

Plan Name: Pan Atlantic
Underwriter: Crum & Forster, SPC
Policy Number: CC009891
Policy Year: 2024

Below is your Insurance Plan Identification Card. **Cut it out and carry it with you at all times.** This card can be used to verify your coverage. First charges must be incurred within 30 days from the date of a covered injury or sickness.

To find information on your plan, visit www.panatlanticfoundation.org/student-insurance.


HOW TO USE THIS PLAN

STEP 1 Present this ID Card when receiving medical treatment with a network provider. Seeking treatment from a PPO Network provider will reduce your out-of-pocket expenses.


STEP 2 **Aetna Passport to Healthcare® Primary PPO** is the PPO Network for this insurance plan. To find a provider, visit www.aetna.com/docfind/custom/passport.

STEP 3 If the provider does not file a claim for you, submit claim form with billing statements or receipts to aciclaims@acitpa.com or mail to:
 Administrative Concepts, Inc.
 PO Box 4000
 Collegeville, PA 19426
 Fax: **(610) 293-9299**

Do not go to the hospital for minor illnesses or injuries!

 cut out along dashed line

fold here

Group #: 0863989-010-00100 Participant: EXAMPLE ONLY Aetna #: EXAMPLE ONLY Coinsurance: 100% of Usual, Reasonable, and Customary (URC) Charges ER Deductible: \$350 (waived if admitted) Aetna Network Provider Services: (800) 414-0596 Provider Claims Mailing Address: Aetna, PO Box 981543, El Paso, TX 79998-1543 PROVIDERS: For questions about benefits or eligibility, call Administrative Concepts, 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 the address indicated above. NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.		PARTICIPANTS SEE BACK OF CARD FOR ALL ADDITIONAL INFORMATION  Aetna PPO/NAP Find claim information at portal.acitpa.com/member/login . For questions about benefits, claims, or emergency assistance while traveling, call Participant Services. All benefits are subject to payment of appropriate premium and verification of eligibility. Carry this card at all times.														
Coverage Start: 08/17/2024 Coverage End: 06/07/2025 Payer ID: 60054	<table border="1"> <tr> <td>Participant Services:</td> <td>Administrative Concepts, Inc.</td> <td>(800) 314-3938</td> </tr> <tr> <td>PPO Network: (Primary)</td> <td colspan="2">Aetna Passport to Healthcare® Primary PPO www.aetna.com/docfind/custom/passport</td> </tr> <tr> <td>Coverage while Traveling / Emergency After-Hours Care:</td> <td>Scholastic Emergency Services (Ref. # 01-SES-SUM-08123)</td> <td>(877) 488-9833 Outside U.S. call: +1 (609) 452-8570</td> </tr> <tr> <td>Claims Mailing Address: (For Non-Aetna)</td> <td>Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426</td> <td>(800) 314-3938 Payer ID: 22384</td> </tr> <tr> <td>Prescriptions:</td> <td colspan="2">Paid at 100% of URC; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.</td> </tr> </table>	Participant Services:	Administrative Concepts, Inc.	(800) 314-3938	PPO Network: (Primary)	Aetna Passport to Healthcare® Primary PPO www.aetna.com/docfind/custom/passport		Coverage while Traveling / Emergency After-Hours Care:	Scholastic Emergency Services (Ref. # 01-SES-SUM-08123)	(877) 488-9833 Outside U.S. call: +1 (609) 452-8570	Claims Mailing Address: (For Non-Aetna)	Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426	(800) 314-3938 Payer ID: 22384	Prescriptions:	Paid at 100% of URC; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.	
Participant Services:	Administrative Concepts, Inc.	(800) 314-3938														
PPO Network: (Primary)	Aetna Passport to Healthcare® Primary PPO www.aetna.com/docfind/custom/passport															
Coverage while Traveling / Emergency After-Hours Care:	Scholastic Emergency Services (Ref. # 01-SES-SUM-08123)	(877) 488-9833 Outside U.S. call: +1 (609) 452-8570														
Claims Mailing Address: (For Non-Aetna)	Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426	(800) 314-3938 Payer ID: 22384														
Prescriptions:	Paid at 100% of URC; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.															

Networks and Prescription plan are not affiliated with Crum & Forster, SPC, under the jurisdiction of the Cayman Islands.

If there are any discrepancies between this document and the Policy, the Policy will govern.

Confirmation of Coverage for Certificate / Policy Number: CC009891

To Whom It May Concern:

Please be advised that the individual listed above has purchased Intercultural Exchange Group Medical Insurance for the dates specified.

This plan is underwritten by Crum & Forster SPC, under the jurisdiction of the Cayman Islands (AMB #: 071352), which has a rating of "A" (Excellent) from A.M. Best.

Claims can be mailed to Administrative Concepts, Inc. at PO Box 4000, Collegeville, PA 19426.

Medical coverage is provided while traveling worldwide, per the policy provisions. Coverage includes the Schengen states, per the policy provisions. A copy of the Schedule of Benefits, which provides an outline of coverage provided, limitations and maximum benefits, is available below.

Emergency Evacuation, Repatriation and Return of Mortal Remains is provided with 100% of actual expenses.

This information will verify that Eligible Expenses, including Hospitalization expenses, are subject to a \$0 USD per Illness or Injury deductible after which the plan will pay up to the policy maximum. The maximum limit of coverage is \$2,000,000 USD.

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 Per Plan Participant Per Injury or Sickness (Outpatient Services Only): \$0 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	URC, 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	100% URC
Day Surgery Miscellaneous Benefit	URC
Diagnostic X-Ray and Lab Benefit	URC
Ambulance Benefit	URC
Physician Visit Benefit	
■ Inpatient	URC
■ Outpatient	URC
Consultant Physician Benefit	URC
Radiation/Chemotherapy Benefit	URC
Emergency Room Benefit	URC, subject to a \$350 deductible; deductible will be waived if admitted
Emergency Dental Expense Benefit	URC
Palliative Dental	100% URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit	
■ Inpatient	URC
■ Outpatient	URC, up to a \$2,500 maximum
Durable Medical Equipment Expense Benefit	URC

BENEFIT COVERAGE	COVERED BENEFIT
Emergency Medical Evacuation Expense Benefit	100% of actual expenses
Emergency Medical Repatriation Expense Benefit	100% of actual expenses
Return of Mortal Remains Expense Benefit	100% of actual expenses
Prescription Drug Benefit, Covered Percentage	100% URC
Mental & Nervous Conditions Expense Benefit	
■ Inpatient	Pay at 80% up to \$10,000 up to the maximum of 40 days
■ Outpatient	Pay at 80% up to \$5,000
Return Ticket Benefit	Up to \$5,000 per Policy Period

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Deductible 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

(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: (% 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

Emergency Reunion Expense Benefit: 100% of actual expenses

Trip Interruption Benefit: 100% of actual expenses

Return Ticket Benefit: Up to \$5,000 per Policy Period

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy 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) Any Covered Loss 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) Any Covered Loss 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) Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
- 7) For any Covered Losses 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 Injury 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) Any Covered Loss 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 Policyholder.
- 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, miscarriage, elective abortion; elective cesarean section; or any complications of any of these conditions; unless specifically covered by the Policy.
- 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; and white-water rafting.
- 23) Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition.
- 24) 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).
- 25) 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.
- 26) 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.
- 27) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

If there are any discrepancies between this document and the policy, the policy will govern.