

# 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](http://www.esecutive.com/MyInsurance)

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **23INT06751**
- Your Date of Birth:


## Insurance ID-Card



**ORGANIZATION:**  
**POLICY #:** 23INT06751  
**AETNA ID:** 4200004321  
**AETNA GROUP #:** 863940 - 55 - 100

**Effective:**  
**Expiration:**  
**ER Copay:** \$350 (Waived if Admitted)  
**Deductible:** \$100

**Rx BIN:** 610415  
**Rx PCN:** ADV  
**Rx GROUP:** RX9827AA



This is not Rx Insurance  
 Pharmacist Support: 1-800-364-6331

**Member Services**

**Outside of the US**  
 For Claims and Emergency assistance outside the US, Please Call: 1-305-428-2838

**Inside of the US**  
 US Helpline: 1-877-839-5585  
 To Find a provider: <http://aetna.globalexcel.com>

**General Inquiries**  
 For general inquiries including reimbursement, visit: [www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance)

For Member Reimbursement Claim Submission: Global Excel Management:  
 PO BOX 10 Beebe Plain, VT 05823

Email: [service@globalexcel.com](mailto:service@globalexcel.com)

**Pharmacy:**  
 Members must pay and file for medication using the claim form found in the MyInsurance portal.

**Provider Services:**

**For Eligibility, Benefits, and Pre-Authorizations: 1-877-839-5585**

**Medical Claims**  
 For claims submission or payment: 1-877-839-5585

Electronic Payer ID: 60054

Aetna  
 PO BOX 981543  
 El Paso, TX 79998-1543

**This card does not guarantee benefits. Precertification is required on applicable services.**

Please refer to the plan benefits for complete plan details and policy language.

In the event of the plan participant requiring in-patient hospitalization, the plan participant must where reasonably possible obtain prior approval from Global Excel Management. If the plan participant does not comply with this pre-authorization requirement, the insurance company may be unable to pay for the plan participant's treatments or costs, charges or expenses that they incur.

## 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** 500.000 USD  
**Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness:** 100 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

Hospital Room & Board Benefit: *Subject to Semi-private room rate	100% URC
Intensive Care/Cardiac Care Unit Benefit	100% URC
Hospital Miscellaneous Expense Benefit	100% URC
Surgeon (In or Outpatient) Benefits	100% URC
Assistant Surgeon Benefit	100% URC

Pre-Admission Testing Benefit	100% URC
Anesthesia Benefit	100% URC
Day Surgery Miscellaneous Benefit	100% URC
Diagnostic X-Ray and Lab Benefit	100% URC
Ambulance Benefit	100% URC, up to \$5,000 maximum
Physician Visit Benefit (Inpatient)	100% URC
Physician Visit Benefit (Outpatient)	100% URC
Consultant Physician Benefit	100% URC
Radiation/Chemotherapy Benefit	100% URC
Emergency Room Benefit •Triage is mandatory •Co-Payment only applies to services rendered in the USA	100% URC, subject to a \$350 Co-Payment, waived if admitted, or in an accident
Emergency Dental Expense Benefit	100% URC, \$350 per tooth, up to \$1,000 maximum benefit
Palliative Dental	100% URC, \$150 per tooth, up to \$600 maximum benefit
Maternity Complications	Complications of Pregnancy up to the Maximum Benefit for Medical Benefits (Only applies prior to 26th week of pregnancy)
Physiotherapy Expense Benefit - Inpatient	100% URC
Physiotherapy Expense Benefit - Outpatient	100% URC, up to \$2,500 maximum
Durable Medical Equipment Expense Benefit	100% URC
Emergency Medical Evacuation Expense Benefit	100% of actual expense, up to \$250,000 maximum benefit
Repatriation of Mortal Remains Expense Benefit	100% of actual expense, up to \$250,000
Emergency Reunion	100% of actual expense, up to \$5,000
Prescription Drug Benefit	100% URC
Return Ticket Benefit	100% up to \$1,500 per Period of Insurance
Emergency Treatment of a Pre-Existing Condition •Physician and clinic visits	100% URC, up to a maximum of \$500 per Period of Insurance
<b>Additional Covers</b>	
Personal Accident	Up to \$20,000
Personal Liability	Up to \$500,000
Trip interruption Benefit	Up to \$1,500

**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.

**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 Dale Underwriting Partners - Syndicate 1729 at Lloyd's. Dale Underwriting Partners operates within the Lloyd's market which has ratings of "A" (Excellent) from A.M. Best and "A+" (Strong) from S&P.**

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

Disclaimer: This is not your official insurance ID card. If you don't have an official copy of your insurance ID card, please download or print it at [www.esecutive.com/myinsurance](http://www.esecutive.com/myinsurance)

Please be advised this document is only a summary. Please refer to the policy for complete details. In the event of a discrepancy between this document and the policy, the policy is the prevailing document.

## General Exceptions

**We** will not pay any expenses resulting indirectly or directly from:

- 1 Any losses that are not directly covered by the terms and conditions of this **plan document**.
- 2 The **plan participants** failure to comply with the condition and provisions of the **plan document**.
- 3 Any **trip** undertaken after a **Public Health Emergency of International Concern, Epidemic, Pandemic or Natural Disaster** has been issued. This exclusion does not apply to COVID 19/ SARS -Co-V-2 or mutation of variance thereof.
- 4 Expenses incurred in the **plan participant's home country** unless incurred under the Continuing Medical Treatment in **home country** benefit.
- 5 **Expenses** for treatment incurred after the **expiration date** of the **plan document** or the **end date** of the **coverage period** on the **certificate of insurance** or the **plan participant** ceases to meet the **eligibility criteria**.
- 6 The **plan participant's** claim occurring from them committing or attempting to commit an assault, or felony or being engaged in any illegal occupation.
- 7 The **plan participant's** claim arising as a result of or in connection with intentionally self-inflicted **injury or illness**, suicide or attempted suicide.
- 8 The **plan participant's** claim arising from their intoxication, or use of illegal drugs, narcotic agents or substance abuse, other than drugs taken in accordance with treatment prescribed and directed by a **physician** but not for the treatment of drug, narcotic agents or substance abuse.
- 9 The **plan participant** claim sustained by reason of a motor vehicle or motorcycle accident.
  - a) to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
  - b) if the **plan participant** was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
  - c) if the **plan participant** was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
  - d) if the **plan participant** was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
- 10 The **plan participant** traveling to a country against the advice of the **plan participant's appropriate authorities** unless this has been accepted by **us** and the appropriate additional premium has been paid by the **plan participant**.
- 11 The **plan participant's** claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military other than for Medical Expenses and Hospitalisation, Emergency Medical Evacuation or Repatriation, Repatriation of Remains, Emergency Reunion Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement or Security and Natural Disaster Evocation where the **plan participant** had no active involvement in such events.
- 12 The **plan participant** entering the service of any military, naval, air service, security or police force, national guard or reserve forces of any country. When they enter such service and **we** will return any un-earned portion of the premium paid.
- 13 The use of nuclear, chemical or biological weapons, ionising 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 or any nuclear assembly or nuclear component of such assembly.
- 14 The **plan participant's** claim sustained in practice for or participation in any intramural, intercollegiate, professional, or semiprofessional sporting, athletic, competition or contest or

the **plan participant's** participation in any **Sporting or Athletic Activity, Hazardous activity**.

- 15 The **plan participant's** claim occurring out of them flying other than as a passenger in a licensed passenger carrying aircraft or charter company or any rotary wing aircraft.
- 16 The **plan participant's** claims once they have attained the age of 65
- 17 Injuries recoverable under any Workmen's compensation, Employers liability laws or similar occupational benefits or in any occupation for monetary gain from sources other than the **participating organisation**.

### **Exceptions applicable to Medical Expenses and Hospitalisation Expenses and Emergency Medical Evacuation and Repatriation**

The following exceptions apply to this section. Please also refer to the General Exceptions on page 19 of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

- 1 Expenses incurred in the **plan participant's home country**.
- 2 Expenses for treatment incurred after the **expiration date** of the **plan document** or the **end date** of the **coverage period** on the **certificate of insurance** or the **plan participant** ceases to meet the **eligibility criteria**.
- 3 Expenses incurred for Emergency Medical Evacuation or Repatriation of a **plan participant** following COVID 19/SARS -Co-V-2 or mutation of variance if they did not receive a positive PCR test and have been hospitalised for treatment.
- 4 The **plan participant's pre-existing medical condition**, or complication thereof, unless specified under the Acute Onset of a Pre-existing condition benefit on the **certificate of insurance** ;
- 5 The **plan participant** travelling against the advice of their **physician**, suffering from a medical condition for which the **plan participant** is on an **inpatient** waiting list for the purposes of obtaining medical treatment or after receiving a terminal prognosis.
- 6 Any charges that does not have the prior approval of **our claims handler**.
- 7 The **plan participants pregnancy** or childbirth unless as a result of **complication of pregnancy**.
- 8 Treatment for or related to any **congenital** condition.
- 9 Treatment for or related to **mental health disorders** as defined herein other than covered under the **mental health disorder** benefit.
- 10 **Surgeries**, treatment, services or supplies which are for **experimental or research purposes**, weight modification or **surgical** treatment of obesity, including wiring of teeth and all forms of intestinal bypass, or
- 11 **Surgical** modification of the physical body in order to improve the **plan participant's** psychological, mental or emotional wellbeing such as sex change **surgery**.
- 12 Cosmetic, plastic, reconstructive, or restorative surgery unless such are Eligible expenses incurred for repair of a disfigurement caused from:
  - a) A Covered Injury;
  - b) a birth defect of an insured Eligible Dependent born while the mother was insured under this Policy; or
  - c) a mastectomy (refer to the Post-Mastectomy Coverage provision);

- 13 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;
- 14 Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic predisposition, provide genetic counseling, or administration of gene therapy;
- 15 Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any.
- 16 **Plan Participant** being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction
- 17 **Elective or cosmetic surgery and elective treatment** or treatment of **congenital anomalies** except for reconstructive surgery following **injury**.
- 18 Birth control devices and surgical procedures, or any drug or treatment that promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, tubal ligation, vasectomy, sterilization or reversal thereof;
- 19 Hospice Care: Palliative and supportive services to terminally ill **Plan Participant's** and their families;
- 20 Over-the-Counter and Non-Prescription Drugs: Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following:
  - a) Tobacco dependency
  - b) Weight reduction or appetite suppressant,
  - c) Cosmetic drugs, even if ordered for non-cosmetic purposes
  - d) Acne and rosacea drugs (including hormones and Retin-A), except for cystic and pustular acne, Vitamins, supplements, or herbs.
- 21 Personal Comfort and Convenience Items: Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take-home supplies
- 22 Podiatric Care: Routine foot care, orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
- 23 Search and Rescue: Any expenses relating to search and rescue operations to find a **Plan Participant** in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
- 24 Sexual Dysfunction: Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions;
- 25 Sleep Studies: Sleep studies and other treatments relating to sleep apnea;
- 26 Smoking Cessation: Treatments whether or not recommended by a Physician

- 27 Weight Related Treatment: Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded.
- 28 Eyeglasses, contact lenses hearing aids, hearing implants, eye refraction, visual therapy and any examination or fitting related to these devices and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness farsightedness or astigmatism
- 29 Expenses for immunizations and **routine physical examination**.
- 30 Any costs incurred for catastrophe cover following the **plan participant's** decision not to remain in their booked accommodation when official directives from local or national authorities state that it is acceptable to do so

Any costs or expenses payable incurred for catastrophe cover that recoverable from other source such as but not limited to – **participating organisation**, travel agent, tour operator, airline, hotel or other provider of services.

# Insurance Guide Dale Underwriting Partners

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by Dale Underwriting Partners and administered by Global Excel Management. Please contact Global Excel Management if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed. Global Excel Management can also help you find a provider in the preferred provider organization (PPO) network (Aetna).

Global Excel Management  
P.O. Box 10, Beebe Plain, Vermont 05823, USA

24/7 Customer Service: [service@globalexcel.com](mailto:service@globalexcel.com)

**Toll Free Number (for use in the USA): 877-839-5585\***

**Local Number (for use Outside the USA): 305-428-2838\***

\* for help locating a provider 24/7 - for claims related questions Monday - Friday 8am-5pm



## Carry your insurance ID card with you at all times.

When you go to a Doctor's office or to the Hospital, be sure to bring your insurance identification card.



With the **MyInsurance Mobile app** you have all your travel information right at your fingertips: Show your Insurance ID-Card on your phone to the doctor, view all important contact details and service hotlines, search for a doctor or hospital near your location and view the summary of your benefits.

Download the app now:



## If you become ill or injured: How to find a medical provider within the PPO Network?

Your policy utilizes the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy's administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill Global Excel Management direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call Global Excel Management for assistance at

**Toll Free Number (for use in the USA): 877-839-5585\***

**Local Number (for use Outside the USA): 305-428-2838\***

\* for help locating a provider 24/7 - for claims related questions Monday - Friday 8am-5pm



Search for a doctor, Urgent Care or Walk-in Clinic:

[www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)

Select Passport to Healthcare Primary PPO Network



## Don't use an Emergency Room (ER) in the USA unless you are having a serious or life-threatening medical problem!

Services rendered in the emergency room are extremely expensive in the USA so you need to carefully determine whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a non-serious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a **\$350 copayment** in addition to any applicable deductible or co-insurance. Go to the emergency room only for serious or life threatening conditions such as:



- ✓ Difficulty breathing
- ✓ Chest Pain
- ✓ Serious burns
- ✓ Head or Eye Injuries
- ✓ Any severe pain or severe injury
- ✓ Major broken bones (such as arm, leg, pelvis)

You will be charged \$350 (in addition to any other co-payments or deductibles required by your plan) if you use an Emergency Room (ER) for a condition that does NOT result in the Plan Participant being admitted to the hospital.

Please read your Insurance Policy before starting your travel to review your Emergency Room (ER) co-payment.

## Use an Urgent Care or Walk-In Clinic

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life threatening conditions. If the condition you have is one that you would normally visit your doctor's office, then you should go to Urgent Care instead of the ER although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays. No appointment is necessary although you do want to visit one in network if possible ([www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport) - and select Passport to Healthcare Primary PPO Network or call Global Excel Management Customer Service at **877-839-5585\***). Go to Urgent Care for non-emergency conditions such as:

- ✓ Sore throat, Common Cold or Respiratory Infections
- ✓ Ear pain, Eye or Skin Infections
- ✓ Allergies
- ✓ Painful urination
- ✓ Vomiting
- ✓ Minor injury (sprains/strains)
- ✓ Minor broken bones (such as hand, fingers, foot, toes)



Search for a doctor, Urgent Care or Walk-in Clinic:

[www.aetna.com/docfind/custom/passport](http://www.aetna.com/docfind/custom/passport)

Select Passport to Healthcare Primary PPO Network



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## All pre-existing medical conditions are excluded from coverage under this policy.



A Pre-Existing condition means any ongoing medical or dental condition or related complication You have or which you are aware of or have symptoms of or for which You are currently being or have been investigated or treated by a health professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery, or Pregnancy. Any pre-existing condition you had prior to the effective date of your policy is not covered.

## Routine health checkups or preventive care are NOT covered under this policy.

This policy is only intended to cover you for an eligible illness or injury which you incur during your program. The policy does not provide any coverage for routine care such as annual gynecological exams, school or sports physicals, or immunizations.



## The following treatments and/or supplies must always be pre-authorized:

- Inpatient Treatment and/or supplies of any kind
- Any Surgery or Surgical procedure
- Computerized Axial Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)
- Emergency Reunions and Trip Interruption

Please call Global Excel Management for pre-certification at:  
**Toll Free Number (for use in the USA): 877-839-5585**  
**Local Number (for use Outside the USA): 305-428-2838**  
or send an email to: [service@globalexcel.com](mailto:service@globalexcel.com)



## How to file a claim?

For detailed information about claims handling and reimbursements please go to the "File a claim" section under Services and Claims in your MyInsurance area at [www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance) or in the mobile app.



To access your complete insurance information please login to your personal MyInsurance area at: [www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance) or download the app!

This is not your official insurance ID card. If you don't have an official copy of your insurance ID card, please download or print it at [www.esecutive.com/myinsurance](http://www.esecutive.com/myinsurance).