

Summary of Coverage

Accident and Sickness Insurance

for

ASSE International, Inc.



ASSE Affiliated Program

Administered by:
TRAVEL INSURANCE SERVICES
Walnut Creek, California

Policy No. 9109341

Underwritten by:
The Insurance Company of the State of Pennsylvania
Philadelphia, Pennsylvania
A Member Company of American International Group, Inc.

All participants of ASSE International, Inc.'s ASPIRE Worldwide Programs whose names appear on file with ASSE International are insured under and subject to all definitions, exceptions, limitations, and provisions of the Master Policy on file with The Insurance Company of the State of Pennsylvania, Travel Insurance Services, and ASSE International.

PERIOD OF COVERAGE

1. Effective Date of Insurance: Coverage will begin upon the later of the following: a) Departure from the Insured Person's home country; b) Program begin date as stated on the Insured Person's DS2019 form; or c) Upon the effective date of coverage for which premium has been paid.
2. Expiration Date of Insurance: Coverage will end on the earlier of the following: a) The Insured Person's return to his/her home country; b) Program end date as stated on the Insured Person's DS2019 form; or c) Upon expiration of the coverage for which premium has been paid.

SCHEDULE OF BENEFITS

\$100,000	Accident or Sickness Medical (\$25 Deductible per Incident) (\$250 Emergency Room Deductible)
\$10,000	Emergency Medical Evacuation
\$10,000	Accidental Death & Dismemberment
\$7,500	Repatriation of Remains
\$200	Emergency Dental (Pain Relief)
Included	Worldwide Assistance Service

WHEN YOU NEED MEDICAL ATTENTION:

Contact either Beech Street Network or the Coalition America Provider Network for a list of participating providers at: www.beechstreet.com (800) 432-1776; available 24 hours or www.coalitionamerica.com (800) 878-7896; 8:30 am - 5:30 pm EST Mon - Fri

MAIL CLAIM FORMS TO:

Maksin Management Corp.
P.O. Box 2038, Camden, NJ 08101
info@maksin.com
(866) 723-6674 Hours: 8:30 am - 8:00 pm EST Mon - Thurs
8:30 am - 6:00 pm EST Friday

EMERGENCY MEDICAL ASSISTANCE SERVICE:

TO OBTAIN ASSISTANCE IN THE EVENT OF AN EXTREME EMERGENCY in which immediate emergency medical care is required, contact the 24-hour assistance service, Travel Assist. Travel Assist can verify coverage, organize all emergency medical transportations, and provide multilingual assistance. Call toll free in the U.S. 1-800-626-2427 or collect from outside the U.S. 0-713-267-2525. When calling Travel Assist, refer to Policy No. 9109341 and Travel Assist No. 3600.

ALL EMERGENCY EVACUATIONS AND REPATRIATION OF REMAINS ARE TO BE ORGANIZED THROUGH TRAVEL ASSIST.

DESCRIPTION OF COVERAGES

ACCIDENT/ SICKNESS MEDICAL – \$100,000 USD

When a covered Injury or Illness results, the Company will pay:

- In Hospital Medical Services 100% of Covered Expenses
- In Hospital Surgical Services 100% of Covered Expenses
- Out of Hospital Medical Expenses 100% of Covered Expenses

(Excess of a \$25 Deductible per incident/ \$250 Emergency Room Deductible, if not admitted.)

In no event shall the Company's maximum liability exceed \$100,000 per incident as to covered expenses during any one period of individual coverage.

DEDUCTIBLE: The \$25 deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement. There will be a \$250 per incident deductible for emergency room visits if the Insured is not admitted.

Medical Covered Expenses

For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered Covered Expenses:

1. Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except 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, or two (2) times the average semi-private room charge if confinement to an intensive care unit is required, or the actual charge for an intensive care unit made by the servicing hospital, whichever is less;
2. Charges made for diagnosis, treatment and surgery by a Physician;
3. Charges made for the cost and administration of anesthetics;
4. 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;
5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Hotel room charge, when the Insured Person, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond control of Insured;
7. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

Coverages shall be excess of all other valid and collectible insurance indemnity. Expenses incurred for an Insured Person who has primary coverage will be paid and subrogated against the primary carrier. The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges.

MEDICAL EXCLUSIONS

No benefits shall be payable for medical expenses provided herein with respect to expenses incurred: For Pre-Existing Conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within 1 year prior to the effective date of this insurance; for services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; for suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane; declared or undeclared war or any act thereof; for injury sustained while participating in professional athletics; for sickness resulting from pregnancy, childbirth, or miscarriage; for miscarriage resulting from accident; for routine physical 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 disability established by the prior call or attendance of a physician; for cosmetic or plastic surgery, except as the result of an accident; for elective surgery which can be postponed until the insured returns to his/her country of residence; for any mental or nervous disorders or rest cures; for dental care, except 1) as a result of injury to natural teeth caused by an accident, or 2) emergency dental treatment to relieve pain, up to \$200; for 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; in connection with alcoholism or drug addiction, or use of any drug or narcotic agent; for congenital anomalies and conditions arising out of or resulting therefrom; for expenses which are non-medical in nature; for the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided; for expenses as a result of or in connection with intentionally self-inflicted injury; for expenses as a result of or in connection with the commission of a felony offense; for specific named hazards: motorcycle driving, scuba diving, mountain climbing (the scaling of rock faces by means of special equipment and techniques), skydiving, professional or amateur motorized racing, and piloting an aircraft; or 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.

EMERGENCY MEDICAL EVACUATION – \$10,000 USD

The Company will pay benefits for Covered Expenses incurred up to a maximum of \$10,000 if an insured person is outside 100 mile radius from their primary residence if any injury or illness commencing during the course of a trip results in the necessary Emergency Evacuation of the Insured Person. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's injury or illness warrants the Emergency Evacuation of the Insured Person. Primary residence is the Insured's home country.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: a) recommended by the attending Physician, or b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation. Special transportation includes, but is not limited to air ambulances, and ambulances, and private motor vehicles.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Principal Sum – \$10,000 USD

The Company will pay an indemnity if an Insured Person sustains a loss resulting from Injury, provided that such loss occurs within 365 days after the date of accident causing such loss. The Company will pay for the following: Loss of Life, Principal Sum; Loss of Two Members, Principal Sum; and Loss of One Member, One-Half the Principal Sum.

The term "Loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. The term "Member" means hand, foot, or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident. The Aggregate Limit of Indemnity per accident is \$2,000,000.

REPATRIATION OF REMAINS – \$7,500 USD

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her home country) if he or she dies, while outside 100 mile radius from their primary residence, not to exceed the maximum of \$7,500. Primary residence is the Insured's home country.

All Emergency Medical Evacuations and Repatriation of Remains are to be organized through Travel Assist.

With respect to Accidental Death & Dismemberment, Emergency Medical Evacuation, and Repatriation of Remains, the policy does not cover any loss, fatal or non-fatal, caused by, or resulting from: 1) suicide or self destruction or any attempt thereat while sane or insane; 2) disease of any kind; 3) bacterial infection except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) injury sustained in consequence of riding as a pilot, operator, or member of crew of any aircraft, except as a passenger; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country. With regard to Emergency Medical Evacuation and Repatriation of Remains, exclusions 2, 3, and 4 above shall be deleted.

DEFINITIONS

The term "Hospital" as used herein shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

The term "Physician" as used herein shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "Injury" wherever used herein means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while the policy is in force and resulting directly and independently of all other causes in loss covered by the policy.

The term "Illness" wherever used herein means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

The term "Disablement" with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician.

Policy terms and conditions are briefly outlined in this Summary of Coverage. Complete provisions pertaining to this insurance plan are contained in the master policy on file with the Insurance Company of the State of Pennsylvania, ASSE International, Inc. and Travel Insurance Services. In the event of any conflict between this Summary of Coverage and the master policy, the master policy will govern.