

Participant Medical Plan AFS-USA, Inc.

April 2009



Including information on the Supplemental Insurance provided to all AFS participants.

Ver. 04/10/2009

AFS MEDICAL PLAN HIGHLIGHTS					
Persons covered	Participants on AFS Exchange Programs				
Territory	Worldwide, except in the participant's home country.				
Period of Coverage	Coverage starts when participant arrives at international departure site and lasts until the date of departure from the AFS program or upon the return to the home country, whichever comes first.				
Medical Coverage	Medical Expenses per covered loss: up to \$1,000,000 Evacuation and Repatriation Expenses: \$300,000 Accidental Death Benefit: \$10,000				
Deductibles and Co-Payments	None				
Major Exclusions (See pages 9-10 for detailed list.)	<ul style="list-style-type: none"> • Routine vision care (eye exams, glasses, contact lenses), except that due to accidents • Dental care, except that due to accidents. (See section on Supplemental Insurance for additional dental care benefit.) • General physical exams • Sports physical exams, vaccinations, immunizations • Any pre-existing condition; that is, one for which treatment has been sought or provided in the eighteen month period prior to the participant's arrival at the international departure site. 				
Filing Medical Claims:	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 30%;">In USA:</td> <td> Global Medical Management Inc. 7901 S.W. 36th Street Davie, FL 33328 e-mail: Customerservice@gmmusa.com Phone: 1-888-444-7773 </td> </tr> <tr> <td style="vertical-align: top;">Outside USA:</td> <td> AON Consulting AFS Claims Team Ronald Enderman Admiraliteitskade 62 Postbus 1005, 3000 BA Rotterdam The Netherlands +31-10-448-8238 afs@aon.nl </td> </tr> </table>	In USA:	Global Medical Management Inc. 7901 S.W. 36 th Street Davie, FL 33328 e-mail: Customerservice@gmmusa.com Phone: 1-888-444-7773	Outside USA:	AON Consulting AFS Claims Team Ronald Enderman Admiraliteitskade 62 Postbus 1005, 3000 BA Rotterdam The Netherlands +31-10-448-8238 afs@aon.nl
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Outside USA:	AON Consulting AFS Claims Team Ronald Enderman Admiraliteitskade 62 Postbus 1005, 3000 BA Rotterdam The Netherlands +31-10-448-8238 afs@aon.nl				
Medical Emergency #.: (Refer to medical ID card for details)	AIG Travel Assist.: In the USA: 1-866-272-6233 (toll-free) Outside USA: +1-713-267-3338 (call collect)				

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Medical Expenses for Participants on AFS Programs

I. Introduction

AFS provides the Participant Medical Plan, an extensive secondary medical insurance, because health care costs and insurance vary so widely from country to country. The purpose of the plan is to make sure that prompt, suitable medical treatment is given to an AFS participant anywhere in the world, whenever needed. If a participant gets unexpectedly hurt or ill while on an AFS program, AFS seeks to ensure that his or her participant medical expenses will be paid.

The Participant Medical Plan is discussed in the Participation Agreement, which families sign as part of the student admissions process. The purpose of this pamphlet is to describe the medical expenses which are covered by the terms of the Participation Agreement as well as to describe those expenses that are not covered.

The Participant Medical Plan covers direct medical expenses. The insurance company is the Insurance Company of the State of Pennsylvania (ICSP). ICSP is one of the companies of AIU Holdings, Inc., formerly known as AIG.

AFS also purchases Supplemental Insurance, which provides additional travel-related benefits to AFS participants. These benefits further assist participants who have been affected by illness or injury. The Supplemental Insurance is described in the back of this pamphlet.

II. What is Secondary Insurance?

The concept of “primary” and “secondary” insurance is well established in the health insurance industry. The AFS Participant Medical Plan acts as a form of secondary coverage—it is ultimately responsible for medical expenses only if the expenses are not payable through a primary policy first, such as a national health plan or private insurance held by the natural family (the participant’s family).

The process of “recovering expenses” helps AFS to control the cost of its medical plan. Whenever possible, AFS will seek to have any available primary insurance reimburse AFS for incurred medical claims. When no primary insurance exists the Participant Medical Plan acts as primary source of payment for medical expense. This makes it possible for Participant Medical Plan to continue to pay for the expenses in the many cases in which participant primary insurance is not available, is not sufficient, or does not address the entire medical problem.

III. Definitions

What is Covered under the Plan

When we refer to the term “**coverage**” we mean the agreement made to pay for these kinds of losses for eligible participants:

- Medical Expenses
- Medical Evacuation, including air ambulance
- Repatriation Expenses
- Accidental Death Benefit

Each of these types of coverage is explained in a section in this pamphlet.

An **eligible participant** is an approved participant of AFS Intercultural Programs.

A “**covered loss**” is an accident or illness that is not excluded by the Participant Medical Plan. While the Participant Medical Plan pays for a broad array of losses it does not cover every kind of loss. There is a list of exclusions, or medical expenses that are not covered, in Section X, pages 9-10.

Limit of Coverage for an Accident or Illness

As described in the Participation Agreement, the Participant Medical Plan provides coverage to participants of up to USD \$1,000,000 per covered loss while they are on an AFS program. This is the maximum amount available to cover the **cost** of medical expenses medical evacuation and repatriation.

AFS does not provide coverage beyond USD \$1,000,000 for any single covered loss. But if a participant were to suffer more than one accident or illness, a new coverage limit would apply to each loss.

Deductibles and Co-payments

Participants are not asked to pay any deductibles or co-payments under this program.

Territory of Coverage

The Participant Medical Plan operates worldwide. The only territory in which it does not respond to losses is in the home country of the participant. (The only exception to this exclusion is under the Tail Medical Benefit provided in the Supplemental Insurance.)

When Coverage Begins and Ends

Coverage begins as soon as the participant reaches the international departure site for embarking on the AFS program, such as an airport or a pre-departure orientation. As long as a participant continues to participate in the AFS program, he or she is eligible for coverage under the Participant Medical Plan.

Participation in the AFS program means carrying out the normal activities required of an AFS participant. Participants are required to attend school or participate in their community service project or other structured activities listed in the program description on a full-time basis. Other required activities include, but are not limited to, active participation in the life of the host family, attendance at AFS local and regional events, and engagement in typical extra-curricular and social activities. The final determination on whether the participant is able to remain on the program rests with AFS.

Coverage ends on the date of departure from the AFS Program or upon the return to the home country, whichever comes first.

Once the participant has left the AFS program or returned home, his or her medical expenses become the responsibility of the natural family, even if the accident, injury or illness causing them happened during the program. (Again, some “Tail” medical benefits may be provided by the Supplemental policy described below.)

For this reason natural families should make sure before the departure on an AFS program that other insurance or medical care is available in the home country should their child return requiring medical assistance. It may not be possible to obtain coverage once the participant is already sick or injured since it could be classified as a pre-existing condition. ***For this reason, AFS strongly advises that natural families maintain insurance for their child while he or she is on an AFS program.***

IV. Medical Expense Coverage

Medical Expense refers to expenses incurred for appropriate medical care by an eligible participant while they are on an AFS program. The Participant Medical Plan is responsible only for the medical expenses of covered losses, which are accidents or illnesses not excluded by the AFS Participant Medical Plan.

Examples of covered medical expenses under the Participant Medical Plan

- Semi-Private (Shared) Hospital Room and Board, including Intensive Care
- Treatment by Physician, including surgery
- Nursing Services
- Outpatient Medical Treatment
- Local Ambulance Service
- Anesthesia
- Surgical Facilities
- Physiotherapy
- Medical Supplies
- X-ray and Laboratory Exams
- Blood Costs
- Medical Equipment Rental
- Orthopedic Appliances
- Dental Care for Accidental Injury to Natural Teeth
- Cosmetic Surgery Resulting From Accidental Injury
- Speech Therapy Needed as a Result of Accidental Injury
- Outpatient Psychiatric Care
- Inpatient Psychiatric Care (limited to 30 days inpatient care)
- Prescription Medication

Refer to the Exclusions section X of this pamphlet for a listing of expenses which are not covered.

It is the responsibility of the natural family to provide for the coverage of those medical expenses of the participant which are excluded under the Participant Medical Plan. If AFS pays for these expenses upfront in order to assist the participant at the time of illness or injury, natural parents will be required to reimburse the Participant Medical Plan.

V. Medical Identification Cards

AFS provides participants with a medical ID card which they can use to certify that they have medical expense coverage. Each card lists the 24-hour telephone number which a doctor or hospital can call to confirm coverage for an eligible participant when the national hosting office is closed or when a true medical emergency exists.

VI. Medical Assistance Service

In order to fulfill its responsibilities to participants, AFS works with AIG Travel Assist, which provides medical assistance to travelers. AIG Travel Assist helps AFS to *obtain* or *qualify* medical care around the world and also to arrange for medical evacuation, when needed.

Obtaining medical care means finding personnel and facilities which are appropriate for managing a participant's medical condition while they are in their host country. It also means getting medical evaluations, or providing participants with medicine while they are on the AFS program.

Qualifying medical care means determining that the facility in the host country where a participant may already be hospitalized is appropriate for their care. It can also mean getting a second opinion from a local doctor or from a doctor employed by the assistance network.

AIG Travel Assist has a medical team on staff on a 24-hour basis. They complement the existing network of AFS Partners and volunteers around the world when there is a medical problem. Medical assistance allows AFS International as well as the AFS hosting Partner and sending Partner to confer with medical specialists in the time of an emergency. They can also jointly get assessments on the case and keep in touch on its developments.

Should another kind of medical care or facility be recommended for the participant, the assistance network will arrange the participant's transfer within the host country, or to a facility in the participant's home country.

VII. Medical Evacuation

Medical Evacuation refers to the expenses of transporting a seriously ill participant and sometimes a chaperone required by medical order. It usually results in a return to the participant's home country. This means the end of the participant's AFS program stay and the termination of medical coverage once the participant has been taken to their home or the required medical facility.

Sometimes a participant may need to be transported to another location in the host country to receive suitable medical care while they continue on the AFS program. The Participant Medical Plan will pay for medical costs occurring after this evacuation only if the participant can stay actively involved in AFS program activities.

In very unusual cases, doctors may suggest transfer to a medical care facility that is neither in the home country nor in the host country. AFS defines this to be a termination of the participant's program stay. In this case, Participant Medical Plan will cover the cost of the medical evacuation but medical coverage will terminate after the participant's arrival at the medical facility and medical expenses will revert to the natural parents.

The Participant Medical Plan will arrange and cover the expenses of a medical evacuation when a doctor gives written orders that a participant requires one. These arrangements must be made through the travel assistance network which works with AFS. They can range from an early return on a commercial airliner to a specially equipped jet with medical facilities and personnel. Medical evacuation does not cover the cost of travel for any other persons or for any other reasons.

VIII. Repatriation Expenses

Please note that **Repatriation Expense** does not refer to medical evacuation or any regular travel expenses. It refers to the special travel arrangements that must be made when someone covered by the Plan has died. In that event, AFS will make all necessary arrangements with the travel assistance network. The Participant Medical Plan pays for repatriation expenses when they arise from a covered loss.

IX. Accidental Death and Dismemberment

In the event of a participant's death, Participant Medical Plan will provide a benefit of \$10,000 in addition to the limit provided for covered medical expenses. Note that Accidental Death coverage is only as a result of a covered loss caused by an accident. No benefit is payable from losses caused by illness.

In the event of a loss of limbs, eyes, hearing or speech, or a combination of these losses, Participant Medical Plan will provide a benefit of up to \$10,000, depending on the exact nature of the loss and based on the schedule of payments as stipulated in the insurance policy. Please contact the National AFS Office for specific details on payments for these losses.

X. Exclusions

Not every medical expense is the responsibility of Participant Medical Plan. Some kinds of expenses, such as those that participants can **expect, elect, or control** are not covered by the Participant Medical Plan.

Other types of excluded expenses are those not considered **medically necessary**. The Participant Medical Plan is designed only to cover the expenses of the unexpected medical services and items which a doctor says are needed to restore a participant's health.

Finally, some types of expenses can't be covered because they can't be adequately evaluated, like the risk of an **experimental medical procedure**.

Routine Vision and Dental Expenses

As described in the Participation Agreement, Participant Medical Plan is not responsible for certain types of medical expenses which are expected as part of daily life. These include **routine vision care**, such as routine eye exams, glasses or contact lenses. Dental coverage under the Participant Medical Plan is limited to dental treatment needed as a result of an accident, as recommended by a doctor.

Expenses for Routine Physical Exams or Preventative Care

The Participant Medical Plan also is not responsible for **routine physicals, inoculations, vaccinations, or examinations**, even if required by schools. As an example, schools often require sports physical examination prior to allowing participants to engage in school sports. Participants and/or natural parents are expected to pay for these expenses directly. If the host family or AFS should pay for these expenses, AFS will seek reimbursement from the natural family.

What is a Pre-Existing Condition?

In addition, as noted in the Participation Agreement, Participant Medical Plan is not responsible for medical expenses that come from pre-existing conditions. A **pre-existing condition** is one for which treatment has been sought or provided in the eighteen month period prior to the participant's arrival at the international departure site.

When Participant Medical Plan pays for medical expenses which are determined to have been a result of a pre-existing condition, AFS will require reimbursement by the natural family. If a participant has a condition which qualifies as pre-existing, the natural family should make arrangements to pay for the expenses relating to this condition should they arise during the course of the AFS program. If there is an insurance policy in effect which covers the condition, the natural family should keep the coverage in force during the course of the AFS program.

Summary of expenses excluded because they are to be expected or are elective

- Routine vision care
- Routine dental care
- Routine physical exams
- School physical exams
- Inoculations
- Vaccinations
- Pre-existing conditions
- Birth control treatment

Listing of Exclusions to the Participant Medical Plan

- Medical expenses incurred in the home country of the participant or of a participant who has left the program for any reason.
- Dental care, except as the result of injury to sound natural teeth. Jaw augmentation or reduction surgery is also excluded.
- Routine vision care, including eyeglasses and contact lenses.
- General physical examinations, including sports physicals, where there are no objective indications of impairment of normal health.
- Inoculations or immunizations.
- Pre-existing conditions which were diagnosed or treated within eighteen months prior to the participant's arrival at the international departure site.
- Cosmetic surgery unless required as the result of an accident.
- Baby or dependent care.
- Reproductive disorders and defects.
- Nonessential services and supplies, including treatment for weight control, foot care, or custodial/maintenance/convalescent care. This includes speech therapy unless needed for rehabilitative care. It also includes family or vocational counseling.
- Suicide or attempted suicide while sane.
- Self-inflicted injuries.

- Expenses resulting from the committing of an assault or a felony, or active participation in a riot.
- Service in the military.
- Abortion.
- Experimental or investigational procedures. This means charges for services, supplies, pharmaceuticals or treatment not commonly and customarily recognized throughout the physician's profession as generally accepted and medically necessary for the diagnosis and/or treatment of an active illness or injury; charges for experimental procedures, drugs or research studies, or for any services or supplies not considered legal.
- Expenses which are payable by any other insurance or governmental health program, unless payment of the charge is legally required.
- Payments for expenses that are not permitted by the law of the jurisdiction where the participant is residing at the time the expenses are incurred.
- Expenses resulting from services of a medical nature provided by individuals living in the participant's natural or host home.
- Expenses that would not be payable in the absence of this coverage.
- Expenses paid by automobile insurance.
- Expenses arising from war that occurs in the United States.

XI. Filing Medical Claims

Medical Expense claims are processed in two ways, according to the location in which they are produced.

Claims incurred in the US

When a participant incurs a medical expense in the US, please ask the doctor or hospital to send the original bill with their claim form directly to the Third Party Administrator for ICSP claims in the US:

**Global Medical Management Inc. (GMMI)
7901 S.W. 36th Street
Davie FL 33328**

e-mail: customerservice@gmmusa.com / tel. no: 888.444.7773

If the medical expense is paid by the participant or the host family, they can claim reimbursement from ICSP by submitting the bill to GMMI. In this case, it is important that they use the claim form provided by AFS. Care should be taken to fill out the entire AFS claim form detailing the nature of the treatment required.

Claims related to accidental death or dismemberment should be directed to administrator AON in the Netherlands.

Balance Billing/Tracking Claims

The claims administrator, GMMI, negotiates with medical providers to reduce their costs even after they have provided the medical service. Medical providers often agree to forgo part of their fee, but sometimes they may still send the part of the bill that was not paid to the natural family. This practice is

called “balance billing”. If you receive a bill for all or part of a medical expense that you thought was covered under the Participant Medical Plan, let GMMI know. Send them an email (customerservice@gmmusa.com) with the details of the claim and describe the bill you received.

GMMI makes it possible for AFS families to view the medical bills that GMMI has received. You can also see the bills that have been processed for payment to the medical providers.

Should you receive a “balance bill” or a statement by mail, you can log on to their web site at: www.gmmusa.com. Press the “Insured Patients” button located in the upper right hand corner of the screen. Follow the directions by entering the Policy ID, First Name, Last Name and Date of Birth before pressing “View Patient Info”. (*The Policy ID number is found on both ID Cards provided to the participant by AFS USA and begins with an “F”.*)

On the next page you will be able to view a listing of all the bills that have been received by GMMI. The first column lists the Internal Tracking Number at GMMI for a specific bill. The second column lists the medical provider’s name. The third column lists the treatment date. The fourth column lists the total charges billed. The fifth column lists the payment date (which is printed in green if it has been already paid or printed in red if payment is pending or has been denied), and the last column lists the date the bill was processed

If the statement you have received is listed online with GMMI for the same amount you do not have to do anything further.

If the statement you have received is not listed online with GMMI, please first contact the provider and inform them of the insurance information and GMMI’s billing address so that they can send the proper claim form to GMMI for handling. Then please e-mail or fax a copy of the statement to GMMI at: customerservice@gmmusa.com or via fax number 1-954-370-8130.

If you have any questions or are not able to access your information online, please call GMMI at: 1-954-370-6468 or toll-free at 1-888-444-7773.

Calling for information about medical expenses in the US

Doctors, host families or participants can talk to GMMI about claims or coverage by calling 1-888-444-7773. Their office hours are 9 a.m. to 4:30 p.m. Monday through Friday.

Questions that arise about medical emergencies in the US after office hours should be directed to the AFS-USA Duty Officer at 1-212-299-9000 or toll free at 1-800-876-2376.

Claims incurred in countries other than the US

The national office of the hosting partner determines how claims will be handled in that country. Participants and host families should contact the national office for information on how to file medical claims.

ICSP uses a Third Party Claims Administrator in Europe, who is the Aon Consulting, Admiraliteitskade 62, Rotterdam, Netherlands. They are also available during normal working hours to answer questions on coverage by calling +31.10.448.8238. E-mail: afs@aon.nl

In addition, Aon Consulting helps to coordinate medical insurance available to European Union participants who are traveling in countries with EC insurance arrangements. Please contact Aon as soon as medical care is required for these participants so that they can arrange for the claim to be properly paid through EU channels. Often these arrangements must be made before medical care is sought in order to be properly covered.

AON is the administrator for any death or dismemberment claims occurring anywhere in the world.

Calls about claims or coverage after hours may be directed to AIG Travel Assist at the telephone numbers indicated on the Highlights page of this pamphlet.

In the event of a car accident for participants hosted anywhere:

If a participant has been injured in a car accident, it is important that an **accident report** accompany the claim information. This report is usually obtained from the police.

The accident report should show the names, addresses and relevant insurance information of all drivers involved in the accident.

Please note that when medical expenses are incurred by participants as the result of an automobile accident, responsibility for the expenses is often governed by local law.

In many countries, automobile insurance is mandatory, and the Participant Medical Plan will look to that coverage first for the payment of claims. This means that the person(s) who owns the car(s) involved in the accident will be asked by the claims administrator for their insurance information.

In the US, expenses are the responsibility of:

- the owner of the vehicle in which the participant was a passenger, if the accident happened in a state with no-fault laws
- the auto insurance of the driver at fault, if the accident happened in a state without no-fault laws.

Supplemental Insurance Coverage Summary

AFS provides a Supplementary Insurance Package for AFS participants. This insurance is provided by ACE American Insurance Company, and is in effect for all AFS participants currently on AFS programs.

The supplementary insurance program offers five kinds of benefits that can be helpful when illness or injury that happens during travel, but that are not covered under the Participant Medical Plan.

1. “Tail” Medical	Up to \$100,000	Covers medical expenses incurred up to one year after return to home country as a result of an accident (but not illness, other than endemic disease) incurred while on the AFS program.
2. Permanent Disability	Up to \$100,000	Benefit for permanent and total disability arising from an accident (not illness, other than endemic disease) incurred while on an AFS program.
3. Emergency Reunion	Up to \$5,000	Airfare and/or lodging for immediate family member to visit participant hospitalized for 24 hours or more.
4. Trip Interruption Benefit	Up to \$5,000	Airfare for participant to return home due to life- threatening illness, injury, or death of immediate family member
5. Emergency Dental	Up to \$500	For dental treatment for the alleviation of pain

This Supplemental Insurance is provided in addition to coverage provided under the Participant Medical Plan. The terms and conditions of coverage are governed by ACE American Insurance Company and are different from the terms and condition of the AFS Participant Medical Plan. No deductibles or co-pays are payable by the participant.

Supplemental Insurance provides “secondary” coverage and will not pay benefits if there is primary insurance available either through private or national health insurance.

All five benefits are subject to the exclusions listed at the end of this pamphlet.

A more detailed description of the five benefits is explained below:

1. **“Tail” Medical Insurance**

This provides coverage for eligible medical expenses up to \$100,000. It applies to expenses incurred up to one year after a participant returns to the home country as a result of injuries sustained in a covered accident or endemic disease contracted while on an AFS program.

Treatment must be for the recurrence or continuation of treatment for an injury or endemic illness that originated on the AFS program. For example, if a participant broke an arm while on an AFS program and obtains surgery or treatment recommended by a doctor upon return home, these expenses could be covered under this policy.

Expenses arising as a result of illness while on an AFS program are not covered, unless caused by endemic disease. An endemic disease is one belonging exclusively or confined to a particular place or people living in the locale that the participant was visiting, such as malaria.

Tail medical coverage is offered only under this Supplemental insurance. The Participant Medical Plan does not provide this benefit so it is possible that expenses covered under the Participant Medical Plan may not be covered under the Tail Medical benefit.

In some cases the coverage offered under the Supplemental program is not as broad as that provided under the Participant Medical Plan. For example, expenses from an injury that was caused by intoxication by alcohol would be covered under the Participant Medical Plan. These expenses would not be covered under the Tail Medical Benefit.

2. Permanent Disability Insurance

This provides a benefit of up to \$100,000 as a result of permanent and total disability due to an accident that occurs while on the AFS program. No benefits for disability due to an illness are payable, unless the illness occurs as a result of endemic disease. An endemic disease is one belonging exclusively or confined to, a particular place or people living in the locale that the participant was visiting. An example is malaria.

Permanent total disability means that, because of an injury from a covered accident that happens on, or an endemic disease contracted on the AFS program, the insured cannot perform the normal and customary activities of a person of like age and gender, and is expected to remain so disabled, as certified by a doctor, for the rest of their life. There is no coverage for disability that is permanent but not total, or for disability that is total but not permanent.

The disability benefit is payable one year from the date of the accident that caused the injury.

Conditions specific to the Tail Medical and the Permanent Disability Benefits:

Coverage applies to "activities while participating in an AFS sponsored program". The coverage excludes claims that are not considered to be directly related to AFS activities (for example, business ventures).

The benefits respond only to sickness that is endemic illness. They do not respond to other disease or infection other than bacterial infection arising from a cut or a wound, or accidental ingestion of contaminated food. The following conditions are excluded from coverage: treatment of hernia, Osgood-Schlatter's Disease (which causes bone pain in adolescents), osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental or nervous treatment.

3. Reunion Benefit

This provides coverage up to \$5,000 for travel and/or lodging for an immediate family member to visit a participant who has been hospitalized for more than 24 consecutive hours due to a covered injury or sickness, and where the attending doctor believes it would be beneficial to have the family member at the participant's side.

An immediate family member is defined as parent, brother, sister or grandparents. This includes step-family members and family members in-law. Spouse and child are also included.

All travel arrangements must be made through the AFS Partner and approved by the administrator, AON, in order to be covered. Any existing tickets must be used first.

4. Trip Interruption Benefit

This provides coverage for airfare up to \$5,000 if the participant must travel home because an immediate family member has died or is experiencing a life-threatening illness or injury, as determined by a doctor.

The benefit also provides for transportation to return the participant to the AFS program as determined by AFS. Both the travel home and the return cannot exceed the limit of \$5,000.

An immediate family member is defined as parent, brother, sister or grandparents. This includes step-family members and family members in-law. Spouse and child are also included.

All travel arrangements must be made through the AFS Partner and approved by the administrator, AON, in order to be covered. Any existing tickets must be used first.

5. Emergency Dental

This provides coverage up to \$500 for the immediate alleviation of pain. Coverage applies for 30 days after the covered sickness or accident occurs. Expenses can be paid for up to 26 weeks from the date of the sickness or accident.

Routine preventive treatment is not covered. Damage to or loss of orthodontic devices is not covered. The immediate nature of the emergency needs to be confirmed by the dentist in order for the claim to be covered.

Expenses for dental treatment are excluded under the Medical Plan, unless they arise from an injury to sound, natural teeth. The only coverage available for the alleviation of dental pain is found in this Supplemental Insurance program.

6. General Exclusions to all Supplemental Benefits

This insurance does not cover any event which either in origin or extent, directly or indirectly, proximately or remotely is to be attributed to or is a consequence of:

- Self-inflicted injury, suicide, or attempted suicide
- Commission of, or attempt to commit, a felony
- Piloting or serving as a crewmember in any aircraft
- Military service
- Injury that occurs while the covered person is legally intoxicated or under the influence of any drug unless administered under the advice and consent of a doctor
- Treatment provided by an immediate family member
- Elective or experimental surgery
- Pregnancy, childbirth or miscarriage
- Mental or nervous illness

- Cosmetic surgery except for reconstructive surgery required as a result of an accident
- Eyeglasses, contact lenses, hearing aids, wheelchair, braces, appliances, examinations or prescriptions for them or repair or replacement of orthotic devices
- Temporomandibular or craniomandibular joint dysfunction and associated myofacial pain
- Damage to existing orthodontic equipment, or damage to or loss of bridges or dentures
- Procedures that are not considered to be medically necessary
- Expenses that would not be payable in the absence of this policy
- Expenses paid by any automobile insurance policy
- War or any act of war, including terrorism, is covered except in the following countries: the United States, the Insured's Home Country, and the countries of Afghanistan, Iraq and Iran.

For a full description of the all terms and conditions governing these supplemental benefits, please refer to the Policy Wording for details. This is available from the AFS national office.

Claims Submission for the Supplemental Insurance

Claims should be submitted directly to Aon in the Netherlands. AON is the claims administrator for ACE, the insurance company. Original receipts and a description of the incident must accompany the claim. In some cases, a doctor's opinion or letter may be required to substantiate the claim or further treatment. Claims must be submitted within 90 days after the date of the incident to:

Aon Consulting AFS Claims Team Ronald Enderman	Admiraliteitskade 62 Postbus 1005, 3000 BA Rotterdam The Netherlands
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email: **afs@aon.nl**
 telephone: +31.10.448.82 38
 fax: +31.10.448.87 24
 AFS Website: **<http://www.aon.nl/AFS>**

Please note that **claims submitted later than 90 days after the date of the treatment** may not be payable.

AFS SUPPLEMENTAL INSURANCE CLAIM FORM

Hosting Partner: _____

Sending Partner: _____

Participant Name: _____

Program: _____

Claim Type: Tail Medical
 Permanent Disability
 Reunion Benefit
 Trip Interruption Benefit
 Emergency Dental

Claim Amount: Local Currency _____

 U.S. Dollar _____

Description of Claim: (Attach original receipts and medical reports if needed. Additional details and comments are welcome.)

REIMBURSEMENT TO
Name: _____

WIRE INSTRUCTIONS
Bank Name & Address: _____

Account Name: _____

Account Number: _____

Physical Address: Aon Consulting Admiraliteitskade 62 3000 BA Rotterdam The Netherlands	P.O. Box: Postbus 1005 3000 BA Rotterdam Phone: 31 10 448 8238 FAX: 31 10 448 8724 E-mail: afs@aon.nl
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