

Accident Medical & Sickness - AIG Plan

Reimbursement Plan

The Accident Medical & Sickness Plan provided through AIG is a "reimbursement" plan. This means that an eligible individual must pay for all the medical costs incurred first, then file for reimbursement with AIG afterwards.

Contact Numbers

To contact AIG, call: 800-626-2427 (U.S. & Canada) (01-713) 267-2525 (International Operator)

For questions on a claim you have submitted, call: 800-551-0824, or 302-761-3700

Plan Description

The plan will pay benefits up to a maximum of \$100,000, with respect to covered expenses incurred within an incurral period of 52 weeks and resulting from a disablement. All Bodily Injuries sustained in one accident shall be considered one disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

Payment of Claims

Treatment of an injury must occur during the period of coverage. When a covered injury or illness results, the Plan will pay 100% of covered expenses for: In Hospital Medical Services, In Hospital Surgical Services or Out of Hospital Medical Expenses, after the satisfaction of a per occurrence deductible of \$100.

The 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.



Covered Expenses

The following shall be considered as 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;
- 2. Charges made of 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 radio-active 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, 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.

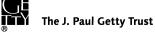
These charges shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an insured shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the sickness or bodily injury in connection with which such services and supplies are received. 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.



Non-Covered Expenses

No benefits shall be payable for medical expenses provided by this coverage with respect to expenses incurred:

- 1. Pre-existing conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed prior to the effective date of this insurance;
- 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 any sickness resulting from pregnancy, childbirth, or miscarriage;
- 7. For miscarriage resulting from accident;
- 8. 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 disablement established by the prior call or attendance of a physician;
- 9. For cosmetic or plastic surgery, except as the result of an accident.
- 10. For elective surgery which can be postponed until the insured returns to his/her country of residence;
- 11. For any mental and nervous disorders or rest cures;
- 12. For dental care, except as the result of injury to natural teeth caused by accident;



- 13. 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;
- 14. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- 15. For congenital anomalies and conditions arising out of or resulting therefrom;
- 16. For expenses which are non-medical in nature;
- 17. 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;
- 18. For expenses as a result of or in connection with intentionally self-inflicted injury;
- 19. For expenses as a result of or in connection with the commission of a felony offense;
- 20. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
- 21. 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.