

As a participant in a YMCA sponsored program which includes accident and sickness insurance, this brochure outlines the basic provisions of coverage in force and available to you.

PERIOD OF COVERAGE

Coverage is in force throughout the official program, normally considered to be a maximum of 14 weeks plus one day before arrival in the USA.

NATURE OF COVERAGE

A. ACCIDENTAL DEATH AND DISMEMBERMENT. If injury to an Insured shall result in any of the losses listed below within one hundred and eighty (180) days from the date of accident, the Company will pay the benefit shown for that loss, but only one payment will be made for all such losses which shall be the largest applicable.

for Loss Of:

Life	\$5,000.00
Both Hands or Both Feet	\$5,000.00
Entire Sight of Both Eyes	\$5,000.00
One Hand and One Foot	\$5,000.00
One Hand and the Entire Sight of One Eye	\$5,000.00
One Foot and the Entire Sight of One Eye	\$5,000.00
One Hand or One Foot	\$2,500.00
Entire Sight of One Eye.....	\$1,750.00
Thumb and Index Finger of Either Hand	\$1,250.00

"Loss" as above stated shall mean with reference to hand or foot, actual severance through or above the wrist or ankle joint. Loss of sight of either eye shall mean the entire and irrecoverable loss of sight thereof. Loss of a thumb and index finger shall mean actual severance through or above metacarpophalangeal joints.

B. ACCIDENT MEDICAL EXPENSE INDEMNITY — \$100,000.00 MAXIMUM LIMIT. If "injury" shall, within sixty (60) days after the date of accident, require treatment by a licensed medical practitioner or surgeon, hospital confinement, employment of a registered nurse, ambulance service, X-ray examinations, laboratory tests, use of operating room, anesthetist (private or hospital), surgical dressings or medications, plaster casts, crutches or use of a wheel chair, the Company will pay the Usual, Reasonable and Customary (UCR) expense actually incurred for such treatment, services, or supplies received by the Insured Person within fifty-two (52) consecutive weeks after the date of the accident up to an amount not exceeding \$100,000.00, as the result of any one accident with respect to such Insured Person. A \$10.00 deductible shall apply to each accident.

C. SICKNESS MEDICAL EXPENSE INDEMNITY — \$100,000.00 MAXIMUM LIMIT. If "sickness" shall, within sixty (60) days of inception, require treatment by a licensed medical practitioner or surgeon, hospital confinement, employment of a registered nurse, ambulance service, X-ray examinations, laboratory tests, use of operating room, anesthetist (private or hospital), surgical dressings or medications, plaster cast, crutches or use of a wheel chair, or use of a respirator in cases of Poliomyelitis, the Company will pay the UCR expense actually incurred for such treatment, services or supplies received by the Insured Person within fifty-two (52) consecutive weeks after the first treatment for such sickness up to an amount not exceeding \$100,000.00, as a result of any one sickness with respect to such Insured Person. A \$10.00 deductible shall apply to each sickness.

D. REPATRIATION OF REMAINS — \$7,500.00 MAXIMUM LIMIT. In the event of the death of the Insured occurring within the term of the Policy, the Company will pay the reasonable Covered Expenses incurred to return the Insured's body to their former home (in accordance with applicable international requirements), but not to exceed a maximum amount payable of \$7,500.00. Covered Expenses with respect to this benefit include but are not limited to expenses for embalming, cremation, coffins and transportation.

E. MEDICAL EVACUATION — \$10,000.00 MAXIMUM LIMIT. Benefits will be paid up to a maximum of \$10,000.00 for expenses incurred to return an Insured to his/her permanent residence when in the opinion of a legally qualified medical authority, expenses incurred due to a covered illness or injury under this insurance plan are expected to exceed the policy maximum of \$100,000.00 for the Basic Accident and Sickness Medical Expense Benefit. The method of transportation chosen shall be based on the consideration and recommendation of a legally qualified physician and shall be by the most direct and economical route.

EXCLUSIONS FROM COVERAGE

This policy does not cover the following:

1. Eye glasses or prescription therefor, or equipment for corrective treatment of sight.

2. Special appliances, except as noted in section B and C above.
3. Transportation costs, except ambulance service.
4. Suicide, or the attempt thereof, while sane or insane.
5. Injury occurring in a plane other than while riding as a passenger in a licensed passenger aircraft operated by a licensed commercial pilot, or hang-gliding apparatus, or parachuting.
6. Dental treatment, dental X-rays, dentures, except for accidents to sound, natural teeth.
7. Health treatments where no injury or sickness is involved.
8. Expenses covered by other insurance.
9. Loss caused by war or any act of war.
10. Any injury or sickness which originated prior to the effective date of the insured person's coverage and which has been under treatment during a period of less than thirty-one (31) days immediately preceding that date.

TERRITORIAL LIMITATIONS

This policy covers only injury and sickness while the Insured Person is engaged in a trip away from his place of domicile.

NOTICE OF CLAIMS

All claims must be processed through American International Companies. Duplicate copies of the claim forms (provided by ICCP or obtainable by writing to American International Companies) should be submitted, together with particulars fully substantiating each claim, immediately after the date of the accident or commencement of illness, and in any case, before departure, if possible. If available, bills for initial expenses should be sent to American International Companies with the claim forms. All subsequent bills should likewise be sent to American International Companies. All charges must be substantiated with statements submitted by doctors, hospitals, pharmacies, etc. before payment on a claim can be made.

Please refer to the instructions for completion on the back of each claim form.

A detailed explanation of the coverage provided by National Union Fire Insurance Company Inc., of Pittsburg, PA, the underwriting company and a member company of American International Group is contained in the master policy (Policy #GLB 9019705) filed at offices of the ICCP Headquarters and is available during office hours.