



STUDENT PROTECTION PROGRAM

This pamphlet contains information
on Sickness/Accident
and Trip Insurance

Comprehensive Insurance Package
for WorldStrides Participants

Program underwritten by:
ACE American Insurance Company

2014 Travel

SUMMARY OF COVERAGE

ELIGIBILITY: All participants who have enrolled in a program with the WorldStrides, including chaperones and teachers.

DESCRIPTION OF COVERED ACTIVITIES: Travel on a Trip that is sponsored by WorldStrides.

SCHEDULE OF BENEFITS

PART A	Accidental Death & Dismemberment Principal Sum	\$10,000
PART B	Medical Expense Benefit	\$1000
	Accidental Dental Expense	\$200
PART C	Emergency Medical Benefits	Up to \$10,000
PART D	Emergency Medical Evacuation	100%
PART E	Repatriation of Remains	100%
PART F	Trip Cancellation ("Terrorism")	\$3,000
	Trip Cancellation (Other)	\$300
PART G	Trip Interruption	\$250

The amounts for PARTS B, C, D, E and G apply on a per person, covered accident and sickness basis. PARTS D and E are 100% of Covered Expenses,

EXCESS INSURANCE PROVISION

The insurance provided under PARTS B, C, F, G shall be in Excess of all other valid and collectable insurance and shall apply only when such benefits are exhausted.

PART A

ACCIDENTAL DEATH: (\$10,000 Principal Sum) If injury to the Insured Person shall result in the death of the Insured Person, within 364 days of the covered accident, ACE American Insurance Company will pay the Accidental Death Benefit.

ACCIDENTAL DISMEMBERMENT: (\$10,000 Principal Sum) If injury to the Insured Person shall result, within 365 days of the covered accident, in any one of the losses specified below, ACE American Insurance Company will pay the Accidental Dismemberment Benefit indicated in the percentage below:

<u>Loss of</u>	<u>Percentage of Principal Sum</u>
Life	100%
Two or more members	100%
One member	50%
Thumb and Index Finger of the Same Hand	25%

Aggregate Maximum for all losses to all Insured Persons due to a single covered accident: \$250,000. Benefits payments will be reduced proportionately to each Insured Person, so the total amount payable will equal the aggregate maximum amount.

"Member" shall mean Loss of Hand or Foot, Loss of Sight or Loss of Speech, and Loss of Hearing.

“Loss” shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle or joint; with regard to speech, the total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. Loss of Hearing shall mean total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. Loss of Sight means the total, permanent Loss of Sight of one eye that is irrecoverable by natural, surgical or artificial means. Loss of Thumb and Index Finger of the Same Hand shall mean complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). Severance shall mean the complete separation and dismemberment of the part from the body.

If more than one such specified loss results from the same accident, only one amount, the largest, shall be paid.

PART B

MEDICAL EXPENSE BENEFIT: (\$1,000 Maximum After a \$300 Deductible per covered accident or sickness – Pays Excess) ACE American Insurance Company will pay benefits resulting from a covered injury or sickness as follows: 1) Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including but not limited to: use of operating room or emergency room); 2) services of a Doctor or a registered nurse (R.N.); 3) ambulance service to and from a Hospital; 4) laboratory tests; 5) radiological procedures; 6) anesthetics and their administration; 7) blood, blood products, and the transfusion thereof; 8) physiotherapy; 9) medicines or drugs administered by a Doctor or that can be obtained only with a Doctors written prescription; 10) dental charges for Injury to sound natural teeth (up to a \$200 Maximum per Injury); 11) emergency medical treatment of pregnancy; 12) artificial limbs or eyes (not including replacement of these items or dental braces); 13) casts, splints, trusses, crutches and braces (not including replacement of these items or dental braces); 14) oxygen or rental equipment for administration of oxygen; 15) rental of a wheelchair or hospital-type bed; 16) rental of mechanical equipment for treatment of respiratory paralysis; and; 17) Chiropractic expenses on an inpatient or outpatient basis; 18) Therapeutic termination of pregnancy

The charges enumerated above shall in no event include any amount of such charges which are in excess of usual and customary charges. Usual and customary charges means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date

such services or supplies which give rise to the expense or charge are rendered or obtained. Coverage is limited to covered expenses incurred subject to the Exclusions section.

Initial treatment of an injury or sickness must occur within 30 days of the covered accident or sickness. The maximum benefit period is 364 days from date of the covered accident or sickness.

PART C

EMERGENCY MEDICAL BENEFITS:

(Up to \$10,000) ACE American Insurance Company will pay benefits for expenses incurred for emergency medical services to treat an Insured Person if the Insured Person: 1) suffers a Medical Emergency during the course of a Trip, and is traveling outside of his or her Home Country of Permanent Assignment. And is traveling outside of his/her Home Country or Country of Permanent Assignment. Covered Expenses Include:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.

2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility. Benefits for the Covered Expenses will not be payable unless:

1. The charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and

2. Do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless ACE American Insurance Company authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Europ Assistance USA.

PART D

EMERGENCY MEDICAL EVACUATION BENEFIT: (100% of Covered Expenses) ACE American Insurance Company will pay benefits for Covered Expenses incurred for the medical evacuation of the Covered Person. Benefits are payable if the Covered Person: suffers a Medical Emergency during the course of the Trip; requires Emergency Medical Evacuation; and is traveling outside of his or her Home Country of Permanent Assignment.

Covered expenses are:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of his or her Medical Emergency and upon the

request of the Doctor designated by Europ Assistance USA in consultation with the local attending Doctor.

2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Europ Assistance USA to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) he or she is the only person traveling with the minor Dependent child(ren); and c) he or she suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join him or her during his or her emergency medical evacuation to a different hospital, treatment facility or his or her place of residence.

Benefits for these covered expenses will not be payable unless:

1. The doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's medical emergency requires an Emergency Medical Evacuation;
2. All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. The charges incurred are medically necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. The expenses do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless ACE American Insurance Company or its authorized assistance provider authorizes in writing all expenses in advance.

PART E

REPATRIATION OF REMAINS: (100% of Covered Expenses) ACE American Insurance Company will pay benefits for reasonable expenses incurred for preparation and return of the Insured Person's body to his/her Home Country if he or she dies as a result of a Medical Emergency while traveling outside of his/her Home Country. Covered expenses include:

1. Expenses for embalming or cremation.
2. The least costly coffin or receptacle adequate for transporting the remains.
3. Transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless ACE American Insurance Company authorizes in writing, or by an authorized or electronic or telephonic means, all expenses in advance, and services are rendered by Europ Assistance USA.

PART F

TRIP CANCELLATION – OTHER: (\$300 Maximum) ACE American Insurance Company will reimburse the Insured if the Insured Person is prevented from taking his/her trip due to death or the unforeseen sickness or injury of the Insured Person or an immediate family member or traveling companion. ACE American Insurance Company will reimburse the non-refundable money the Insured Person paid for the trip, subject to a maximum of \$300. The injury or sickness must be so disabling as to reasonably cause a trip to be interrupted

TRIP CANCELLATION – TERRORISM: (\$3,000 Maximum) Benefit coverage also includes cancellation due to "terrorism," which is defined as:

1. An act of violence against American interests and determined by United States officials to be a terrorist act. The terrorist act must occur within the country scheduled to be traveled to and after the effective date of the Insured's Trip Cancellation coverage and within 45 days of the date the Insured is originally scheduled to travel. Or:
2. An act of violence directed at or occurring in an aircraft traveling or scheduled to travel between the United States and Western Europe in either direction, or between the United States and a country where the Insured is originally scheduled to travel that is determined by United States officials to be a terrorist act. The terrorist act must occur after the effective date of the Insured's Trip Cancellation coverage and within 45 days of the date the Insured is originally scheduled to travel. Or:

3. The issuance of a travel warning by the United States Department of State to avoid a country of destination to which the Covered Person is ticketed to travel. The travel warning must be issued after the enrollment form and premium are received for the Covered Person's Trip Cancellation coverage and within 45 days of the date the Covered Person is ticketed to travel.

The maximum amount payable for a trip cancellation that results from 1,2, or 3 above is \$3,000.

PART G

TRIP INTERRUPTION: (\$250 Maximum) ACE American Insurance Company will reimburse the Insured if the Insured Person is unable to continue on his/her trip due to: (a) the death of a family member; (b) the unforeseen injury or sickness of the Insured Person, the Insured Person's traveling companion or Insured Person's Immediate Family Member. The injury or sickness must be so disabling as to reasonably cause a Trip to be interrupted; (c) substantial destruction of the Insured Person's principal residence by fire or weather related activity; or (d) a medically necessary covered Emergency Medical Evacuation to return the Insured person to his Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an injury or sickness.

ACE American Insurance Company will reimburse the Insured Person for a one-way economy air and/or ground transportation ticket from the point where the Insured Person ended the trip back to the U.S. (home base), up to the maximum of \$250.

EXCLUSIONS

The Policy does not cover any loss or injury that is caused by or results from: 1) alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a doctor; 2) intentionally self-inflicted injury; suicide or attempted suicide; 3) piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline; or flight in any aircraft owned or leased by WorldStrides; 4) active participation in a riot, or insurrection or commission of, or attempt to commit, a felony; 5) war or any act of war; riot, civil commotion or police action; or 6) motorcycling; scuba diving; jet, snow, or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. 7) sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

In addition to the exclusions above, ACE American Insurance Company will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) routine physicals; 2) routine dental care and treatment; 3) cosmetic surgery, except for reconstructive surgery needed as the result of an injury; 4) eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids; 5) services, supplies, or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature; 6) injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits; 7) treatment or service provided by a private duty nurse; 8) treatment by any immediate family member or member of the Insured Person's household; 9) any expenses covered by another employer or government sponsored plan for which, and to the extent that the Insured is eligible for reimbursement. 10) routine nursery care. 11) expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered). 12) custodial Care. 13) services or expenses incurred in the Covered Person's Home Country. 14) elective treatment, exams or surgery; elective termination of pregnancy. 15) expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States. 16) expenses payable by any automobile insurance policy without regard to fault. 17) organ or tissue transplants and related services.

The insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Name of Group: WorldStrides
Policy Number: GLM NO 11 71 90 2

HOW TO FILE A CLAIM

Submit your claim form directly to ACE American Insurance Company, A&H Claims, P.O. Box 5124, Scranton, PA 18505-0556; phone: 1-800-336-0627 (inside USA) or 1-302-476-6194 (outside USA); 1-302-476-7857 (facsimile for claims or inquiries) within 30 days from returning home. For emergencies overseas, please contact Europ Assistance USA at 1-800-243-6124 or 1-202-659-7803 (call collect—dial 0, ask for an international operator, inform the international operator that you would like to make a collect call). A claim form must accompany every claim incident that is being filed for processing. In order to avoid delaying the processing of a claim, the form must be completed in its entirety. ACE American Insurance Company will notify you in writing requesting additional information if necessary. Include a complete copy of your WorldStrides invoice(s) showing your tour name, group leader, trip code and tour date. Please return all unused transportation/airline tickets to WorldStrides.

HOSPITAL AND MEDICAL EXPENSES

Obtain receipts from the treating physicians, hospitals, etc., stating the amounts paid, the diagnoses and the treatment you received. Submit claims to all other hospital and/or medical plans under which you have coverage for medical expenses. Include copies of all correspondence exchanged including the final outcome of such claims to ACE American Insurance Company, P.O. Box 5124, Scranton, PA 18505-0556.

TRIP CANCELLATION AND INTERRUPTION

Obtain medical statements from the doctors in the country where sickness or accident occurred. The statement should provide a complete diagnosis and state that the sickness or injury prevented traveling on the contracted travel dates. Provide copies of all unused transportation tickets, official receipts, etc.

***NOTE** – The Insured Person must report cancellation or interruption to WorldStrides immediately so that they can secure airline and tour operator refunds. Please call 1-800-771-5353.

MEDICAL EVACUATION AND REPATRIATION

All claims will be handled directly with Europ Assistance USA. They will instruct you on how to proceed at the time of service. Please call 1-800-243-6124 or 1-202-659-7803 collect (outside the U.S.—dial 0, ask for an international operator and inform the international operator that you would like to

GENERAL INFORMATION

1. Payments are made directly to the Provider unless otherwise arranged for in advance.
2. For questions regarding this policy, please contact:

AIM – Accident Insurance Marketing
16601 Ventura Boulevard, Suite 500
Encino, California 91436-1921

(818) 905-3289 (Phone)

(818) 501-7612 (Fax)

Europ Assistance USA

Toll Free from within USA and Canada
1-800-243-6124

From France 0800-901-570;
Germany 0800-817-6080; Italy 800-877-145;
UK 0800-894-035

Outside the USA or Canada call direct or collect:
202-659-7803

Refer to: Policy #GLM N0 11 71 90 2

Europ assistance USA #01AH585

IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA.

ACE continues to monitor federal and state laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

DEFINITIONS

Trip – means travel by air, land, or sea from the Insured's Home Country.

Insured – means a person in a Class of Eligible Persons whom the required premium is paid making insurance in effect for that person.

Injury – means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a covered accident. The injury must be caused solely through external and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

Sickness – means an illness, disease or condition of the Insured that first occurs: a) while coverage under the policy is in force; and b) during a trip. All related conditions and recurrent symptoms of the same or similar condition will be considered one sickness.

Traveling Companion – means a person who accompanies the Covered Person on the entire Trip and who shares accommodations with the Covered Person for the entire Trip.

Immediate Family Member – means a person who is related to the Insured in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; grandparents; son- or daughter-in-law; brother- or sister in-law.

Medical Emergency – means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary – means a treatment, service or supply that is: 1) required to treat an injury or sickness; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not medically

necessary. A service or supply may not be medically necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. ACE American Insurance Company may consider the cost of the alternative to be the covered expense.

Pre-existing Condition – means an illness, disease or other condition of the Insured that in the 180 day period before the Insured's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a reasonable person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

SUBROGATION

If any other person or organization is responsible for a claim paid under the policy, the ACE American Insurance Company may take legal action under its direction and at its expense in the name of the insured, who agrees to cooperate fully and do nothing after loss to prejudice such rights.

TERM OF COVERAGE

1) An Eligible Person will be insured on later of a) the Policy Effective date; b) the date he or she is eligible; or c) the trip departure date, except for the Trip Cancellation Benefit, which is effective from the date of enrollment. 2) Insured's coverage will end on the earliest of the date a) the policy terminates; b) the Insured is no longer eligible; c) the period ends for which premium is paid; d) the Scheduled Trip return date; e) the Insured returns to his or her Home Country; f) the trip exceeds the Maximum Period of Coverage.

EUROP ASSISTANCE USA

PRE-DEPARTURE SERVICES

Europ Assistance USA will provide Eligible Customers with the following pre-trip information: Visa, Passport and Inoculation Requirements, Cultural Information, Temperature and Weather Conditions, Embassy and Consular Referrals to the nearest American Consulate or Embassy, Foreign Exchange Rates, and Travel Advisories.

LOST BAGGAGE / PASSPORT

Losing important baggage or documents is extremely inconvenient. Europ Assistance USA will assist in the location of lost luggage, documents and personal items. Airlines, government authorities and card issuers are among those who will be contacted, if necessary.

-EVACUATION AND REPATRIATION

If an unforeseen medical emergency requires you to be evacuated to a treatment facility, Europ Assistance USA can coordinate your emergency medical evacuation. If you should lose your life while traveling, Europ Assistance USA can coordinate the repatriation of your remains.

TRAVEL MEDICAL EMERGENCY SERVICES

When Europ Assistance USA is notified of a medical emergency resulting from an unexpected illness or injury or an Eligible Customer or his/her covered dependents traveling on the same itinerary, its multilingual staff will, whenever appropriate in the judgement of Europ Assistance USA or a physician designated by Europ Assistance USA, attempt to establish communication with local attending medical personnel in order to attempt to obtain a full understanding of the Eligible Customer's situation and to monitor his or her condition.

MEDICAL REFERRALS

Europ Assistance USA shall use its best effort to provide the name, address and telephone number of physicians (including both general practitioners and specialists), hospitals, dentists, and dental clinics in the area in which the Eligible Customer is traveling.

REPLACEMENT OF MEDICATION AND EYEGASSES

If the Eligible Customer has an unexpected need for prescription medication while traveling; loses, forgets, or runs out of prescription medication; breaks, loses, or has eyeglasses stolen while traveling, Europ Assistance USA will attempt to locate the medication, eyeglasses or their equivalent and attempt to arrange for the Eligible Customer to obtain it locally, where it is available or have it shipped to the Eligible Customer, subject to local laws, if it is not available locally. Payment for the prescription medication, eyeglasses or any shipping expense is the responsibility of the Eligible Customer.

LEGAL ASSISTANCE

Europ Assistance USA will assist Eligible Customers in the location of local attorneys and will advance up to the Program limit in bail funds, where permitted by law, with satisfactory guarantee of reimbursement. A satisfactory guarantee of reimbursement is the ability to debit an Eligible Customer's card in the amount required and then arrange for the delivery of the advance.

EMERGENCY CASH

Europ Assistance USA will deliver emergency funds to Eligible Customers provided there is satisfactory guarantee of reimbursement. The method of delivery of

emergency funds will vary according to the Eligible Customer's need in a given situation. A satisfactory guarantee of reimbursement is the ability to debit an Eligible Customer's card and then arrange for the delivery of the advance.

EMERGENCY TRAVEL ARRANGEMENTS

Europ Assistance USA will make new reservations for airlines, hotels and other travel related services in the event of an emergency of an unexpected need for the Eligible Customer and covered dependents to return home prior to the scheduled return date.

GENERAL ASSISTANCE

Europ Assistance USA has a central location for translations and communication during emergencies. Europ Assistance USA provides advice on contacting and using services available from consulates, government agencies, translators, and other serviceproviders that can help with travel-related problems.

EMERGENCY MESSAGE CENTER

In the case of an emergency, you can leave or receive emergency messages. You can also store messages for up to 72 hours. All you have to do is call and leave your message. It's that simple!

*This is a brief description of your Europ Assistance USA. For a more detailed description please call **1-800-243-6124** (U.S.A.) or **1-202-659-7803** collect (outside the U.S.A.). To call collect from anywhere else in the world contact an AT&T International Operator.*

Policy # GLM N0 11 71 90 2
Europ Assistance USA # 01AH585
Insured Group is WorldStrides

IMPORTANT NOTICE

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered Under policy form number AH-15090. Complete details may be found in the policy on file at the WorldStrides office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Under HIPPA's Privacy Rule, the Company is required to provide you with notice of its legal duties and privacy practices with respect to personal health information. If at any time you wish to request a copy of ACE USA's HIPPA Privacy Notice, call the ACE USA Accident & Health Insurance Compliance Office at 215-640-2611.