



A Plan of Insurance

designed for

2012 Au Pair in America

administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

This plan is underwritten by The Insurance Company of the State of Pennsylvania, a member of Chartis, 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 and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern. This policy brochure is for coverage provided to au pairs arriving in the United States in 2012.

Policy # GLB 9111596

Schedule of Benefits

Coverage and Services

Maximum Limits

• Basic Medical expense (per Accident or Sickness)	\$2,500 at 80%
	\$47,500 at 100%
• Out of Network Deductible (per occurrence)	\$150
• In Network Deductible (per occurrence)	\$50
• Hospital Emergency Deductible	
Determined to be Non-Emergency	\$500
• Chiropractic Care & Therapeutic Services	
Outpatient Limit	Maximum of \$50/visit
	Maximum of 10 visits
	\$500 overall maximum
• Physical Therapy	Maximum of \$100/session
	Maximum of 15 sessions
	\$1500 overall maximum
• Emergency Dental	Not Covered
• Accidental Death & Dismemberment	\$3,000
Team Assist Package	Included
Team Assist ID #	GLB 9111596
• Evacuation/Repatriation	\$100,000/\$50,000
• Emergency Family Reunion	\$2,000
• Return Air Benefit	\$2,000

Travel & Sports Package (in addition to Basic)

- Additional Month of Coverage
- Coverage for Sports related injuries

Medical Upgrade (in addition to Basic)

Maximum Limits

• Additional Medical Expense (per Accident or Sickness)	\$450,000
• Deductible (per occurrence) Reduced to	Zero
• Emergency Dental	\$500
• Physical Therapy	Covered under basic Medical Expenses

Sports Insurance-

Coverage for Sports related injuries as any other covered injury or illness. Complete list of Sports covered under this benefit can be found on page 3.

The maximum coverage allowance for treatment of one injury or illness is for 52 weeks or one year from the date of diagnosis while on your program. Continuous coverage for something you are treated for in your first year is not guaranteed when extending. Please contact your extension coordinator or CISI for more information.

Period of Coverage

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.

The Travel & Sports Package and Medical Upgrade options are available for purchase prior to your entry into the U.S. However, your purchased levels are not permitted to be altered following your arrival or between your first year and your extension year. They offer increased medical benefits (beyond the basic plan provided to all participants) and medical coverage during your final month of travel in the United States, as well as the lower deductible on your medical claims, depending on what package is purchased. You can also purchase a combination of both packages.

The Sports Insurance is sold as part of the Travel & Sports Package. It can be purchased separately once in the U.S. and coverage will only be available after a waiting period of 48 hours.

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

The effective date of your medical 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 home country after your trip as a participant.

Description of Benefits

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 a \$150 Out of Network deductible or \$50 In Network deductible per occurrence per person, incurred within 52 weeks of date of accident or commencement of sickness, while the insured is an active participant of the Au Pair in America Program up to \$50,000 for each accident or up to \$50,000 for each sickness. The first \$2,500 of covered medical expenses is payable at 80%. You are responsible for the remaining 20% of charges up to an out of pocket maximum of \$500 plus any applicable deductible. There are limitations for certain illnesses specifically addressed in the "Covered Accident and Sickness Medical Expenses" Portion of this brochure. The plan pays average semi-private hospital room and board rates.

Chiropractic and Therapeutic 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).

Physical Therapy

These shall be limited to a total of \$100 per sessions, excluding X-ray and evaluation charges, with a maximum of 15 session per injury or illness. Overall maximum coverage per injury or illness is \$1500 (includes X-ray and evaluation charges, subject to deductible). **The Medical Upgrade plan covers Physical Therapy under Basic Medical Expense with no per session limitation.**

Emergency Family Reunion

When an Insured Person is hospitalized for more than 7 consecutive days, the Company will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include the cost of a round trip economy airfare and their hotel and meals (to a maximum of \$75 per day) up to the maximum stated in the Schedule of Benefits, Emergency Family Reunion.

Return Air Benefit

In the event of death of a parent, grandparent, sibling or legal guardian, this plan will reimburse the insured person for their return airfare (economy class), not to exceed \$2,000 from the United States to the foreign point of departure.

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 semiprivate room and board accommodation
- Charges made for Intensive Care of Coronary Care charges and nursing services
- Charges made for diagnosis and treatment by a Physician
- Charges for Surgery unless such Surgery is determined to be non-emergent. If surgery is determined to be non-emergent, the cost of the round trip flight will be covered for you to go back to your home country or country of permanent residence to have the surgery performed at your own expense. If you choose to stay in the U.S. and have your surgery, charges will be covered up to the cost of what the roundtrip ticket to your home country or country of permanent residence would have been.
- There is a limited overall maximum benefit amount for expenses arising from the following conditions: tumor or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, cholelithiasis, embolism of any kind, endometriosis, aneurysm, any condition of the breast; any treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system, hysterectomy,; gallstones or urologic stones (kidney, ureteral, bladder or urethral stones and any associated complications; covered eligible expenses relating to these conditions, including any and all direct or indirect complications arising from these conditions are payable only to an overall maximum of \$20,000.00 on the Basic Plan only.
- 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
- 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

Accidental Death and Dismemberment

Accidental Death Benefit: If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit: If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

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

Travel & Sports Package 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 "Travel & Sports Package" insurance upgrade for an additional fee. This will extend the Basic Plan Coverage for an additional travel month if the insured stays in the United States. The Basic Plan coverage expires at the end of the Insured's 12th month. This also covers injuries sustained while playing certain sports as listed on page 3 of this brochure.

Medical Upgrade 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 "Medical Upgrade Package" insurance package for an additional fee. This will reduce your per occurrence deductible from \$150 to zero and increase your maximum benefit from \$50,000 to \$500,000 for Usual, Customary and Reasonable (UCR) medical expenses incurred per covered injury or illness.

Emergency Dental Coverage

The purchase of the Medical Upgrade plan will allow for reimbursement of up to \$500 for emergency dental coverage. 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 benefit does not cover routine dental care and is not intended to cover treatment resulting from past inadequate or neglectful dental care.

Team Assist Plan (TAP) as provided by Travel Assist

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by The Insurance Company of the State of Pennsylvania. The Assistance Company will be Travel Assist.

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 maximum of \$100,000 for Evacuation and \$50,000 for Repatriation. Team Assist must be notified and must approve these services.

The TAP offers these services

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. Please contact our office for a claim form and full description of coverage and exclusions before making a claim.

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.

If you require Team Assist, your ID number is GLB 9111596 Au Pair in America. In the U.S., call (800) 472-0906. Worldwide, outside the U.S., call collect (817) 826-7143 or email teamassist@culturalinsurance.com

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 in the 12 months 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 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
- Declared or undeclared war or any act therefor;
- Injury sustained while participating in professional athletics

- Injuries sustained while partaking in the following sports: Cross Country Skiing, Dog Sledding, Endurance Horse Riding, Figure Skating, Football Freestyle Skiing, Glacier Skiing, Gymkhana, HeliSkiing, Hurling, Ice Hockey, Ice Skating, Kitesailing, Kitesurfing, Land Luge, Luge, Monoskiing, Mountainboarding, Mounted Orienteering, Nordic Skiing, Parachuting (solo or tandem but not base jumping) Paragliding (over land), Parapenting (overland), Power Kiting, Rock Climbing (organized tours only), Rollerblading, Rugby Union/League, Sandboarding, Scuba Diving to 40 meters(PADI or equivalent Qualified or under Supervision), Shinty, Show Jumping, Skateboarding, Skeleton, Ski Acrobatics, Ski Stunting, Ski Training/Racing, Ski Bob, Ski Doos (supervised), Skiing, Skydiving, Snow Biking, Snowboarding, Snowmobiles (supervised), Snowshoeing, Snowsurfing, Soaring, Speed Skating Tobogganing, Vaulting, Wakeboarding, Watercross, Winter Triathlon, Zip Line **Note: Injuries sustained while partaking in these sports are covered with purchase of the Sports Insurance ONLY.**
- 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 (TMJ)
- 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 Country, 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 or Illness 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
- Diagnosis or treatment of acne.
- Diagnosis or treatment of sexually transmitted diseases (**limited to \$500**)
- 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; 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 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 Emergency Dental Benefit

- 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

“Accident” or “Accidental” shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

“Company” shall be The Insurance Company of The State of Pennsylvania.

“Covered Expenses” shall mean expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

“Deductible” shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

“Disablement” as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

“Elective Surgery or Elective Treatment” 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 purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

“Eligible Benefits” shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered

by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

“Emergency” shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

“Family Member” shall mean a spouse, parent, sibling or Child of the Insured Person.

“Home Country” shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

“Hospital” as used in this Policy 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.

“Illness” wherever used in this Policy shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

“Injury” wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

“Insured Person(s)” shall mean a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

“Medically Necessary” or “Medical Necessity” shall mean services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

“Mental and Nervous Disorder” shall mean a Sickness that is a mental, emotional or behavioral disorder.

“Permanent Residence” shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

“Physician” as used in this Policy 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 jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

“Reasonable and Customary” shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

“Relative” shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.



Cultural Insurance Services International (CISI)
 River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
Phone: 203-399-5130 • Fax: 203-399-5596
 claimshelp@culturalinsurance.com • www.culturalinsurance.com