

A Plan of Insurance

designed for



Au Pair in America

Policy # AIFS01-02

administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
This plan is underwritten by Virginia Surety Company, Inc.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, Sun Trust Bank, Washington, District of Columbia, and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Coverage for the cost of medical expenses in the United States is quite different from that which you may have experienced in your home country. To receive proper medical care while living in the United States, you must be covered by a public or private medical insurance plan.

Au Pair in America provides a basic plan to all program participants, sponsored by the American Institute For Foreign Study. The basic plan provides medical coverage and an accidental death and dismemberment benefit during your 12-month stay as an au pair in the United States.

A comprehensive plan is available for purchase prior to your entry into the U.S. It offers increased medical benefits (beyond the basic plan provided to all participants), personal effects insurance and medical coverage during your 13th month of travel in the United States.

Both plans offer a 24-hour multilingual emergency assistance service through Team Assist. Personal liability insurance is also included with both plans.

The effective date of your medical and personal effects coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage

- termination of program participation
- direct return to your place of domicile after your trip as a participant.

Basic plan

Medical expense (accident and sickness)

If, as the result of injuries or sickness, you require treatment by a physician or surgeon, confinement in an infirmary or hospital, services of a registered nurse, X-rays, ambulance service or any other services, supplies or medicines prescribed by a physician, the plan will pay Usual, Customary and Reasonable expenses (UCR, see definition), subject to an annual \$200 deductible per person, incurred within 52 weeks of date of accident or commencement of sickness up to \$100,000 for each accident or up to \$100,000 for each sickness. The plan pays average semi-private hospital room and board rates.

Chiropractic and physical therapy services

These shall be limited to a total of \$50 per visit, excluding X-ray and evaluation charges, with a maximum of 10 visits per injury or illness. Overall maximum coverage per injury or illness is \$500 (includes X-ray and evaluation charges, subject to deductible).

Accidental death and dismemberment

If injuries result in death or dismemberment within one year after the date of accident, the plan provides the following benefits for loss of:

Life	\$3,000
One member	\$2,250
Two or more members	\$4,500
Thumb and index finger of either hand	\$1,125

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident. Maximum aggregate benefit per occurrence is \$1,000,000.

Team Assist – Medical Assistance Coverage

Team Assist services provide the Insured with worldwide, multilingual, 24-hour emergency telephone assistance in the event of an emergency during the term of the Insured's coverage.

If you require WorldNet assistance, your ID number is 503 Au Pair in America. In the U.S., call (800) 472-0906. Worldwide, outside the U.S., call collect (954) 659-7934 or e-mail travelassist@chcsservices.com

Services provided

Emergency Evacuation If the Insured suffers an injury or illness and adequate medical facilities are not nearby, Team Assist will arrange and pay for covered emergency evacuation services to the nearest appropriate medical facility.

Medically necessary repatriation Team Assist will arrange and pay for medically necessary expenses incurred in transporting you to your permanent place of residence in the event of an in-jury or illness that makes you unable to complete your program.

Return of Mortal Remains or Cremation The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations.

All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

Please note: Benefits will be paid up to a combined maximum of \$50,000. Team Assist must be notified and must approve these services.

Additional services provided include

Medical Assistance Medical referrals for physicians, hospitals, clinics or any other medical service provider 24 hours a day, worldwide. Medical monitoring in the event the Insured is admitted to a U.S. or foreign hospital. Prescription drug replacement/shipment, emergency message transmittals, coverage verification and guarantee of payment to medical institutions.

Travel Assistance Help in obtaining emergency cash, traveler check replacement, assistance with lost or stolen luggage and replacement of lost or stolen airline ticket.

Technical Assistance Assistance in arranging credit

card/passport/important document replacement, assistance in obtaining legal services, help in the posting of bond/bail and worldwide inoculation information.

Personal liability insurance benefit

The insurer will pay on your behalf all sums which you shall become legally obligated to pay as damages for personal liability claims made against you and reported to the insurer during the policy term. The policy term is your full stay in the U.S. (up to, but not including your 13th month.) The personal liability benefit covers bodily injury and property damage. The limit of coverage is \$100,000 per claim and \$200,000 aggregate limit per policy term per au pair.

The Personal Liability Insurance Benefit provides the following benefits on your behalf regardless of legal liability:

Medical expenses The insurer will pay up to \$5,000 on the Insured's behalf for medical expenses resulting from an incident caused by the Insured's activities which result in bodily injury to a person other than the Insured.

Additional living expenses If the Insured causes an incident that results in the insured's location (host family's home) becoming unfit to live in, the insurer will pay on the Insured's behalf, for any necessary increase in living expenses up to \$5,000 per policy term incurred by the host family so that the household can maintain its normal standard of living.

Payment of deductible under homeowners' policy If an incident caused by the Insured results in a claim being paid under a valid and collectible homeowner's policy of the host family covering the insured location, the insurer will pay the host family on the Insured's behalf, the amount of their homeowners' policy deductible not to exceed \$1,000 per au pair per policy term.

Please note: Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle). Please contact CISI for further information before making a claim.

Comprehensive Plan

In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional insurance upgrade for \$250. This will:

1. **Reduce your annual deductible from \$200 to \$100.**
2. Increase your maximum benefit from \$100,000 to \$500,000 for Usual, Customary and Reasonable (UCR) medical expenses incurred per covered injury or illness.
3. Provide you with \$1,000 of insurance to protect your personal belongings against theft, fire and accident while you are visiting the United States. There is a per occurrence deductible of \$100 and a per item limit of \$100, excluding cameras which are limited to \$250. Coverage is for the value at the time of loss and does not cover loss or damage caused by wear, tear, gradual deterioration or negligence. Specific exclusions are money, documents, watches, jewelry, computers, skis and bicycles.
4. Allow for reimbursement of up to \$500 for emergency dental coverage (subject to deductible). This benefit provides for the cost of an initial evaluation and initial treatment to alleviate pain resulting from infection of gums or sound natural teeth. This type of treatment is excluded from coverage under the Basic Plan.
4. Extend your Basic Plan Coverage for an additional month. The Basic Plan coverage expires at the end of the Insured's

12th month. This Upgraded Plan extends the Medical, Emergency Dental and Personal Effects insurance for the 13th month if the Insured stays in the United States.

Covered Accident and Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation
- Charges made for Intensive Care of Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Physician
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations
- Charges made for the cost and administration of anesthetics
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. The overall maximum coverage per injury or illness is \$500 which includes x-ray and evaluation charges.

Limitations and exclusions

For all benefits listed in the Schedule of Benefits this insurance does not cover:

- Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified:
 - a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical

If you have any questions concerning your coverage, please call CISI at (203) 399-5132 or e-mail evetrano@aifs.com.

supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or

b) If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or

c) Emergency Medical Evacuation/Repatriation and Return of Mortal Remains

- Charges for treatment which is not Medically Necessary
- Charges for treatment which exceed Reasonable and Customary charges
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane
- Pregnancy or illness resulting from pregnancy, childbirth, miscarriage, abortion, birth control or family planning
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: a) war, invasion, warlike operations (whether war be declared or not), or civil war or b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power
- Injury sustained while participating in professional athletics
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical

advice, treatment or Surgery

- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder
- Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent
- Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (including eating disorders such as anorexia and bulimia)
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
- Congenital abnormalities and conditions arising out of or resulting therefrom
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness
- Expenses as a result or in connection with the commission of a felony offense
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, parasailing
- Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual
- Injuries for which benefits are payable under any no-fault automobile Insurance Policy
- Dental care, except as the result of Injury to natural teeth caused by Accident, or in cases of emergency dental covered by Comprehensive Plan
- Routine Dental Treatment
- 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, or abortion
- Treatment for human organ tissue transplants and their related treatment
- Weak, strained or flat feet, corns, calluses, or toenails
- Non-medical expenses such as telephone charges, local transportation expenses and items of personal nature.

In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:

- Disease of any kind
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.

Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonable require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

Definitions

Elective surgery means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the insured's effective date of coverage. Elective surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery and submucous resection and/or other surgical correction for deviated nasal septum other than for necessary treatment of covered acute purulent sinusitis. Elective surgery does not apply to cosmetic surgery required to correct a covered accident.

Elective treatment means surgery or medical treatment not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the insured's effective date of coverage. Elective treatment includes, but is not limited to, weight reduction, infertility or learning disabilities.

Usual, Customary & Reasonable UCRs are set for each medical procedure using a statistical survey which takes into account the geographical location of the provider. This is a nationally recognized method of imposing standardization on medical procedure definitions and charges.

Usual—an amount a professional provider usually charges for a given service.

Customary—an amount which falls within the range of charges for a given service billed by most professional providers in the same locality who have similar training and experience.

Reasonable—an amount which is usual and customary or would not be considered excessive in a particular case because of unusual circumstances.

The Student Insurance Center reserves the right of final determination of the amount payable for any service or supply. If the charge is in excess of the UCR allowance, no payment will be made with respect to the excess, and the excess will not qualify as a covered expense under the policy. The participant or the provider may always request a review if either feels the UCR cap is unreasonable.

Cultural Insurance Services International (CISI)

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