

## SCHEDULE OF BENEFITS - SUMMARY

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to a Deductible of \$75/\$250 (69 and under age group) or \$250/\$500 (70-99 age group) per person for each Injury and each Sickness. Medical Expense Benefits are only payable: (1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; (2) for those Medically Necessary Covered Expenses that the Covered Person incurs; (3), for charges incurred for services rendered to the Covered Person while on a covered Trip; and (4) provided the first charge is incurred within 90 days of the Covered Accident or Sickness. Payment for Covered Expenses will not exceed the benefit limits shown below. The total amount payable under the policy will not exceed the Policy Maximums shown below.

### ACCIDENT & SICKNESS BENEFITS

Covered Services	Standard Plan \$50,000 Policy Maximum Coverage	Standard Plan \$100,000 Policy Maximum Coverage	Standard Plan \$150,000 Policy Maximum Coverage Only available for 0-69 Age Group
<b>INPATIENT BENEFITS</b>			
Hospital Room and Board	Charges Up to \$1,300 per day, to a maximum of 30 days	Charges Up to \$1,750 per day to a maximum of 30 days	Charges Up to \$1,900 per day to a maximum of 30 days
Hospital Intensive Care Unit Room and Board	Charges Up to an additional \$525 per day to a maximum of 8 days	Charges Up to an additional \$750 per day to a maximum of 8 days	Charges Up to an additional \$850 per day to a maximum of 8 days
Doctor Surgical Expenses	Charges up to \$3,000 Max	Charges up to \$5,000 Max	Charges up to \$6,000 Max
Anesthetics	Charges up to \$750 Max	Charges up to \$1,250 Max	Charges up to \$1,500 Max
Assistant Surgeon Expenses	Charges up to \$750 Max	Charges up to \$1,250 Max	Charges up to \$1,500 Max
Doctor Non-Surgical Treatment/Examination Expenses	Charges up to \$60 Max a visit, 1 visit a day, to 30 visits	Charges up to \$100 Max a visit, 1 visit a day, to 30 visits	Charges up to \$125 Max a visit, 1 visit a day, to 30 visits
Consultation visits, when requested by a Doctor	Charges up to \$400 Max	Charges up to \$450 Max	Charges up to \$500 Max
Pre-Admission Tests within 14 days before Hospital Admission	Charges up to \$1,000 Max	Charges up to \$1,100 Max	Charges up to \$1,200 Max
<b>OUTPATIENT BENEFITS</b>			
Surgical Room and Supply Expenses	Charges up to \$1,000 Max	Charges up to \$1,100 Max	Charges up to \$1,200 Max
Doctor Surgical Expenses	Charges up to \$3,000 Max	Charges up to \$5,000 Max	Charges up to \$6,000 Max
Anesthetics	Charges up to \$750 Max	Charges up to \$1,250 Max	Charges up to \$1,500 Max
Assistant Surgeon Expenses	Charges up to \$750 Max	Charges up to \$1,250 Max	Charges up to \$1,500 Max
Doctor Non-Surgical Treatment/Examination Expenses	Charges up to \$60 Max a visit, 1 visit a day, to 10 visits	Charges up to \$100 Max a visit, 1 visit a day, to 10 visits	Charges up to \$125 a visit, 1 visit a day, to 10 visits
X-Rays and Laboratory Procedures	Charges up to \$400 Max	Charges up to \$650 Max	Charges up to \$750 Max
CAT Scan, PET Scan or MRI	Up to an additional \$400 Max	Up to an additional \$650 Max	Up to an additional \$1,000
Hospital Emergency Room	Charges up to \$350 Max	Charges up to \$500 Max	Charges up to \$750 Max
Prescription Drug Expenses	Charges up to \$100 Max	Charges up to \$150 Max	Charges up to \$200 Max
<b>OTHER BENEFITS</b>			
Ambulance Expenses	Charges up to \$400 Max	Charges up to \$450 Max	Charges up to \$500 Max
Rehabilitative braces or appliances	Charges up to \$1,000 Max	Charges up to \$1,100 Max	Charges up to \$1,200 Max
Dental Treatment Injury to Sound, Natural Teeth Due to Accident	Charges up to \$450 Max	Charges up to \$500 Max	Charges up to \$550 Max
Chemotherapy and/or Radiation Therapy	Charges up to \$1,000 Max	Charges up to \$1,150 Max	Charges up to \$1,250 Max
Pregnancy or childbirth (conception must occur after the Trip begins)	Charges up to \$4,500 Max	Charges up to \$5,000 Max	Charges up to \$5,500 Max
Physical and Occupational Therapy	Charges up to \$35 Max a visit, 1 visit a day, to 12 visits	Charges up to \$45 Max a visit, 1 visit a day, to 12 visits	Charges up to \$50 Max a visit, 1 visit a day, to 12 visits
Private Duty Nurse	Charges up to \$400 Max	Charges up to \$500 max	Charges up to \$550 Max
Emergency Medical Evacuation	\$15,000 Max	\$20,000 Max	\$25,000 Max
Repatriation of Remains	\$10,000 Max	\$15,000 Max	\$20,000 Max
Accidental Death and Dismemberment	\$25,000 Principal Sum	\$25,000 Principal Sum	\$25,000 Principal Sum

#### EMERGENCY MEDICAL EVACUATION AND REPATRIATION:

These Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Contact ACE Assistance for these services at (855) 327-1414 or call direct at 630-694-9764 (24 hours a day, 7 days a week). Email: medassist-usa@axa-assistance.us. We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person: (1) suffers a Medical Emergency during the course of the Trip; (2) requires Emergency Medical Evacuation; and (3) is traveling on a covered Trip. We will pay Repatriation Benefits up to the Benefit Maximum shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip.

#### ACCIDENTAL DEATH AND DISMEMBERMENT:

If injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

For loss of	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum

#### 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.

**MARKETED BY:**  
**INDIA NETWORK SERVICES, USA**  
 407-243-8760 \* 408-850-2154  
**CLAIMS OFFICE:**

Administrative Concepts, Inc.  
 Phone: 888-293-9229 [www.visit-aci.com](http://www.visit-aci.com)

# India Network Foundation, Inc.

Serving the community  
Since 1988

## ACCIDENT and SICKNESS INSURANCE Standard Coverage

#### Features

#### Scheduled Benefits

24x7 Nurse Line, Online Quote,  
Application Instant ID Card  
& Online Claim Submission  
24x7 Access to Travel Assistance

**Insurance for Visitors to the  
United States and Canada**

**WWW.KVRAO.ORG**  
**WWW.INDIANETWORK.ORG**

**Phone: (855) 428-3425**  
**(408) 850-2154**  
**Fax: (407) 479-3289**

## INDIA NETWORK FOUNDATION ACCIDENT AND SICKNESS INSURANCE

**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 form number AH-15090. Complete details may be found in the policy on file with the Policyholder. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

### INSURANCE ELIGIBILITY

All non-US citizens and their eligible dependents (if coverage has been elected), while visiting the United States. Eligible dependents are any of the following persons while accompanying the Member in the USA: the Member's legal spouse, and their unmarried dependent children under 19 years old, 25 if a full-time student, who is chiefly dependent on the Covered Person for support. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Covered Person for support and maintenance. A newborn child born of a Covered Person covered under the Policy will be covered for the first 31 days after birth. If adoption, birth or marriage occurs while the Member is covered by this plan, the member will have 31 days within which to pay the required additional premium to enroll any newly eligible dependents for the remainder of the Member's period of coverage.

### CANCELLATION POLICY

Cancellation is applicable only if occurs before start date of coverage, and it requires \$25 processing fee. Please fill out the cancellation form, and fax your completed form to 407-479-3289. Cancellation or refund is not offered on or after effective date of insurance.

### ENROLLMENT

Members may enroll for coverage, subject to the following rules: 15 days premium is the minimum acceptable premium; 364 days premium is the maximum acceptable premium; and the full premium for entire stay in USA is payable at the time of enrollment. Members may re-enroll for coverage periods not exceeding 12 months.

Enrollment into this program can be done in following ways:

- ⇒ Complete and submit online India Network Membership Form under the **Online Forms link** at <http://www.kvrao.org> or <http://health.indianetwork.org>
- ⇒ Complete and submit online Insurance Enrollment Form available under the **Online Forms link** at the above mentioned websites.
- ⇒ On Successful completion of online application, Insurance Certificate will be produced on the web page for your record and as proof of insurance.

Membership and Accident and Sickness Insurance forms can also be downloaded from our websites and faxed to (407) 479-3289 with proper credit card authorization for membership and premium. The India Network Services will mail the insurance card and Summary of Benefits to India Network member's address in US for coverage of more than one month.

### REPATRIATION BENEFITS

Policy holders get scheduled benefits for the preparation and repatriation of the body to the home county if they die as a result of a medical emergency while traveling on a covered trip. Covered expenses include

- ⇒ Cremation,
- ⇒ Coffin (the least costly),
- ⇒ Transportation of the remains,
- ⇒ Escort for the person traveling with the body.

### EFFECTIVE AND TERMINATION DATES OF INSURANCE

Coverage of members and their eligible dependents enrolled in this plan will begin at 12:01 AM on the latest of the following dates: the Policy's Effective Date; the departure date from home country; or the date that India Network Services receives the insurance enrollment form and the required premium.

Coverage of the Covered Person will end on the earliest of: the date the Covered Person returns to his or her home country; the scheduled Trip return date; the date the Covered Person is no longer eligible; the last day of the period for which the required premium is paid; or the Policy Termination Date. Coverage of a Covered Person's dependents will end when the Covered Person's coverage ends.

### DEFINITIONS

**Injury means:** accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered 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 Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Pre-Existing Condition means:** an illness, disease, or other condition of the Covered Person that in the 12 months period before the Covered Person's coverage became effective under the Policy: 1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a 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.

**Usual and Customary Charges (U&C) 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.

**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. Covered Expenses are payable only after the Covered Person satisfies any Deductible and only when such expenses are in excess of amounts paid by any other valid and collectible insurance.

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- commission of, or attempt to commit, a felony.
- 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).
- the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in a riot or insurrection.
- Mental and nervous disorders

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- 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 Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Preexisting Conditions.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- expenses incurred for birth control including surgical procedures and devices.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Covered Person is eligible for reimbursement.

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

**Underwritten by ACE American Insurance Company**

**Pre-existing Conditions:** No Coverage for Pre-existing Conditions under this standard plan.

General questions about the Insurance Plan should be addressed to India Network Services. Contact India Network Services between 9:00 a.m. and 6:00 p.m. (EST), Monday through Friday. Please provide your Primary ID (Passport Number) when you call India Network Services Office or ACI Claims Office.

**INDIA NETWORK SERVICES**  
7065 Westpointe Blvd, Ste. 209, Orlando FL 32835  
(407) 243-8760 \* (408) 850-2154  
Information available online at:  
[www.kvrao.org](http://www.kvrao.org)  
[health.indnet.org](http://health.indnet.org)

### ASSISTANCE SERVICES

ACE Assistance can help travelers with medical emergencies by:

- ⇒ Emergency Medical Evacuation & treatment en-route if necessary
- ⇒ Repatriation of remains in the event of Covered Person's death
- ⇒ Medical emergencies and many other services (see web)

The ACE Assistance communications network is available 24 hours a day, seven days a week to provide assistance to the Covered Person.

Call Toll Free number: (855) 428-3425 or Direct number: (633) 694-9764 or email [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us). Visit [www.acetravelassistance.net](http://www.acetravelassistance.net) for access to global threat assessments and location based intelligence.

Username: [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us) PW: ace&h

### CLAIMS

Claims process begins by submitting a duly completed online claim form found on the web site under '**Online Forms**'. The claim form has two sections—First section should be completed online by the Covered Person; and the second section should be completed by the provider (doctor's office or hospital, etc.).

Providers or Covered Person can submit the fully completed claim form to ACI Claims Office below.

### MAIL CLAIMS FORMS TO:

**Administrative Concepts, Inc.**  
994 Old Eagle School Road Suite 1005  
Wayne, PA 19087-1802  
Phone: 888-293-9229 - [www.visit-aci.com](http://www.visit-aci.com)

### CLAIM QUESTIONS

All claims related questions should be addressed to ACI Claims Office after claims have been submitted; and more than six weeks elapsed. Contact claims office between 8:00 AM and 8:00 PM (EST) Monday through Friday at: **888-293-9229**

**Keep this brochure with you as a  
summary of Coverage.**