

Coverage Information Medical Insurance






This document provides a brief summary of your insurance plan.

To access your 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

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **AGS022372-2177617**
- Your Date of Birth:

Insurance ID-Card

 <p>UHC ID#: 6600 Health Plan#: (80840) 911-87601-04 Plan Name: UnitedHealthcare Options PPO UHC Group #: 76570037 Policy Number: AGS022372-2177617 Start Date: End Date: Co-ins: 100% Emergency Room Co-Payment: \$350 Deductible per Injury or Sickness: \$100</p>  <p style="color: red; font-size: small;">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. To access your complete insurance information, please log in at: www.esecutive.com/MyInsurance</p> <p style="font-size: x-small;">RxBIN#: 610415 RXGrp#: J257 0001 RxID#: 6600</p>	<p>Eligibility/Benefit Verification/Member & Provider Services/Pre-authorization/Emergency Assistance GBG Assist - 24 Hour Customer Service: U.S./Canada Toll-free: 1.800.817.4345 Worldwide Collect: 1.786.814.4125 Email: GBGAssist@gbg.com To find a provider, members please visit the website https://us1.welcometouhc.com/</p> <p>Claims Submission UHC Providers mail submissions/claims to UHC Global: UnitedHealthcare Options PPO P.O. Box 30526 Payor ID# USN01 Salt Lake City, UT 84130-0526 Provider Services: 1.844.251.0748</p> <p>Non-UHC Providers mail to GBG: P.O. BOX 211008 EAGAN, MN 55121 USA</p> <p>Online: www.gbg.com</p> <p style="font-size: x-small;">This card doesn't guarantee coverage. Insurance portion of the plan is underwritten by Crum & Forster SPC. AH-3943</p>   
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Schedule of Benefits

The following benefits are per person per Policy period and subject to the Insured Person's Policy period Deductible. After satisfaction of the Policy period Deductible, the Underwriter will pay the eligible benefits set forth in this Schedule at the Allowable Charge, which is defined as the Negotiated Rate or the Usual, Customary, and Reasonable (UCR). This is the lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Underwriter to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose Injury or Illness is comparable in nature and severity, or the rate that has been negotiated.

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.

All benefits shown are in USD

Insured Amount per Person per Accident or Illness:
Co-Payment:

100.000 USD
100 USD

Benefit Coverage	Covered Benefit
HOSPITALIZATION AND INPATIENT BENEFITS	
Accommodations including semi-private room	100%
Intensive Care/Cardiac Care	100%
Inpatient Consultation/Visit by a Physician or Specialist	100%
Diagnostic Testing and Hospital Miscellaneous Expense	100%
Pre-Admission Testing	100%
<ul style="list-style-type: none"> • Within 7 working days prior to admission 	

Extended Care, Skilled Nursing Facility, and Inpatient Rehabilitation <ul style="list-style-type: none"> Maximum Benefit per Period of Insurance: 30 days Must be confined to facility immediately following a hospital stay 	100%
OUTPATIENT BENEFITS	
Physician Visit or Consultation by Specialist	100%
Diagnostic Testing <ul style="list-style-type: none"> X-Ray and Laboratory MRI, PET, and CT scans 	100%
SURGICAL BENEFITS (INPATIENT/OUTPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes: <ul style="list-style-type: none"> Surgeon's Fees Out of network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary & Reasonable for surgery) Facility fees Laboratory tests Medications and dressings Other medical services and supplies 	100%
EMERGENCY BENEFITS	
Emergency Room and Medical Services	100% subject to a \$350 Co-Payment, waived if admitted. The Copay does not apply to an Injury.
Ambulance Services <ul style="list-style-type: none"> Emergency local ground ambulance 	100%
Emergency Dental <ul style="list-style-type: none"> Limited to accidental Injury of sound natural teeth sustained while covered 	100%
Palliative Dental Care <ul style="list-style-type: none"> Sudden onset of pain Maximum Benefit per Period of Insurance: \$200 per tooth 	100%
OTHER BENEFITS (INPATIENT/OUTPATIENT)	
Physical Therapy <ul style="list-style-type: none"> Maximum Benefit per Illness or Injury: \$2,500 	100%
Cancer Care and Oncology	100%
Kidney Dialysis	100%
Durable Medical Equipment <ul style="list-style-type: none"> Reimbursement of rental up to the purchase price 	100% URC
Home Health Care <ul style="list-style-type: none"> Minimum Hospital Stay: 7 consecutive days Home Health Care must begin within: 3 consecutive days after the Minimum Hospital Stay Maximum Benefit per Period of Insurance: \$10,000 	100% URC
Prescription Medications <ul style="list-style-type: none"> Up to 31-day supply per prescription 	100% of charges
Sports and Other Activities <ul style="list-style-type: none"> Injuries arising from Intramural, Interscholastic, and Club sports 	Covered, as any other Injury
Motor Vehicle Accident <ul style="list-style-type: none"> Injuries caused by Accident 	Covered, as any other Injury
Passive War and Terrorism	Included
ADDITIONAL BENEFITS	

Compassionate Care Visit	Maximum Benefit per Period of Insurance: \$5,000
Medical Evacuation and Repatriation	Maximum Benefit per Period of Insurance: \$50,000
Return of Mortal Remains	Maximum Benefit: \$25,000
Emergency Reunion	Maximum per Period of Insurance: \$500 per day up to \$5,000
Trip Curtailment/Study Interruption	Included
Future Health Consultations (Mental Health)	100% no Deductible or Co-Payment

Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000.00**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Accidental Death	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

TRIAGE AND PRE-AUTHORIZATION GUIDELINES AND PROCEDURES

TRIAGE (ONLY APPLIES TO SERVICE IN THE USA)

Triage is a required process by which an Insured contacts GBG Assist **prior** to obtaining medical care and is directed by GBG Assist where to go to receive the appropriate level of care by a network provider. **TRIAGE IS MANDATORY** prior to seeking medical care at an emergency room unless the Insured is having a life-threatening emergency such as difficulty breathing, excessive bleeding, traumatic injury. A \$350 emergency room Co-Payment will be waived if the Insured is triaged and sent to the emergency room, waived for injury. GBG medical staff will make the final decision regarding Medical Necessity of the emergency room. **Call GBG at 1-800-817-4345 or email gbgassist@gbg.com**

Pre-Authorization is a process by which an Insured Person or a medical person on behalf of the Insured obtains approval for certain non-emergency, medical procedures or treatments prior to the commencement of the proposed medical treatment.

This requires the Insured or a medical person on behalf of the Insured to submit a completed Pre-Authorization Request form to GBG Assist, a minimum of 5 business days prior to the scheduled procedure or treatment date.

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.

Treatments and supplies listed below: Fifty percent (50%) reduction of eligible medical expenses if Pre-authorization requirements are not met. Maximum Penalty: \$1,000. The penalty amount is not applied towards the deductible. Medical Emergency Notifications must be received within 48 hours of the Admission or procedure. In instances of medical emergency, the Insured should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network.

- 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

Call GBG at 1-800-817-4345 or email gbgassist@gbg.com

GBG Assist will review the matter and respond to the Insured or the medical person. To assure reimbursement for covered services, written approval from GBG Assist must be received by the Insured prior to the commencement of the proposed medical treatment. It is the Insured Person's responsibility to make sure Pre-Authorization is obtained when necessary. The Insured will obtain a letter of authorization, prior to the performance of those services for both Pre-Authorization requests and Network information, Customer Service representatives are available 24 hours a day, every day.

Please note: Some treatment requests may require longer than 5 days for the review process to be completed.

Notwithstanding the requirement to Pre-Authorize:

- Pre-Authorization approval does not guarantee payment of a claim in full, as Deductibles, charges in excess of Usual, Customary and Reasonable and out of pocket charges may apply.

Benefits payable under the Policy are still subject to Eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

This plan is underwritten by Crum & Forster Segregated Portfolio Captive.

"A" (Excellent) from A.M. Best.

The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.

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

Please be advised this document is only a summary. Please refer to the policy for complete details. In the event of a discrepancy between this document and the policy, the policy is the prevailing document.

MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

All services and benefits described below, including expenses for medical treatment not expressly indicated in the Medical Expense Benefit section, are either excluded from coverage or limited under this Plan of insurance.

1. **Abortion:** Any voluntarily induced termination of pregnancy and complications thereof, except if the mother's life is in danger,
2. **AIDS/HIV:** Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARC), HIV positive, all secondary diseases,
3. **Aircraft Travel:** Travel in any aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year,
4. **Alcohol and Substance Abuse:** 1) Treatment of any illness or injury caused by, contributed to, or resulting from voluntary use of alcohol, illegal substance abuse, drug, poison, gas or fumes, or any medication that is not taken in the dosage or for the purpose prescribed. 2) Medical expenses related to diagnosis, detoxification, counseling or other rehabilitative services.
5. **Breast reduction:** All services and treatments,
6. **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; or; b) Another insurance company or government; or c) A government entity due to an epidemic or public emergency; d) Services provided normally without charge by the Health Services Center of the institution attended by the Insured Person, or services covered or provided by a student health fee,
7. **Cosmetic and Elective Surgery for Non-Medical Reasons:** Treatments, procedures or medications which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under this Plan. Medical complications arising from such treatments or procedures are also not covered,
8. **Dental Care:** a) All expenses related to dental care except for Accidental injury to sound, natural teeth b) unless pediatric dental is shown on the Schedule of Benefits,
9. **Experimental or Off-Label Services:** Services, supplies or treatments, including medications, which are deemed to be Experimental or Investigational or that is not medically recognized for a specific diagnosis,
10. **Fertility/Infertility Treatments and Birth Control:** Any services, procedure or treatment including medications used to: a) Treat infertility including In-vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. b) Vasectomies and sterilization, and any expenses for male or female reversal of sterilization, c) Contraceptive devices including the insertion or removal of such devices, including oral contraceptives,
11. **Genetic Screening:** Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease,
12. **Hearing Care:** Hearing exams, hearing aids or devices, unless due to an Injury/Illness covered under the Plan. Surgical implantation of, or removal of bone anchored hearing devices and cochlear implants,
13. **Home Country:** All medical charges incurred in the Insured Person's Home Country in excess of the amount shown on the Schedule of Benefits,
14. **Illegal Activities:** Injuries or illnesses resulting or arising from or occurring during the commission of an assault or felony,
15. **Immunizations for Travel:** Vaccines and preventive medications recommended or required for travel to specific countries,
16. **Maternity Care:** Prenatal care, childbirth, postnatal care, miscarriage due to any cause, and premature birth.
17. **Mental and Nervous Disorders:** Inpatient and Outpatient Treatment as identified in the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual or the International Classification of Diseases,
18. **Motor Vehicle:** Medical expenses: 1) Resulting from a motor vehicle Accident unless the benefit is provided for on the Schedule of Benefits, 2) If the operator of a motor vehicle is the Insured Person and does not possess a valid motor vehicle operator's license in the jurisdiction in which the motor vehicle Accident occurred, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor, 3) The operating of any type of vehicle or conveyance by the Insured Person while under the influence of alcohol or any illegal substance, drug, poison, gas, or fumes including prescribed drugs for which the Insured was provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the jurisdiction in which the Covered Loss occurred,
19. **Nasal Surgery:** Deviated septum, submucous resection and/or other surgical correction thereof, nasal and sinus surgery except for treatment of a covered Injury,
20. **Non-Medical Care:** Services related to Custodial Care, respite care, home-like care, assistance with Activities of Daily Living (ADL), or Milieu Therapy. Any Admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities. Any Admission arranged wholly or partly for domestic reasons, where the Hospital effectively becomes or could be treated as the Insured Person's home or permanent abode,

- 21. Organ Transplant:** Organ transplant and related procedures and expenses,
 - 22. Podiatric Care:** Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services not resulting from an Illness or Injury. 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.
 - 23. Pre-Existing Conditions:** a) Expenses for Pre-Existing Conditions, unless coverage is provided for and shown on the Schedule of Benefits, b) Expenses incurred during a Waiting Period if shown on the Schedule of Benefits,
 - 24. Prescription Medications:** Prescription Medications, services or supplies as follows:
 - a) Therapeutic devices or appliances including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in this Plan, b) Immunization agents, except as specially provided, biological sera, blood or blood products administered on an Outpatient basis, c) Refills in excess of the number specified or dispensed after one year of the date of the prescription, d) Growth hormones, e) Medications used to treat or cure baldness or thinning hair.
 - 25. Preventive Care and Immunizations:** Annual exams, immunizations for travel or medical, screening tests, and other diagnostic procedures in the absence of an Illness/Injury,
 - 26. Self-Inflicted Illnesses, Injuries, or Exceptional Danger:**
 - a) Treatment for any conditions as a result of self-inflicted Illnesses or injuries, suicide or attempted suicide, while sane or insane, b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily Injury, except in an endeavor to save human life,
 - 27. Sexual Dysfunction:** Any procedures, supplies, or medications used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions,
 - 28. Skin Conditions:** Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne,
 - 29. Sleep Studies:** Sleep studies and other treatments relating to sleep apnea,
 - 30. Smoking Cessation:** Treatments and other expenses, whether or not recommended by a Physician,
 - 31. Sports and Hazardous Activities:** a) Participation, practice, or conditioning program for any Intramural, Interscholastic, Intercollegiate, or professional sport or activity, or travelling to/from such sport or activity as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, any one, two, or three wheeled motorized vehicle and use of any powered vehicle other than the manner in which intended,
 - 32. Transgender, gender or agender treatment or services:** medical or psychological counseling, hormonal therapy, and surgical procedures. Treatment of any kind in preparation for, or subsequent to, any surgery, and any other expenses related to such treatment, including the complications arising from such procedures,
 - 33. Vision Care:** Expenses including examinations, eye refractions, frames, lenses, contact lenses, fitting of frames or lenses, or vision correction surgery, unless the pediatric vision benefit is shown on the Schedule of Benefits,
 - 34. War and Terrorism:** a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations, b) voluntary, active participation in a riot or insurrection, c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity, d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof,
 - 35. 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,
 - 36. Services or treatment rendered by any person who is:** a) living in the Insured Person's household, b) an Immediate Family Member of either the Insured Person or the Insured Person's spouse, or c) the Insured Person,
- Services or treatment related to or arising from or in connection with all trips to the United States undertaken for the purpose of securing medical treatment or supplies.

6.2 NON-MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

The Insurer shall not be responsible for providing the following non-medical expense benefits to an Insured Person in a situation arising from or in connection with any of the following:

1. Travel costs that were neither arranged or approved in advance by the Insurer or authorized vendor or affiliate,
2. Taking part in military or police operations,
3. Insured Person's failure to properly procure or maintain visa, permits, or other documents,
4. The actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of the contributory cause,
5. Any evacuation or Repatriation that requires an Insured Person to be transported in a biohazard-isolation unit,
6. Medical evacuation from a marine vessel, ship, or watercraft of any kind,
7. Medical evacuation directly or indirectly related to a natural disaster,
8. Subsequent medical evacuations for the same or related Illness, Injury, or emergency medical evacuation event regardless of location.

6.3 ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

The losses shown below or expenses resulting from or in connection with any of the following are excluded from coverage under this Plan.

1. **Illegal Activities:** Losses resulting or arising from or occurring during the commission of an assault or felony.
2. **Kidnap and Hijacking:** Any loss caused directly or indirectly from kidnap or wrongful detention of the Insured or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Insured Person is travelling.
3. **Professional Sports:** Any loss sustained while participating in or training for any sport or activity performed for financial gain.
4. **Self-Inflicted Illnesses, Injuries, or Exceptional Danger:** a) Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane, b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily Injury, except in an endeavor to save human life.
5. **Sports and Hazardous Activities:** a) Participation, practice, or conditioning program for any Intramural, Interscholastic, Intercollegiate, or professional sport or activity, or travelling to/from such sport or activity as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, any one, two, or three wheeled motorized vehicle and use of any powered vehicle other than the manner in which intended,
6. **Substance Abuse:** Any loss directly or indirectly resulting from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed.

War and Terrorism: a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations. b) voluntary, active participation in a riot or insurrection c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity. d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

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 Crum & Forster SPC 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 (UnitedHealthcare) 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.



Always 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.

If you become ill or injured: How to find a medical provider within the PPO Network?

Your policy utilizes the UnitedHealthcare Options PPO 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:
[UHC Provider Link](#)
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: difficulty breathing, uncontrolled bleeding, severe burns, stroke symptoms, chest pain.



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 ([UHC Provider Link](#)) - 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:
[UHC Provider Link](#)
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?

The GBG Member Portal is necessary for efficient and easy claims management as you can file a claim, access all explanation of benefits (EOBs), receive requests for additional information and required forms can all be found on this one site. The site also provides instructions on how to file claims and contact GBG if you have any questions.

You will need to create an account to access the GBG Member Portal. Go to www.gbg.com and click on "Member Login". First, you will have to register your new account providing the following information- some of which is found on your insurance identification card:

- 1.GBG ID (same as UHC ID#)
 - 2.First and last name
 - 3.Date of birth
 - 4.Email address (must match the email used when you were enrolled)
 - 5.Create desired username
 - 6.Create password
 - 7.Security question #1
 - 8.Security question #2
- Please take a few minutes and become familiar with all of the helpful features available on this website. If you encounter any problems, please call GBG Assist at 800.817.4345 or collect 905.669.4920

Disclaimer:

To access your complete insurance information please login to your personal MyInsurance area at: www.esecutive.com/MyInsurance

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

Guía de seguro para viajar a los EE.UU. / Canadá

Su organización de intercambio lo ha inscrito a una póliza de seguro de salud contra enfermedades y lesiones, la cual está financiada por Crum & Forster SPC, y Global Benefits Group es quien presta el servicio. Si tiene alguna duda sobre sus beneficios médicos, cómo presentar un reclamo o sobre el estado de un reclamo que haya presentado, póngase en contacto con GBG Assist. GBG Assist también puede ayudarlo a hallar un proveedor en la red (UnitedHealthcare) de organizaciones proveedoras preferidas en los Estados Unidos.

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 EUA
Correo electrónico: GBGAssist@gbg.com
Línea directa: **1 800.817.4345***

* Para hacer preguntas sobre los reclamos y si necesita ayuda para hallar un proveedor, llame a la línea directa.



Lleve con usted su tarjeta de identificación del seguro en todo momento.

Cuando usted va a un consultorio médico o al hospital, asegúrese de tener consigo su tarjeta de identificación del seguro.



Siempre muestre su tarjeta de identificación del seguro al médico, vea todos los detalles importantes de contacto y las líneas directas de servicios, busque un médico u hospital cerca de su ubicación, y vea el resumen de sus beneficios.

Si se enferma o lesiona: ¿Cómo encontrar un proveedor médico dentro de la Red PPO?

Su póliza utiliza el UnitedHealthcare Options PPO Network. Los proveedores médicos que pertenecen a esta red son considerados proveedores preferidos y tienen un contrato con el administrador de su póliza para facturarles directamente por servicios prestados a sus participantes. Esto significa que tendrá gastos subvencionales bajo su póliza, un proveedor preferido facturará directamente a GBG Assist al momento del servicio y usted sería el único responsable de cualquier deducible o copago. Usted puede buscar por su cuenta una red de proveedores preferidos en el siguiente enlace, o llamar a GBG Assist para solicitar ayuda al **1 800.817.4345***



Busque una clínica de atención urgente o ambulatoria en [UHC Provider Link](#) o llame a servicio al cliente al **1 800.817.4345**

Se requiere pre-autorización para ciertos servicios. Llame al 1-800-817-4345.

Los siguientes tratamientos y/o suministros siempre deben ser preautorizados. La falta de pre-autorización resultará en una reducción del 50 % en gastos elegibles, y una sanción de hasta \$1000 máximo:

- Hospitalización
- Cirugía ambulatoria
- Exploración por CAT, resonancias magnéticas, exámenes PET
- Ambulancia aérea (este servicio estará coordinado por el Proveedor de ambulancia aérea de la aseguradora)
- Tratamientos especializados y medicamentos de alta especialidad
- Terapia física y servicios de rehabilitación

Las notificaciones de emergencias médicas deberán recibirse en el transcurso de 48 horas después del ingreso o tratamiento.

Envíe un Formulario de solicitud de pre-autorización lleno a GBG Assist, mínimo 5 días hábiles antes del procedimiento programado o fecha de tratamiento. Para más información, llame al **1 800 817 4345**

Se debe contactar a GBG Assist antes de buscar tratamiento médico, incluyendo tratamiento en una sala de emergencias, salvo que tenga una emergencia que ponga en riesgo su vida. Debe ponerse en contacto con GBG Assist dentro de las 48 horas de dicha emergencia. Al no hacerlo, puede haber una reducción de los beneficios. Llame al 1-800-817-4345.

Los servicios prestados en la sala de emergencias son extremadamente costosos en los EE.UU., por lo que es necesario que determine con cuidado si es apropiado o no ir ahí por tratamiento.

No acuda a la sala de emergencia solo porque es el único lugar abierto o para tratar una enfermedad o lesión menor. Existen alternativas a la sala de emergencias. De hecho, si acude a la sala por una condición no grave, prepárese para esperar un largo tiempo, ya que pacientes en condiciones más graves tendrán prioridad. Además, si no es admitido en el hospital, se le facturará un **copago de \$350** en adición de cualquier deducible o coaseguro aplicable. Acuda a la sala de emergencias solo en casos de condiciones graves o que pongan en riesgo su vida, como dificultad para respirar, sangrado descontrolado, quemaduras severas, síntomas de derrame, dolor de pecho.



NOTA: El uso que no sea de emergencia de una sala de emergencias de un hospital debido a una enfermedad que NO resulte en admisión resultará en una deducción de 350 USD que usted como asegurado deberá pagar.

Use una clínica de urgencias o ambulatoria

La alternativa a la sala de emergencias es un Centro de cuidados urgentes, el cual es llamado “Clínicas ambulatorias” o de “cuidado conveniente”. Cuidados urgentes se usa para tratamiento ese mismo día, pero no es para condiciones graves o potencialmente mortales. Si la condición que padece es una con la que normalmente visitaría el consultorio de su médico, entonces debe acudir a Cuidados urgentes en lugar de la sala de emergencias, aunque el primero no está destinado a cuidados preventivos de rutina. Cuidados urgentes tiene horarios extendidos, y está abierto en fines de semana y algunos días festivos. No se necesita cita, aunque si es posible, puede visitar uno de la red ([UHC Provider Link](#)) – o llamar a servicio al cliente de GBG Assist al **1 800 817 4345***. Acuda a Cuidados urgentes para condiciones que no sean de emergencia, como:



- ✓ Dolor de garganta, resfriado común o infecciones respiratorias
- ✓ Dolor de oído, infecciones de ojos o de la piel
- ✓ Alergias
- ✓ Micción dolorosa
- ✓ Vómito

Busque una Clínica de cuidados urgentes o ambulatoria en [UHC Provider Link](#) o llame a Servicio al cliente a **1 800 817 4345**

- ✓ Herida menor (esguinces/torceduras)

- ✓ Huesos rotos (como la mano, dedos, pie, dedos del pie)



Todas las condiciones médicas preexistentes están excluidas de la cobertura de esta póliza.

Una condición preexistente se refiere a cualquier enfermedad o lesión, condición física o mental, para la cual una Persona asegurada recibió cualquier diagnóstico, asistencia médica o tenga un medicamento prescrito, o en el que síntomas distintos fueron evidentes antes de la fecha de vigencia. Los Términos y Condiciones relacionados a las Condiciones preexistentes de este plan están descritos en las condiciones del seguro (disponibles en su Área MyInsurance).

Las revisiones médicas de rutina o los cuidados preventivos NO están cubiertas en esta póliza.

Esta póliza está destinada a cubrirlo en una enfermedad o lesión aplicables que padezca durante su programa. Esta política no brinda cobertura alguna por cuidado rutinario como exámenes ginecológicos anuales, médicos escolares o deportivos, o inmunizaciones.



¿Cómo presentar un reclamo?

El Portal de miembros de GBG es necesario para una gestión de reclamaciones eficiente y sencilla, ya que puede presentar una reclamación, acceder a todas las explicaciones de beneficios (EOB), recibir solicitudes de información adicional y los formularios necesarios se pueden encontrar en este sitio. El sitio también proporciona instrucciones sobre cómo presentar reclamaciones y comunicarse con GBG si tiene alguna pregunta.

Deberá crear una cuenta para acceder al Portal de miembros de GBG. Vaya a www.gbg.com y haga clic en "Inicio de sesión para miembros". Primero, deberá registrar su nueva cuenta proporcionando la siguiente información, parte de la

cual se encuentra en su tarjeta de identificación de seguro:

- 1.ID de GBG (igual que el número de identificación de UHC)
- 2.Primer Nombre y apellido
- 3.Fecha de nacimiento
- 4.Dirección de correo electrónico (debe coincidir con el correo electrónico utilizado cuando se inscribió)
- 5.Elija el nombre de usuario deseado
- 6.Crea la contraseña
- 7.Pregunta de seguridad n.º1
8. Pregunta de seguridad n.º2 Tómese unos minutos y familiarícese con todas las funciones útiles disponibles en este sitio web. Si tiene algún problema, llame a GBG Assist al 800.817.4345 o llame al 905.669.4920

Descargo de responsabilidad:

Para ingresar a la información completa de su seguro, ¡inicie sesión en su área personal de MyInsurance en: www.esecutive.com/MyInsurance

Exención de responsabilidad: Esta no es su tarjeta oficial de identificación del seguro. Si no tiene una copia oficial de su tarjeta de identificación del seguro, descárguela o imprímala en www.esecutive.com/MyInsurance