

Coverage Information Medical Insurance

This document provides a brief summary of your insurance plan.

To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at:

www.esecutive.com/MyInsurance

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **LF005510Canada**
- Your Date of Birth:

Please note: you can also use Facebook connect and log-in to MyInsurance with your Facebook account!

Insurance ID-Card

aetna [®]		MEMBERS: SEE BACK OF CARD FOR ADDITIONAL INFORMATION	Smaller Earth, Inc. 2017 Insurance Coverage Group #: 0863963-010-100
Aetna PPO/NAP			
Member Name	<input type="text"/>		
Member #	<input type="text"/>		
Effective Dates	<input type="text"/>		
Deductible: \$50 per injury or sickness		ER Copay: \$250 (waived if admitted)	
Aetna Network Provider Services:	(800) 414-0596	Payer ID: 60054	
Provider Claims Mailing Address:	Aetna P.O. Box 30259 Tampa, FL 33630-3259		
<small>PROVIDERS: For questions about benefits or eligibility, call Personal Insurance Administrators, Inc., at (800) 314-3938. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations and exclusions of the policy. File claims electronically to Payer ID above, or mail claims to address indicated above.</small>			
<small>NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.</small>			

INFORMATION FOR MEMBERS		
Please find all important Insurance Information online at: eSecutive.com/MyInsurance		
<small>Carry this card at all times. To find a provider, verify coverage prior to hospitalization, or for language assistance, call Personal Insurance Administrators, Inc., at (800) 314-3938 (follow the telephone prompts). When traveling outside of the USA, call +1 (818) 735-3560 for 24/7 emergency assistance. (Ref.# 01-SES-SUM-08123)</small>		
Customer Service:	Personal Insurance Administrators, Inc.	(800) 314-3938
PPO Network:	Aetna Passport to Healthcare Primary PPO www.aetna.com/docfind/custom/passport	(800) 314-3938
Coverage While Traveling/ Emergency After-Hours Care:	Personal Insurance Administrators, Inc. (Ref. # 01-SES-SUM-08123)	(800) 314-3938 Outside U.S. call: +1 (818) 735-3560
Claims Mailing Address (for non-PPO, outside U.S. or prescription claims):	Personal Insurance Administrators, Inc. P.O. Box 6040 Agoura Hills, CA 91376-6040	(800) 314-3938
Submit Claims Via Email:	piaservice@ascensionins.com	
Prescriptions:	Paid at 100% of reasonable charges; however, you must pay for prescription in full at the time of pick up, then submit a claim to Personal Insurance Administrators, Inc., for reimbursement.	

Schedule of Benefits

Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.

Benefits are not provided for Coverages marked "NIL".

Per Injury or Sickness Maximum for all Injury and Sickness Medical 2.000.000 USD
Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: 50 USD

Initial Treatment Period: 30 Days from the date of Injury or Sickness
 Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges
 Terms of Payment: Full Excess

Benefit Coverage	Covered Benefit
Hospital Room & Board Benefit:	Semi-private room rate
Intensive Care/Cardiac Care Unit Benefit:	URC
Hospital Miscellaneous Expense Benefit:	URC
Surgeon (In or Outpatient) Benefits:	URC
Assistant Surgeon Benefit:	URC
Pre-Admission Testing Benefit:	URC
Anesthesia Benefit:	URC
Day Surgery Miscellaneous Benefit:	URC
Diagnostic X-Ray and Lab Benefit:	URC
Ambulance Benefit:	URC
Physician Visit Benefit (Inpatient):	URC
Physician Visit Benefit (Outpatient):	URC
Consultant Physician Benefit:	URC
Radiation/Chemotherapy Benefit:	URC

Emergency Room Benefit:	URC, subject to a \$250 copay. The Copay will be waived if admitted. The Copay does not apply to Injury.
Emergency Dental Expense Benefit:	URC
Palliative Dental:	URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient:	URC
Physiotherapy Expense Benefit – Outpatient:	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit:	URC
Emergency Medical Evacuation Expense Benefit:	100% of actual expense
Emergency Medical Repatriation Expense Benefit:	100% of actual expense
Return of Mortal Remains:	100% of actual expense
Emergency Reunion:	100% of actual expense
Prescription Drug Benefit, Covered Percentage:	URC

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000.00**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

Exclusions

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Organ transplants;
- 7) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
- 9) Charges which are in excess of Usual, Reasonable and Customary charges;
- 10) Charges that are not Medically Necessary;
- 11) Charges provided at no cost to the Plan Participant;
- 12) Expenses incurred for treatment while in Your Home Country;
- 13) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 15) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
- 16) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 17) Pre-existing conditions;
- 18) Pregnancy or childbirth, except when conception occurs while covered under the Plan Document; miscarriage resulting from an accident, elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
- 19) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 20) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 21) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 22) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting;
- 23) Practice or play in any intercollegiate, professional or semi-professional sports contest or competition;
- 24) Treatment of Mental and Nervous Disorders;
- 25) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 26) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
- 27) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;

28) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction

The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.

This plan is underwritten by Advent Syndicate 780 at Lloyd's. Advent Syndicate 780 operates within the Lloyd's market which has ratings of "A" (Excellent) from A.M. Best and "A+" (Strong) from S&P.

Coverage Information Third Party Liability Insurance

Schedule of Benefits

Coverage	EUR
Personal injury / property damage each	1.000.000
Deductible per occurrence	150

The insurer grants coverage to the insured if a claim for damages is asserted against the insured by any third party for activities that have resulted in the death, the injury, or the health impairment of any person (injury to persons) or the damage to or destruction of property (property damage). The insurer will examine liability claims with respect to their validity, reject unjustified claims, and indemnify justified claims up to the maximum coverage as outlined in the policy.

Please note: Coverage does not include: the risks of the insured's own or a third-party business or trade, of a profession, service or official position (including honorary posts), of an activity entailing responsibility in an organization of any type, or of an unusual and perilous activity.

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This Plan is underwritten by Generali Versicherungs AG



How to file liability insurance claims?

To file a liability insurance claim, please log-in to your MyInsurance area at www.esecutivo.com/myinsurance and fill out the online claim form under Services & Claims. Liability Insurance Claims must be notified in writing to the insurer without any delay (within one week). Always makecopies of all documents and receipts for your own records.

Please indicate the following policy number with your liability claim: **615FKH11920717**.

Please submit claims in English or German only. Claims submitted in other languages may not be processed. If you need assistance writing your claim information in English or German, we suggest using Google Translate.

With personal liability claims, please submit comprehensive and truthful damage reports, inform the insurer of all circumstances relating to the claim and forward all documents relevant to assessing the claim.

Coverage Information Baggage Insurance

Schedule of Benefits

Coverage	EUR
Theft/Damage of personal property during the entire trip	1.500
Deductible per occurrence	100

All travel baggage of the insured is covered during the entire trip. Travel baggage is defined as "all personal travel effects carried during a journey whether carried on the body, in clothing, or conveyed by a conventional means of transportation." Gifts and souvenirs acquired on the journey are also considered travel baggage. The insurance covers theft, damage resulting from fire, flood, storm, and force majeure. There is a limited compensation for damages to furs, jewelry, objects made of precious metals, photographic and film equipment and portable video systems, including their accessories in each case, as well as damages to gifts and souvenirs.

Exclusions: Money, securities, tickets, certificates and documents of any kind, objects of predominantly artistic or sentimental value, contact lenses, prostheses of any kind, computers, mobile phones, as well as land, air and water vehicles, including accessories thereto, including bicycles, hang gliders and windsurfing equipment.

For a detailed representation, including all restrictions and exemptions, please read the detailed insurance terms and conditions.

This Plan is underwritten by Generali Versicherungs AG



How to file baggage insurance claims?

To file a liability insurance claim, please log-in to your MyInsurance area at www.esecutivo.com/myinsurance and fill out the online claim form under Services & Claims. Baggage Insurance Claims must be notified in writing to the insurer without any delay (within one week). Always make copies of all documents and receipts for your own records.

Please indicate the following policy number with your baggage claim: **615FKTR11842788**.

Please submit claims in English or German only. Claims submitted in other languages may not be processed. If you need assistance writing your claim information in English or German, we suggest using Google Translate.

If your baggage gets lost or damaged in transit, please enclose a damage report of the airline. In case of damage to baggage (theft or loss), you must also report the damage to the local police and enclose the police report with your claims notification.

In case of loss of valuable property (e.g. photographic and film equipment) please enclose original invoices of the lost object or a confirmation of loss of your travel organization with your claims notification.