

ACCESS YOUR BENEFITS USING GBG ASSIST



When you need to see a doctor, follow these steps:

- 1 Contact GBG Assist
- 2 See GBG Assist recommended provider
- 3 If necessary, file a claim for any out-of-pocket expenses

GBG Assist must be contacted **prior** to seeking medical treatment or treatment in an Emergency Room. Failure to do so may result in a reduction in benefits. For life threatening emergencies, contact GBG Assist within **48 hours** of the emergency.

You can also contact GBG Assist if you have any questions regarding:

- Medical benefits
- How to file a claim
- Status of claim
- How to find an In-Network provider (call GBG Assist or visit www.gbg.com)

Prescription Drugs

Please present your ID card to the pharmacist to receive a discounted rate. You will need to pay upfront and then file a claim for reimbursement with GBG.

GBG Assist

1.800.817.4345

GBGAssist@gbg.com



ACCESS YOUR INSURANCE INFORMATION



To access your insurance ID Card and 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

Creating Your Personal Account

To create your personal account, you will need:

- Your First and Last Name
- Certificate Number
- Your Date of Birth

Pre-Authorization

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

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (this service will be coordinated by the underwriter's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and rehabilitation Services

Please submit a completed Pre-Authorization Request Form to GBG Assist a minimum of **5 business days prior** to the scheduled procedure or treatment date. For more information, call GBG Assist.



EMERGENCY CARE VS. NON-EMERGENCY CARE



Emergency Care

Emergency rooms treat patients with life-threatening conditions who need care immediately. Some examples of emergency conditions include:

- Difficulty breathing
- Fainting
- Chest pain or pressure
- Uncontrolled bleeding
- Coughing or vomiting blood
- Sudden severe pain
- Poisoning
- Major injuries, such as broken bones
- Sudden facial drooping or weakness in an arm or leg

Remember to contact GBG Assist within **48 hours** for life-threatening or emergency situations. If you are not admitted to the hospital, you will be billed a \$350 Copayment in addition to any applicable deductible.

Non-Emergency Care

For all other non-emergencies, contact GBG Assist. Some examples of non-emergencies are:

- Cold or flu symptoms
- Sore throat
- Earache
- A fever that is relieved with over-the-counter medication
- Toothache
- Minor broken bones (such as hand, fingers, foot, toes)
- Minor cuts, scrapes and abrasions
- Muscle sprains
- Sunburn

Please note that these lists are not all-inclusive and meant for illustrative purposes only.

What to do if you become ill abroad

Participants in the USA

You are required to contact GBG Assist prior to obtaining medical care unless you are having a life-threatening emergency such as difficulty breathing, excessive bleeding or pain, severe eye injury, chest pain, severe burns. Go immediately to an emergency room or call 911 if having a life-threatening emergency.

Contact GBG Assist by calling **1-800-817-4345** or email **gbgassist@gbg.com**

GBG Assist will triage your medical situation and refer you to an appropriate level of care medical provider in the Aetna network, if possible. Failure to call GBG Assist prior to receiving treatment in a non-life threatening situation could result in financial penalty.

Pre-Authorization is required for the following services. Fifty percent (50%) reduction of eligible medical expenses if Pre-Authorization requirements are not met up to a maximum penalty of \$1,000. Contact GBG Assist by calling 1-800-817-4345 or email gbgassist@gbg.com for details.

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Insurer's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

Pre-Authorization is required for the following services to maximize the benefits covered under the plan and to arrange for direct billing with the medical provider:

- Interfacility Ambulance Transfer: No coverage if Pre-Authorization requirements are not met.
- Medical Evacuation: No coverage if not approved by the company.

Participants in all other countries

Your insurance plan includes a free choice of hospitals, clinics or physicians. However you should always call GBG Assist before you seek treatment, to ensure that they can coordinate your case with the physician or specialist. Through GBG Assist you can receive recommendations and counseling about treatment facilities that are located in the area where you reside. Contact GBG Assist 24/7 toll-free before proceeding with any treatment:

1.905.669.4920 (Worldwide Collect)

Emergency Room Treatment (only in the USA)

In the US you should only go to an Emergency Room in case of a serious or life-threatening accident or illness, for example: Head injuries, Chest pain, Loss of consciousness, Difficulty breathing, Seizures, Excessive Bleeding or Pain.

In all other cases, as for example: Sports Injuries, Sore throats, Minor cuts, Cold/flu, Sprains and strains, Urinary tract infections, Earaches, Simple fractures, Minor burns please use a Convenience Care, Walk-in or Urgent Care Clinic. Search for an Urgent Care Clinic:

http://www.aetna.com/dse/search?site_id=passport

(Click on the 'Urgent Care Centers' link under the 'Providers' section).

Please note:

All pre-existing medical conditions are excluded from cover under this policy. Pre-Existing condition means an injury, sickness, disease, or other condition that you had symptoms of or were diagnosed with during the 36 month period before your travel start date. Your condition may also be considered pre-existing if you take medication for the condition during the 36 month period before your travel start date. Please read the policy conditions document for more details on pre-existing conditions.

This is only a summary. Please refer to policy document for complete details.



American Hospitality Academy

Group Travel Insurance Plan: **Comfort100**

Policy Number: **AGS002187-286114**

This policy is underwritten by Inter Partner Assistance SA and serviced by Global Benefits Group. Inter Partner Assistance SA has a Standard & Poor's rating of AA- (with a stable outlook).

To access your complete insurance information including your Insurance ID-Card and Claims Instructions, please login to your personal MyInsurance area at:

www.esecutive.com/MyInsurance.

To create your account, you will need:

- Your Last Name
- Your First Name
- Certificate / Policy Number
- Your Date of Birth



Schedule of Benefits (All benefits shown are in USD)

Benefits will be paid on a Usual, Customary, and Reasonable basis or a negotiated basis with the contracted providers. Subject to Policy exclusions, limitations and conditions, for the charges listed, if they are:

- Incurred as a result of sickness or accidental bodily injury, under the care of a Physician; and
- Medically Necessary; and
- Ordered by a Physician; and
- Delivered in an appropriate medical setting.

Insured Amount per Person per Accident or Illness: **100,000 USD**
Deductible: **100 USD**

Coinurance: 100% of Usual, Reasonable & Customary (URC) Charges or Preferred Allowance, if a contracted Provider is used
 Terms of Payment: Full Excess
 Pre-Existing Conditions: 12-month Waiting Period, then limited to \$5,000 thereafter (subject to 36-month look back period, see definition)

Benefit Coverage	Covered Benefit
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
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
Emergency Dental Expense Benefit	100% URC
Palliative Dental	100% URC, up to \$200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient	100% URC
Physiotherapy Expense Benefit – Outpatient	100% URC, up to \$2,500 maximum
Return of Mortal Remains	100% URC of actual expenses up to minimum legal requirement
Emergency Medical Evacuation Expense Benefit	100% of actual expense
Emergency Medical Repatriation Expense Benefit	100% of actual expense
Emergency Reunion	100% of actual expense
Prescription Drug Benefit:	100% URC
Return Ticket Benefit	100% URC, up to \$5,000 per Policy Period
Durable Medical Equipment Expense Benefit	100% URC
Infants born following Complication of Pregnancy	100% URC up to \$75,000 maximum (\$200,000 Maximum in the USA or Caribbean)

Accidental Death and Dismemberment Benefits

Class 1 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**

Exceptions and Exclusions

Unless specifically provided for elsewhere under the Policy, the Plan does not provide benefits, nor is any premium charged, for any Medical Treatment not expressly indicated in the Eligible expense section. For further clarity, please note that the Plan does not provide benefits, nor is any premium charged, for:

1. Medical Treatment received by the Insured in his or her Home Country or country of regular domicile;
2. Medical Treatment received due to a Pre-Existing Condition or complication thereof within the first 12 months of coverage, and limited to \$5,000 thereafter;
3. Medical Treatment which is not Medically Necessary, as defined in the Policy;
4. Charges which are in excess of Usual, Reasonable and Customary;
5. Charges Reimbursable by Another Entity: Services, supplies, or treatment that are provided by or payment is available from:
 - a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country;
 - b. Another insurance company or government;
 - c. A government entity due to an epidemic or public emergency;
6. Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, examinations, or prescriptions except that the Policy will cover these expenses if the need for such results directly from a Covered Injury or covered eye surgery;
7. 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;
8. Elective or preventive surgery or any Medical Treatment related to an elective or preventive surgery including, but in no way limited to breast reduction or enlargement, circumcision, immunization antibody testing, allergy tests, antitoxins; or the correction or treatment of a deviated septum;
9. 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);
10. 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;
11. Medical Treatment for injuries sustained in practice for or participation in professional or semi-professional sports; or in practice for or participation in interscholastic or intercollegiate sports in excess of benefits provided elsewhere in this coverage, if any;
12. War or any act of war, declared or undeclared or the Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation; or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution; or participation in the armed forces, national guard, military, naval, or air services.
13. Medical treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline,
14. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane
15. Medical Treatment for Injuries sustained while taking part in: Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; motorcycle/motor scooter riding or any other two or three wheeled vehicle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing; white water rafting; snowmobiling; skiing; snowboarding
16. Medical Treatment for Injury or Sickness 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 Insured was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
 - c. if the Insured 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 Insured was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
17. Medical Treatment for an Injury or Sickness resulting from the Insured'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 Insured's Physician;
18. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes or for Compound, Specialty, and Experimental drugs;
19. Medical Treatment for obesity, including bariatric surgery and anorectics;
20. Medical Treatment related to sex transformation surgery or the reversal thereof;
21. 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 pre-disposition, provide genetic counseling, or administration of gene therapy;
22. Medical Treatment for the diagnosis and testing for or related to any learning disability or congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance;
23. Expenses incurred for an Accident or Sickness after the Policy Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
24. 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.
25. Insured being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction.
26. 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;
27. Any claim arising from pregnancy related conditions not due to complications of pregnancy which first arise after departing on your trip. Normal pregnancy or childbirth or travelling when your medical practitioner has recorded your pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event;
28. AIDS/HIV; Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV infection, and all secondary diseases;
29. Alcohol and Drug Abuse:
 - a. Treatment related to the detoxification, rehabilitation, and all support service;
 - b. Treatment of any Sickness or Injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed;
30. Extended Care: All expenses related to Extended Care from an Extended Care Facility;
31. Hospice Care: Palliative and supportive services to terminally ill Insured's and their families;
32. 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
33. 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.
34. 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.
35. 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;
36. 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;
37. Sleep Studies: Sleep studies and other treatments relating to sleep apnea;
38. Smoking Cessation: Treatments whether or not recommended by a Physician;
39. 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.
40. Treatment of Mental and Nervous Disorders.

Insurance Guide for travel to the USA / Canada

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by AXA GROUP and serviced by Global Benefits Group. Please contact GBG Assist if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed. GBG Assist can also help you find a provider in the preferred provider organization (PPO) network (Aetna) in the United States.

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

Email: GBGAssist@gbg.com

Hotline: **1 800.817.4345***

* For claims questions and if you need help to find a provider, please call the hotline.



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 GBG Assist 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 GBG Assist for assistance at **1 800.817.4345***



Search for an Urgent Care or Walk-in Clinic at:
[Passport to Healthcare](#)
or call Customer Service at: **1 800.817.4345**

Pre-Authorization is required for certain services. Call 1-800-817-4345

The following treatments and/or supplies must always be pre-authorized. Failure to Pre-Authorize will result in 50% reduction of eligible expenses up to \$1,000 maximum penalty:

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, MRIs, PET Scans
- Air Ambulance (this service will be coordinated by the underwriter's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

Medical emergency Notifications must be received within 48 hours of the Admission or procedure.

Please submit a completed Pre-Authorization Request Form to GBG Assist a minimum of 5 business days prior to the scheduled procedure or treatment date. For more information, please call **1 800 817 4345**

GBG Assist must be contacted prior to seeking medical treatment including treatment in an Emergency Room unless you are having a life-threatening emergency. You must contact GBG Assist within 48 hours of such an emergency. Failure to do so, may result in a reduction in benefits. Call 1-800-817-4345.

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:



NOTE: Non-Emergency Use of a hospital Emergency Room for an illness that DOES NOT result in admission will have a 350 USD deductible that must be paid by you, the insured.

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 ([Passport to Healthcare](#)) - and select Passport to Healthcare Primary PPO Network or call GBG Assist Customer Service at **1 800 817 4345***). 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 an Urgent Care or Walk-in Clinic at:
[Passport to Healthcare](#)
or call Customer Service at: **1 800 817 4345**





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

Pre-Existing Condition means any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date. The Terms and Conditions related to this plan's Pre-Existing Conditions are described in the insurance conditions (available in your MyInsurance Area).

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.



How to file a claim?

To file a claim and find detailed information about claims handling and reimbursements please go to the GBG Member Portal at

<https://portals.gbg.com/Members>

The GBG Member Portal is necessary for efficient and easy claims management as all explanation of benefits (EOBs) and forms required for claims can be found in this one site. Also, helpful hints how to "File a claim" can be found in your MyInsurance area at 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 or download the app!

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