherapy (excluding radioactive isotope therapy), if used in lieu of a cutting operation for removal of a tumor;
- electrocauterization;
- diagnostic and therapeutic endoscopic procedures;
- injection treatment of hemorrhoids and varicose veins;
- an operation by means of laser beam;
- cryosurgery.

Totally Disabled: due to disease or injury; the covered person is not able to engage in most of the normal activities of a person of like age and sex in good health.

Walk-in Clinic: a clinic with a group of physicians; which is not affiliated with a hospital; that provides: diagnostic services; observation; treatment; and rehabilitation on an outpatient basis.

EXCLUSIONS AND LIMITATIONS

This Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment; except for treatment resulting from injury to sound; natural teeth or the limited emergency dental alleviation of pain benefit.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
3. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses; or other vision or hearing aids.
4. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self defense; so long as they are not taken against persons who are trying to restore law and order.
5. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Expense incurred for injury or sickness resulting from declared or undeclared war or any act thereof.
7. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
8. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro rata premium will be refunded to the Policyholder.
9. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance.

10. Expense incurred for elective treatment or elective surgery.
11. Expense incurred for cosmetic surgery, reconstructive surgery or other services and supplies which improve, alter or enhance appearance, whether or not for psychological or emotional reasons, except to the extent needed to:
 - improve the function of a part of the body that is not a tooth or structure that supports the teeth, and is malformed as a result of a severe birth defect, including harelip, webbed fingers or toes, or as a direct result of disease or surgery performed to treat a disease or injury.
 - Repair an injury (including reconstructive surgery for prosthetic device for a covered person who has undergone a mastectomy) which occurs while the covered person is covered under this plan. Surgery must be performed in the plan year of the accident which causes the injury or in the next plan year.
12. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
13. Expense incurred as a result of preventive medicines; serums; vaccines or oral contraceptive.
14. Expense incurred as a result of commission of a felony.
15. Expense incurred for voluntary or elective abortions.
16. Expense incurred after the date insurance terminates for a covered person.
17. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
18. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
19. Expense incurred for a treatment; service; or supply; which is not medically necessary; as determined by Aetna; for the diagnosis care or treatment of the sickness or injury involved. This applies even if they are prescribed; recommended; or approved; by the person's attending physician; or dentist.

In order for a treatment; service; or supply; to be considered medically necessary; the service or supply must:

- be care; or treatment; which is likely to produce a significant positive outcome as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved; and the person's overall health condition;
- be a diagnostic procedure which is indicated by the health status of the person; and be as likely to result in information that could affect the course of treatment as; and no more likely to produce a negative outcome than; any alternative service or supply; both as to the sickness or injury involved; and the person's overall health condition; and
- as to diagnosis; care; and treatment; be no more costly (taking into account all health expenses incurred in connection with the treatment; service; or supply); than any alternative service or supply to meet the above tests.

In determining if a service or supply is appropriate under the circumstances; Aetna will take into consideration: information relating to the affected person's health status; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; generally recognized professional standards of safety and effectiveness in the United States for diagnosis; care; or treatment; the opinion of health professionals in the generally recognized health specialty involved; and any other relevant information brought to Aetna's attention.

In no event will the following services or supplies be considered to be medically necessary:

- those that do not require the technical skills of a medical; a mental health; or a dental professional; or
 - those furnished mainly for the personal comfort or convenience of the person; any person who cares for him or her; or any persons who is part of his or her family; any healthcare provider; or healthcare facility; or
 - those furnished solely because the person is an inpatient on any day on which the person's sickness or injury could safely; and adequately; be diagnosed; or treated; while not confined; or those furnished solely because of the setting; if the service or supply could safely and adequately be furnished in a physician's or a dentist's office; or other less costly setting.
20. Expense incurred as a result of suicide; attempted suicide or intentionally self inflicted injury whether sane or not.
 21. Expense incurred by a covered person not a United States Citizen for services performed within the covered person's home country.
 22. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
 23. Expense incurred for treatment of mental or nervous disorders unless otherwise specified in the Policy.
 24. Expense incurred for the treatment of alcoholism or drug addiction.
 25. Expense for outpatient prescriptions unless otherwise specified in the Policy.
 26. Expense for allergy serums and injections.
 27. Treatment for injury to the extent benefits are payable under any state no fault automobile coverage; first party medical benefits payable under any other mandatory No fault law.
 28. Expense for maternity, contraceptive methods; devices or aids; and charges for or related to artificial insemination; in vitro fertilization; or embryo transfer procedures; elective sterilization or its reversal or elective abortion.
 29. Expenses incurred for or in connection with: procedures; services; or supplies that are; as determined by Aetna; to be experimental or investigational. A drug; a device; a procedure; or treatment will be determined to be experimental or investigational if:

There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed literature; to substantiate its safety and effectiveness; for the disease or injury involved; or

If required by the FDA; approval has not been granted for marketing; or

A recognized national medical or dental society or regulatory agency has determined; in writing; that it is experimental; investigational; or for research purposes; or

The written protocol or protocols used by the treating facility; or the protocol or protocols of any other facility studying substantially the same drug; device; procedure; or treatment; or the written informed consent used by the treating facility; or by another facility studying the same drug; device; procedure; or treatment; states that it is experimental; investigational; or for research purposes.

However, this exclusion will not apply with respect to services or supplies (other than drugs) received in connection with a disease; if Aetna determines that:

The disease can be expected to cause death within one year; in the absence of effective treatment; and
The care or treatment is effective for that disease; or shows promise of being effective for that disease; as demonstrated by scientific data. In making this determination; Aetna will take into account the results of a review by a panel of independent medical professionals. They will be selected by Aetna. This panel will include professionals who treat the type of disease involved.

Also, this exclusion will not apply with respect to drugs that:
Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
Are being studied at the Phase III level in a national clinical trial; sponsored by the National Cancer Institute;

If Aetna determines that available; scientific evidence demonstrates that the drug is effective; or shows promise of being effective; for the disease.

30. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
31. Expense incurred for custodial care. Custodial care means services and supplies furnished to a person mainly to help him or her in the activities of daily life. This includes room and board and other institutional care. The person does not have to be disabled. Such services and supplies are custodial care without regard to:
 - by whom they are prescribed; or
 - by whom they are recommended; or
 - by whom or by which they are performed.
32. Expenses incurred for the repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
33. Expenses incurred for gastric bypass; and any restrictive procedures; for weight loss.
34. Expenses incurred for breast reduction/mammoplasty.
35. Expenses incurred for gynecomastia (male breasts).
36. Expenses incurred for any sinus surgery; except for acute purulent sinusitis.
39. Expenses incurred for: care; treatment; services; or supplies for or related to obstructive sleep apnea; and sleep disorders; including CPAP; and UPP.
37. Expense incurred for acupuncture; unless services are rendered for anesthetic purposes.
38. Expense incurred for alternative; holistic medicine; and/or therapy; including but not limited to; yoga and hypnotherapy.
39. Expense for: (a) care of flat feet; (b) supportive devices for the foot; (c) care of corns; bunions; or calluses; (d) care of toenails; and (e) care of fallen arches; weak feet; or chronic foot strain.
40. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.

41. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
42. Expense incurred for hearing aids; the fitting; or prescription of hearing aids.
43. Expenses incurred for hearing exams.
44. Expense for transplants.
45. Expense for the cost of supplies used in the performance of any occupational therapy.
46. Expense for personal hygiene and convenience items; such as air conditioners; humidifiers; hot tubs; whirlpools; or physical exercise equipment; even if such items are prescribed by a physician.
47. Expense for services or supplies provided for the treatment of obesity and/or weight control.
48. Expense for treatment and supplies for programs involving cessation of tobacco use.
49. Expense for services and supplies in connection with psychological testing; or neuropsychological testing.
50. Expense for maternity, contraceptive methods, devices or aids, and charges for services and supplies for or related to gamete intrafallopian transfer, artificial insemination, in-vitro fertilization (except as required by the state law) or embryo transfer procedures, elective sterilization or its reversal, or elective abortion, unless specifically provided for in this plan.
51. Expenses incurred for massage therapy.
52. Expenses incurred for; or in connection with; speech therapy.
53. Expense incurred for; or related to; sex change surgery; or to any treatment of gender identity disorder.
54. Expenses for treatment of **injury** or **sickness** to the extent payment is made as a judgement or settlement by any person deemed responsible for the **injury** or **sickness** (or their insurers.)
55. Expenses arising from a pre-existing condition in excess of \$10,000.
56. Expenses incurred for chiropractic care.
57. Expenses incurred for the treatment of acne. Any exclusion above will not apply to the extent that coverage is specifically provided by name in this Policy; or coverage of the charges is required under any law that applies to the coverage.

Discount programs provide access to discounted rates and are NOT insured benefits. Discount programs and travel assistance services are offered by vendors who are independent contractors and not employees or agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals.

The Youth For Understanding USA Student Health Insurance Plan is underwritten by Aetna Life and Casualty (Bermuda), Ltd. The Plan is administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies. This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions and limitations.

The following plan is not affiliated with Aetna.
PERSONAL LIABILITY INSURANCE (GENERALI GRUPPE)

The private liability insurance provided by Generali Gruppe is summarized here for local representatives, students, and natural/host families for illustrative purposes only and is not meant to replace the complete terms and conditions. For complete policy details, please contact Compass Benefits,

yfuclaims@compassbenefits.com.

Amount in Euros

General Coverage €1,000,000

Deductible/ Excess

Property Damage €125

Personal Damage None

Rental Property Damages €250,000

Gradual Damage €1,000,000

Bail Bond €25,000

Loss of Keys €15,000

Damage of Assets €200,000

3rd Party Damage €2,500 to your property

Coverage of Losses €2,500

Covered Benefits

1. Generali guarantees the policy holder insurance coverage in the case a third party requests compensation due to personal damage (during period of coverage) to another individual (human) which results in death, injury or damage to their health as well as property damage or demolition (unintentional).
2. The insurance coverage applies to legal liability
 - a. from the given benefits in the insurance policy, legal relationships or activities of the policy holder (insured risk);
 - b. from risks that emerge for the policy holder after signing of the contract.

Insurance commencement, plan benefits and payment terms

I.

1. The insurance coverage starts on the given date of the insurance policy.

II.

1. If a claim has been made, Generali duties involve
 - a. investigate whether the claim is rightful,
 - b. deny any unjustified claims
 - c. reimbursement for payments the insured had to make on grounds of an approved recognition by Generali, an approved compromise or a legal court decision.
 - d. If the obligation of Generali for a payment is certain, compensation has to be made within two weeks, however this can be delayed when it concerns international payments.
2. Generali's plan benefits and coverage amount given in the insurance policy form the maximum limit of each claim situation. It is agreed that the insurance policy holder takes part in every event of damage and fulfils their deductible.
3. In the case of the insured event going to court, the law suit between the insurance policy holder and the injured party or his legal successor will be held in Germany and the insurance policy holder will be represented by Generali.

III.

1. In the case of legal proceedings, Generali will only pay the insured amount that is written in the insurance policy.

Exclusions

I.

If the insurance policy does not clearly state otherwise, the insurance coverage does not include:

1. Liability claims that, based on the contract or special agreements, exceed the legal liability of the insurance policy holder.
2. Claims for earnings, pensions, salary and other settled payments/benefits, medical treatment as a result of participation in any kind of demonstrations, movements as well as claims from tumult and political unrest.
3. The insurance policy is only valid in the participant's host country listed on their enrollment form and will not provide coverage in the participant's home country or any other country visited at the time of policy duration.
4. Liability claims for injuries resulting from the participation in horse, bike or motorized vehicle races, boxing or ring fights as well as during the training for those events.
5. Liability claims on property damage that emerge/originate from gradual exposure through temperature, gases, fumes, humidity, precipitation (smoke, soot, dust and similar substances), sewage, fungus development, ground lowering on properties, land slides, ground motion due to ground works, flooding from still standing or flowing waters as well as damages by cattle or wild animals.
6. Claims due to damages on third-party belongings if a. the insurance policy holder has rented, leased, borrowed or has stolen the object of concern.
b. the damages are job or work related or damages resulting from those action.
7. Liability claims on properties that are connected with ionised radiation (such as radioactive substances that emit alpha-, beta- and gamma radiation as well as neutrons) as well as laser radiation.
8. Liability claims on property due to environmental influences and all other damages resulting from it, as well as fire and/or explosion.
9. Claims because of damages that result from handling asbestos, asbestos-containing substances or products.
10. Work related or claims whilst the insured is at work.

II.

Remaining insurance exclusions are:

1. Any insurance claims for damages that have been caused deliberately.
2. Liability claims
 - a. for damages within the family of the insurance policy holder. The following people listed are considered family members and relatives: spouses, partners in the sense of lawful partnership, parents and children, adoptive parents and adoptive children, parents-in-law and children-in-law, stepparents and stepchildren, grandparents and grandchildren, siblings as well as foster parents and foster children.
 - b. that involve other participants that are insured under the same group insurance policy as the insurance policy holder.
 - c. from legal representatives of people that are incapable of contracting or that have limited contracting abilities.
 - d. from liquidators.
3. Liability claims which can be traced back to the insurance policy holder's negligence, where they have ignored or underestimated potentially dangerous circumstances that they were aware of and did not rectify.
4. Liability claims for personal damage, resulting from the insurance policy holder transmitting a disease/illness to a third-party, as well as property damages that originates from disease infected animals which have been kept and held by the insurance policy holder, unless the insurance policy holder as not acted deliberately or grossly negligent.

III. Insured Event/ Occurrence of Event Insured

- Obligations of the insurance policy holder, procedures
- 1. The insured case according to the insurance policy is the event of damage, which could result in liability claims against the insurance policy holder.
- 2. In the case of an event that could result in liability claims, Generali has to be informed about the details immediately in writing and within one week of the event. In case of any legal actions taken against the insurance policy holder by the state or the third-party involved, after informing Generali about the event the insurance policy holder has the obligation to report this or any other changes to Generali. If the third-party involved claims compensation against the insurance policy holder, Generali has to be informed about this claim within one week by the insurance policy holder.
- 3. The insurance policy holder is obliged to act in the interest and to follow the instructions of Generali to possibly prevent or minimize the damage and to do everything that helps to clarify the case of damage. The insurance policy holder has to support Generali to defend any damage as well as help the ascertainment and regulation of damages. This includes giving complete and true statements, describing the circumstances in detail and handing in relevant papers and documents that are needed by Generali.
- 4. In case a lawsuit has been filed over the liability claim, the insurance policy holder has to fully/completely hand over the leadership/conduct of the case to Generali.
- 5. The insurance policy holder has no right to fully or partly accept/approve/acknowledge a liability claim, neither to make any kind payment to the third party claiming, without the approval of Generali. By violating these terms, Generali is free from any obligations to provide indemnification.
- 6. Generali is authorized to give appropriate statements in the name of the insurance policy holder in order settle or defend the claim.
- Legal consequences of violating given obligations If any of the mentioned obligations have been violated, the insurance policy holder will lose his full insurance coverage, unless the policy holder can prove that the obligations have not been violated deliberately or grossly negligent.

III. Insurance policy content

- Limitation of claim, period for filing suit
- 1. Claims based on the insurance policy become time-barred in two years. The deadline starts on the end of the year where the benefit can be claimed.
- 2. If Generali denies insurance coverage, the insurance policy holder has the right to seek a judicial decision in that case within six months to gain back insurance coverage. The deadline begins with the receipt of the written denial from Generali.
- Conditions precedent to the policy for the insurance policy holder

I.

1. The insurance policy holder or its authorized representative are obliged to give written, complete, truthful notice and answer all questions asked in the enrolment form about any known potentially dangerous circumstances that may effect the policy, before signing the contract with Generali.
2. If the contract has been signed by an authorised or unauthorised representative of the insurance policy holder, knowing about any potential dangerous circumstance, the insurance policy holder has to be treated as if he had known and in that case will be considered as fraudulent concealment.

II.

1. Incomplete and faulty information given about any potential dangerous circumstances gives Generali the right to withdraw from the contract. This will also be valid if the insurance policy holder fully withholds the information about those circumstances.
2. In the case of Generali's withdrawal, insurance coverage will end.

III.

1. In the case of fraudulent concealment, Generali's right to withdraw from the contract with the insurance policy holder or its representative remains untouched.
- Applicable law
 - 1. For this contract German law is applicable.
- Court of jurisdiction
 - 1. For complaints/lawsuits that result from the insurance policy against Generali, the judicial authority will be decided/defined according to the location of the registered office or the branch of Generali responsible for this insurance policy.
- Notifications/reports and declaration/statement of intent. All notifications/reports and information addressed to Generali have to be given in writing.

Coverage Underwritten by:

Generali Gruppe Generali Versicherung AG
Adenauerring 7 81737 München, Germany
Generali Policy Number: 212 625 1911

Claims information:

In the event of a claim – YFU students must follow steps 1 and 2 within 7 days.

1. Complete a claim form: http://www.compassbenefits.com/yfu/generali_claim_form_0110.pdf
2. Submit claim form to the Generali web site and upload any relevant documents* to:
<http://www.versicherungundmehr.de/schadenmeldung/english.php>
OR
Submit claim form and relevant documents* via email to: yfuclaims@compassbenefits.com
3. Direct any Inquires to:
 - a. 1 (800) 767-0169 x 23 US Toll Free
 - b. Generali English hotline: 0049 30 / 92 38 37 758 (overseas calls charged to the caller)
 - c. email: info@versicherungundmehr.de

*Relevant documents may include: receipts, estimates of repairs and/or photos.

The timeframe to process liability claims varies from claim to claim depending on the nature of the claim. These are international claims as Generali is based in Europe and the claims process can encounter some delays. Claim forms and additional information can be found at www.compassbenefits.com/yfu.