

## Summary of Coverage

# Accident and Sickness Insurance

for

**AuPairCare**  
**LIVE-IN CHILDCARE**

Administered by:



TRAVEL INSURANCE  
SERVICES

Policy No. 9124869

Underwritten by:

The Insurance Company of the State of Pennsylvania  
Philadelphia, Pennsylvania  
A Member Company of American International Group, Inc.

All participants of Intrax AuPairCare whose names appear on file with the Company are insured under and subject to all definitions, exceptions, limitations, and provisions of the Master Policy on file with The Insurance Company of the State of Pennsylvania, Travel Insurance Services, and the Policyholder.

### PERIOD OF COVERAGE

1. Effective Date of Insurance: Coverage will begin upon the later of the following: a) Departure from the Insured Person's home country; or b) Receipt of full premium by the Company.
2. Expiration Date of Insurance: Coverage will end on the earlier of the following: a) The Insured Person's return to his/her home country; or b) Upon expiration of the coverage for which premium has been paid.

### SCHEDULE OF BENEFITS

\$1,000,000	Accident or Sickness Medical (\$25 Deductible per incident) (\$250 Emergency Room Deductible)
\$100,000	Emergency Medical Evacuation
\$50,000	Accidental Death & Dismemberment
\$50,000	Paralysis
\$50,000	Repatriation of Remains
\$2,500	Bedside Visitation
Up to 60 days	Mental & Nervous Disorder
\$250,000	Accidental Dental
\$400	Emergency Dental (Pain Relief)
\$2,500	Flight Home - Death in Family
\$500	Baggage/Personal Effects
Included	Worldwide Assistance Service

#### WHEN YOU NEED MEDICAL ATTENTION:

Contact either Beech Street Network or the National Preferred Provider Network for a list of participating providers at: [www.beechstreet.com](http://www.beechstreet.com) (800) 432-1776 available 24 hours or [www.nppn.com](http://www.nppn.com) (800) 557-1656 between 8:30 am - 6:00 pm EST Mon - Fri

#### MAIL CLAIM FORMS TO:

Maksin Management Corp.  
P.O. Box 2038, Camden, NJ 08101  
[info@maksin.com](mailto:info@maksin.com)  
(866) 480-4044 Hours: 8:30 am - 8:00 pm EST Mon - Thurs  
8:30 am - 6:00 pm EST Friday

#### EMERGENCY MEDICAL ASSISTANCE SERVICE:

TO OBTAIN ASSISTANCE IN THE EVENT OF AN EXTREME EMERGENCY in which immediate emergency medical care is required, contact the 24-hour assistance service, AIG Travel Assist. AIGTravelAssist can verify coverage, organize all emergency medical transportations, and provide multilingual assistance. Call toll free in the U.S. **1-800-626-2427** or collect from outside the U.S. 001-713-267-2525. When calling AIG Travel Assist, identify yourself as an Intrax AuPairCare insured and refer to Policy No. 9124869 and AIG Travel Assist No. 4893.

ALL EMERGENCY EVACUATIONS, BEDSIDE VISITATIONS, REPATRIATION OF REMAINS, AND FLIGHT HOME BENEFITS ARE TO BE ORGANIZED THROUGH AIG TRAVEL ASSIST.

## DESCRIPTION OF COVERAGES

### **ACCIDENT/SICKNESS MEDICAL – \$1,000,000 USD**

When a covered Injury or Illness results, the Company will pay:

In Hospital Medical Services ..... 100% of Covered Expenses

In Hospital Surgical Services ..... 100% of Covered Expenses

Out of Hospital Medical Expenses ..... 100% of Covered Expenses

(Excess of a \$25 Deductible / \$250 Emergency Room Deductible, if not admitted.)

In no event shall the Company's maximum liability exceed \$1,000,000 per disablement as to covered expenses during any one period of individual coverage.

**DEDUCTIBLE:** The \$25 deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement. There will be a \$250 per incident deductible for emergency room visits if the Insured is not admitted.

### **Medical Covered Expenses**

For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered Covered Expenses:

1. Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the actual charge for intensive care unit made by the servicing hospital, whichever is less;
2. Charges made for diagnosis, treatment and surgery by a Physician;
3. Charges made for the cost and administration of anesthetics;
4. 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;
5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Hotel room charge, when the Insured Person, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond control of Insured;
7. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

Charges above shall in no event include any amount of such charges which are in excess of regular and customary charges.

## MEDICAL EXCLUSIONS

With respect to Accident/Sickness Medical, no benefits shall be payable for medical expenses provided herein with respect to expenses incurred:

1. **For Pre-Existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed one year prior to the effective date of the Insured Person's coverage;**
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For pregnancy, childbirth, or miscarriage;
7. For routine physical 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 disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders or rest cures over 60 days;
11. For dental care, except 1) as a result of injury to natural teeth caused by an accident not to exceed \$250,000 or 2) Emergency dental treatment to relieve pain up to \$400;
12. For 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;
13. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
17. For expenses as a result of or in connection with intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of a felony offense;
19. For specific named hazards: motorcycle driving, scuba diving, mountain climbing, skydiving, skiing, professional or amateur racing, and piloting an aircraft;
20. 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.

## **EMERGENCY MEDICAL EVACUATION – \$100,000 USD**

The Company will pay benefits for Covered Expenses incurred up to a maximum of \$100,000 if any injury or illness commencing during the course of a trip results in the necessary Emergency Evacuation of the Insured Person. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's injury or illness warrants the Emergency Evacuation of the Insured Person.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: a) recommended by the attending Physician, or b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation. Special transportation includes, but is not limited to air ambulances, and ambulances, and private motor vehicles.

## **REPATRIATION OF REMAINS – \$50,000 USD**

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her home country) if he or she dies, not to exceed the maximum of \$50,000.

All Emergency Medical Evacuations and Repatriation of Remains are to be organized through AIG Travel Assist.

**With respect to Accidental Death & Dismemberment, Emergency Medical Evacuation, and Repatriation of Remains, the policy does not cover any loss, fatal or non-fatal, caused by, or resulting from:**

1) suicide or self destruction or any attempt thereof while sane or insane; 2) disease of any kind; 3) bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) injury sustained in consequence of riding as a pilot, operator, or member of crew of any aircraft, except as a passenger; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country. With regard to Emergency Medical Evacuation and Repatriation of Remains, exclusions 2, 3, and 4 above shall be deleted.

## **BEDSIDE VISITATION – \$2,500 USD**

The Company will pay the cost of a round-trip economy airline ticket to bring one person (who is a close relative) chosen by the Insured to and from the hospital or other medical facility where the insured is confined when, in the opinion of medical practitioner acceptable to the Company, such a visit is necessary due to a bodily injury or illness which constitutes an immediate danger to life. AIG Travel Assist must make all arrangements for any benefit to be payable.

## **ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

### **Principal Sum – \$50,000 USD**

The Company will pay an indemnity if an Insured Person sustains a loss resulting from Injury, provided that such loss occurs within 365 days after the date of accident causing such loss. The Company will pay for the following: Loss of Life, Principal Sum; Loss of Two Members, Principal Sum; and Loss of One Member, One-Half the Principal Sum.

The term "Loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. The term "Member" means hand, foot, or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident. The Aggregate Limit of Indemnity per accident is \$250,000.

### **Paralysis – \$50,000 USD**

The Company will pay a percentage of the maximum benefit limit if Injury to the Insured results within 365 days of the date of the accident that caused the Injury as follows: Quadriplegia 100%; Paraplegia, 75%; Hemiplegia, 50%. If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

## **FLIGHT HOME – \$2,500 USD**

If an Insured's immediate family member dies while the Insured is on a trip during the course of this Policy, the Company will pay for the cost of one round trip economy airfare ticket to the location of the funeral or family member's residence.

## **BAGGAGE/ PERSONAL EFFECTS – \$500 USD**

If, while on a trip, the Insured's Baggage and/or personal effects are documented as being lost, stolen or damaged, the Company will reimburse him or her up to the maximum of \$500. In order for this benefit to be payable, the lost, stolen, or damaged Baggage and/or personal effects must be owned by and accompany the Insured during the trip. The Company will pay the least of the following: (a) cash value (original cash value, less depreciation as determined by the Company); (b) the cost of repair; or (c) the cost of replacement.

All payments accumulate to the Individual Maximum shown on the Schedule.

### **Loss of a Pair/Set**

In case of a loss to a pair or set, the Company may elect to: (a) repair or replace any part, to restore the pair or set to its value before the loss; or (b) pay the difference between the cash value of the property before and after the loss.

All items claimed over \$150 must be accompanied by an original receipt. If receipts are not provided, benefits may be reduced.

In the case of theft, documentation of theft of the Baggage and/or personal effects must be part of a report by the police or other local authority or, in the case of loss or damage, documentation from the appropriate party responsible for the loss or damage.

### Extension of Coverage

If an Insured has checked his or her property with a Common Carrier and delivery is delayed, coverage for the Baggage/ Personal Effects will be extended from the earliest of: 1) the time until the Common Carrier delivers the property; 2) once the property is documented as lost, stolen or damaged; or 3) 7 days after the date the Trip was scheduled to be completed. This extension does not include loss caused by the delay.

### Payment of Loss

The Insured must: (a) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs. The Company will reimburse the Insured for those expenses. The Company will not pay for further damage if the Insured fails to protect his/her Baggage; (b) allow the Company to examine the damaged Baggage and/or require the damaged item to be sent in the event of payment; (c) send sworn proof of loss as soon as possible from the date of loss, providing the amount of loss, date, time, and cause of loss, and a complete list of damaged/ lost items; or (d) in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to reduce his/her loss.

### BAGGAGE/PERSONAL EFFECTS EXCLUSIONS

Benefits will not be provided for any loss or damage to: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as Baggage with a Common Carrier); household furniture; prosthetic limbs, false, artificial teeth, dental bridges, any type of eyeglasses, sunglasses or contact lenses; hearing aids; keys, money, stamps, stocks, bonds, notes or securities accounts, bills, currency, deeds, postal or money orders, food stamps or other evidence of debt, credit cards; tickets, except for administrative fees required to reissue tickets or documents and valuable papers; sporting equipment if loss or damage results from the use thereof; perishables and consumables; contraband, illegal transportation or trade; items seized by any government, government official or customs official; art objects or musical instruments; property shipped as freight, or shipped prior to the Confirmed Arrival Date; business items; or property used in trade, business, or for the production of income.

Benefits will not be provided for any loss resulting (in whole or part) from: war or any act of war, whether declared or undeclared; any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not; loss or damage caused by detention, confiscation or destruction by customs; wear and tear or gradual deterioration; natural defect or damage sustained due to any process or repair; defective materials or craftsmanship; animals, rodents, insects or vermin; inherent vice or damage; confiscation or expropriation by order of any government or public authority; or use

of Insured's property for a military purpose; seizure or destruction under quarantine or custom regulation; radioactive contamination; usurped power or action taken by governmental authority in hindering, combating or defending against such an occurrence; transporting contraband or illegal trade; theft or pilferage while left unattended in any vehicle, unless there are visible signs of forcible entry; mysterious disappearance; sporting equipment damaged while being used; breakage of brittle or fragile articles, cameras, camera equipment and accessories, musical instruments, radios, and similar property; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

### DEFINITIONS

- The term "Hospital" as used herein 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.
- The term "Physician" as used herein 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 state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.
- The term "Injury" wherever used herein means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while the policy is in force and resulting directly and independently of all other causes in loss covered by the policy.
- The term "Illness" wherever used herein means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.
- The term "Disablement" with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician.
- The term "Baggage" means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.
- The term "Trip" means travel outside 100 miles from the residence of the Insured's host family, during the course of their participation with Intrax AuPairCare.

### 3rd Party Liability

The Insurer will pay on behalf of the Insured all amounts up to \$10,000 which the Insured shall become legally obligated to pay as damages for personal liability claims first made against the Insured, reported during the Policy Term, and arising out of a covered incident under the Policy. For any claims questions regarding this coverage, please contact Maksin Management at 866-480-4044.

*Policy terms and conditions are briefly outlined in this Summary of Coverage. Complete provisions pertaining to this insurance plan are contained in the master policy on file with the Insurance Company of the State of Pennsylvania, Intrax AuPairCare and Travel Insurance Services. In the event of any conflict between this Summary of Coverage and the master policy, the master policy will govern.*