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Insurance Underwritten by



Policy Number 11-200355



Rotary Foundation Travelers

2011-2012

Plan Arranged By

THE HARBOUR GROUP
"Insuring The Health of Tomorrow's Leaders"SM

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A comprehensive Medical
Benefit Plan designed for
**Rotary Foundation
Travelers including:**

- Scholars
- Rotary Peace Fellows
- Group Study Exchange
Team Members and Leaders
- Vocational Training
Team Members and Leaders

Medical Insurance Plan



Eligibility

If You are a Rotary Foundation Traveler participating in a Rotary Foundation Program, You are eligible to enroll in this plan. You must be engaged in full-time educational activities or vocational training in Your host country to qualify.

Eligible Dependents include Your spouse and Your unmarried dependent children under age 19 who have a similar visa or passport and who accompany You while You are engaged in international vocational training or education activities.

How to Enroll in the Plan

To enroll for coverage under this plan, visit our website at www.hginsurance.com, or complete the attached enrollment form and return it to The Harbour Group along with payment for the total premium due. You will receive a medical insurance identification (ID) card, and information on how to utilize the plan.

When Coverage Begins and Ends

Coverage begins at 12:01 a.m., on the later of: (1) the date You request on the enrollment form; or (2) the date that full premium and completed enrollment form are received by The Harbour Group. Enrollment forms sent by fax or on-line will be effective at 12:01 a.m. on the day following the date received by The Harbour Group.

Coverage ends at 12:01 a.m. on the earlier of: (1) last day for which Your premium has been paid; (2) the date You cease to be eligible for this insurance; or (3) the date the plan terminates.

Definitions

The following important definitions apply to the policy:

Accident means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a loss due to or contributed to by disease or Sickness.

Deductible means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

Expense means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

Hospital means a licensed institution including a tax supported institution of the state, which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the hospital's full service wing.

Injury means bodily harm caused by an Accident which occurs while the policy is in force and is the sole cause of the Loss.

Insured means a Rotary Traveler as described in the eligibility section, or Rotary Traveler's eligible dependent covered by the plan.

Loss means medical Expense caused by Injury or Sickness and covered by the policy.

Medically Necessary means medical services, supplies or treatments authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) Consistent with the symptoms or diagnosis; (b) Appropriate and accepted according to good medical practice standards; (c) Not primarily for the convenience of the Insured person, Physician or other providers; and (d) Consistent with the most appropriate supply or level of services which can safely be provided to the patient.

Physician means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed, surgeon, osteopath, chiropractor, dentist, optometrist, psychologist, podiatrist, physical therapist and graduate nurse. Physician shall not include a member of the Insured's immediate family.

Pre-existing Condition means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

Sickness means disease or illness which causes a Loss while the Insured is covered by the policy. "Sickness" includes normal pregnancy and complications of pregnancy.

Usual and Customary Expense means an Expense which: (a) is charged for treatment, supplies or medical services medically necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

We, Us or Our means Markel Insurance Company.

You, Your, or Yours means the Insured Rotary Traveler.



Extension of Benefits

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to ninety (90) days after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

Accident and Sickness Benefits

	Per Injury or Sickness	
	Maximum Benefit	Deductible
Insured Rotary Traveler (up to age 70)	\$ 500,000	\$100 *
Insured Rotary Traveler (age 71-75)	\$ 250,000	\$100
Dependents	\$ 50,000	\$100

* The Deductible will be waived (reduced to \$0) for the Insured Rotary Traveler if initial medical treatment or referral is provided by the college or university's Student Health Center. The Deductible is not waived for Dependents.

When an Insured suffers a Loss from an Injury or Sickness, We will pay the covered medical Expense up to the maximum benefit, after the Deductible (see Definitions) is met. After the Deductible has been met, the plan will pay 80% of the next \$5,000 of Expenses. Thereafter, the plan will pay 100% of Expenses to the maximum benefit.

Hospital Inpatient Expense Benefits

When an Insured's Injury or Sickness requires the following services during Hospital confinement, We will pay the Expenses:

Hospital Room and Board Expense up to the semi-private rate. We will pay the Expense for an intensive care room, when Medically Necessary.

Hospital Miscellaneous Expenses such as anesthesia, operating room, laboratory tests, x-rays, oxygen tent, drugs, medicines, dressings, physical therapy and other necessary non-room and board Expenses.

Pre-Admission Tests Expense for use of outpatient facilities as needed for tests before an Insured is admitted for surgery, provided that (1) tests are required for diagnosis and treatment of the ailment for which surgery will be done; (2) a Hospital bed and operating room have been reserved before the tests are made; (3) the surgery is done within seven days after the tests; and (4) the Insured is physically present for tests.

Surgical Expense will be paid based upon MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile. If the surgery requires the services of an anesthetist, who is not employed or retained by the Hospital in which the operation is performed, We will pay the Loss incurred up to the usual and customary charge. If the surgery requires the services of an

assistant surgeon, We will pay the Loss incurred up to the usual and customary charge.

In-Hospital Physician's Fees Expense: If, while confined to a Hospital, Your Injury or Sickness requires the services of a Physician, We will pay the Expense for such services.

Licensed Nurse Expense: If, while confined in a Hospital, Your Injury or Sickness requires the services of an R.N. or licensed practical nurse, We will pay the Expense.

Newborn Infant Expense will pay the Expense for a Newborn Infant for the first 31 days including routine nursery care up to a maximum of \$1,000.

Outpatient Expense Benefits

When You suffer a Loss from Injury or Sickness that does not require Hospital confinement, We will pay the Expense incurred. Benefits are provided as follows:

Hospital Miscellaneous Expense: We will pay the Expenses incurred by You as an outpatient for day surgery. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.

Outpatient Diagnostic X-ray and Laboratory Expense: When Your Injury or Sickness requires diagnostic x-ray or laboratory services, under the Physician's direction, We will pay the Expense.

Outpatient Prescription Medicines Expense: When Your Injury or Sickness requires prescribed medicines, We will pay 80% of the Expense up to a maximum of \$2,000.

Surgical Expense will be paid based upon MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile. If the surgery requires the services of an anesthetist, who is not employed or retained by the Hospital in which the operation is performed, We will pay the Loss incurred up to the usual and customary charge. If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to the usual and customary charge.

Outpatient Physician Fees Expense: When Your Injury or Sickness requires the services of a Physician, while not confined to a Hospital, We will pay the Expense.

Emergency Medical Expense: When Your Injury or Sickness requires the emergency medical services at a Hospital, We will pay the Expense. Emergency medical services means care for a sudden onset of an ailment which could place Your life in danger if not treated at once. We do not pay such Expense unless care is given within 12 hours after the illness begins or within 72 hours after an Accident.

Physical Therapy Expense: Including, but not limited to diagnosis, evaluation, diagnostic x-ray/lab, and therapeutic modalities, We will pay 80% of the Expense for a maximum of five visits.

Hospital Outpatient Expense: When Your Injury or Sickness requires the use of outpatient facilities of a Hospital for an emergency room, under the Physician's direction, We will pay the Expense.



Other Medical Expense Benefit

When You suffer a loss from Injury or Sickness, We will pay the Expense incurred. Benefits are allocated as follows:

Consultant or Specialist Expense: When Your Injury or Sickness requires the services of a consultant or specialist, as requested by the attending Physician, We will pay the Expense.

Ambulance Expense: When Your Injury or Sickness requires the use of an ambulance or air ambulance, We will pay the Expense.

Durable Medical Equipment: When Your Injury or Sickness requires the use of durable medical equipment or supplies, We will pay for the rental charge or the purchase of new equipment, whichever is less.

Emergency Dental Sickness Benefit: This benefit provides coverage for Expenses incurred for the emergency alleviation of pain to natural teeth. The maximum benefit is \$250 per policy year. This could involve more than one visit for treatment of the same tooth; however this benefit is not designed to cover restorative or routine dental work (examples would include, but are not limited to, routine fillings, oral examinations and prophylaxis).

For coverage under this benefit, a detailed description from the dentist as to why the emergency procedure was necessary for the alleviation of pain must be submitted to the claims administrator, along with the completed claim form.

Eyeglasses/Hearing Aids: We will pay the Expense for repair of eyeglasses, contact lens or hearing aids when required as a direct result of an Injury.

Inpatient Psychiatric Expense: We will pay the Expense for Hospital room and board and Hospital miscellaneous Expense up to \$10,000 for treatment of a mental or nervous disorder.

Outpatient Psychiatric Expense: If while not confined to a Hospital, Your Sickness requires the services of a licensed psychologist, licensed psychiatrist or licensed clinical social worker, We will pay 80% of the Expenses up to a maximum of \$500.

Motor Vehicle Accident: We will pay the Expense for treatment of an Injury sustained as the result of a covered motor vehicle Accident.

Voluntary Termination of Pregnancy Expense: We will pay the Expense for the voluntary termination of the Insured's pregnancy, up to a maximum of \$500.

Well Child Expense: We will pay the Expense for a Dependent child(ren) for preventive and primary care services, including physical examinations, measurements, sensory screening, neuro-psychiatric evaluation and development screening. Coverage includes unlimited visits for Dependents up to the age of 12 years and three visits per year for minor children ages 12 years up to 18 years of age. Preventive and primary care services will also include, as recommended by a Physician, hereditary and metabolic screening at birth, immunizations, urinalysis, tuberculin tests, hematocrit, hemoglobin and other appropriate blood tests, including test to screen for sickle hemoglobinopathy.

Home Country Expense: We will pay the Expense for treatment of a covered Injury or Sickness incurred during brief return visits to the Insured's home country (maximum 90 days coverage per policy year).

Intercollegiate Sports: We will pay the Expense, up to maximum of \$10,000, for treatment of injuries resulting from the practice or play of intercollegiate sports.

Mandated Benefits

The following benefits are mandated by state regulation. These benefits are provided: (1) to the extent that the type of Expense is covered under the basic policy; and (2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.

Maternity Inpatient Care Expense: We will pay the Expense incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a minimum of: (a) 48 hours after an uncomplicated vaginal delivery; and (b) 96 hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services related to maternity and newborn care may be provided if the attending Physician, licensed to practice medicine in all of its branches, determines, in accordance with the protocols and guidelines developed by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Physician office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

Mammogram Expense: We will pay the Expense for mammography screening for occult breast cancer for all women 35 years of age or older. The coverage shall be as follows: (1) a baseline mammogram for women 35 to 39 years of age; (2) an annual mammogram for women 40 years of age or older; and (3) a mammogram at the age and intervals considered Medically Necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer or other risk factors. These benefits are not subject to the Deductible and coinsurance.

Cervical or Pap Smear Expense: We will pay the Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology. These benefits are not subject to the Deductible and coinsurance.

Mastectomy and Breast Reconstructive Surgery Expense: We will pay the Expense incurred in connection with mastectomy and breast reconstruction. This shall include: (a) reconstruction of the breast upon which the mastectomy has been performed; (b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (c) prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

Prostate Cancer Test Expense: We will pay the Expense for an annual digital rectal examination and a prostate-specific antigen test for male Insureds upon the recommendation of a Physician licensed to practice medicine in all its branches for: (a) asymptomatic men age 50 and over; (b) African-American men age 40 and over; and (c) men age 40 and over with a family history of prostate cancer.

Diabetes Equipment, Training and Education Expense: We will pay the Expense for outpatient self-management training and education, equipment and supplies for the treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus.



“Diabetes self-management training” means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy.

“Medical nutrition therapy” shall have the meaning ascribed to “medical nutrition care” in the Dietetic and Nutrition Services Practice Act.

“Qualified provider” means a Physician licensed to practice medicine in all of its branches or a certified, registered or licensed network health care professional with expertise in diabetes management.

Coverage shall be limited to the following: (1) up to three Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient’s Physician; (2) up to two Medically Necessary visits to a qualified provider upon a determination by the patient’s Physician that a significant change in the patient’s symptoms or medical condition has occurred. A “significant change” in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen. Coverage shall be provided for equipment, pharmaceuticals and supplies when Medically Necessary and prescribed by a Physician licensed to practice medicine in all of its branches. Coverage shall be provided for regular foot care exams by a Physician or by a Physician to whom a Physician has referred the patient.

If authorized by a Physician, diabetes self-management training may be provided as a part of an office visit, group setting or home visit.

Surveillance Tests for Ovarian Cancer Expense: We will pay the Expense for surveillance tests for ovarian cancer for Insureds who are at risk for ovarian cancer. “Surveillance tests” means annual screening using: (a) CA-125 serum tumor marker testing; (b) transvaginal ultrasound; and (c) pelvic examination. “At risk” for ovarian cancer means having a family history: (i) with one or more first-degree relatives with ovarian cancer; (ii) of clusters of women relatives with breast cancer; (iii) of nonpolyposis colorectal cancer; or (iv) testing positive for BRCA1 or BRCA2 mutations.

Multiple Sclerosis Preventive Physical Therapy Expense: We will pay the Expense for Medically Necessary preventive physical therapy for an Insured diagnosed with multiple sclerosis. “Preventive Physical Therapy” means physical therapy that is prescribed by a Physician licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

Colorectal Cancer Screening Expense: We will pay the Expense for colorectal cancer screening with sigmoidoscopy or fecal occult blood testing once every three years as follows: (a) for persons

who are at least 50 years old; and (b) for persons at least 30 years of age who may be classified as high risk for colorectal cancer because the person or a first degree family member has a history of colorectal cancer.

Bone Mass Measurement and Diagnosis and Treatment for Osteoporosis: We will pay the Expense for Medically Necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

Emergency Evacuation Benefit

We will pay for covered Emergency Evacuation Expenses incurred if the Insured suffers an Injury or emergency Sickness that requires emergency evacuation.

Any Expenses for Emergency Evacuation require prior approval from Us.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured’s Injury or emergency Sickness warrants his or her Emergency Evacuation.

All transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

If the Insured is hospitalized for five consecutive days or more, We will pay for Expenses:

1. To return the Insured from the Hospital or other medical facility where the Insured is confined to the Insured’s home country.
2. For transportation of an escort if the Physician recommends that the Insured’s condition requires an escort.

The maximum payable under this benefit is \$50,000 in the aggregate.

Repatriation of Remains Benefit

If the Insured suffers a covered Loss of life, We will pay, subject to the limitations stated below, for covered Expenses incurred to return the Insured’s remains to their home country (in accordance with the applicable international requirements).

Covered Expenses include, but are not limited to, Expenses for:

1. Embalming;
2. Cremation;
3. The most economical coffins or receptacles adequate for transportation of the remains;
4. Transportation according to airline tariffs of the remains by the most direct and economical conveyance and route possible; and
5. Charges incurred to return any of the Insured’s dependent children accompanying the Insured, along with a qualified escort, if required to their home country.

Any Expenses for repatriation of remains require prior approval from Us.

The maximum payable under this benefit is \$50,000 in the aggregate.



Medical Emergency Reunion Expense Benefit

If You are hospitalized for five consecutive days or more, We will pay up to \$4,000 for a family member (spouse, parent, sibling or legal guardian) to travel to the location where You are hospitalized. This benefit includes one round-trip economy airfare, as well as Expenses for the family member's hotel and meals (up to \$200 per day). The maximum amount payable for all Expenses covered under this benefit is \$4,000 per Injury or Sickness. Any Expenses for medical emergency reunion require prior approval from Us.

Accidental Death & Dismemberment Benefits

Accidental Death and Dismemberment covers the Insured for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while the person is Insured under this policy. Also, the Loss must take place within 52 weeks after the Accident.

	Principal
Insured Rotary Traveler	\$ 10,000
Dependent spouse	\$ 5,000
Dependent child	\$ 1,000
The following table shows the amounts We will pay:	
For Loss of:	Amount
Life	Principal
Both hands or both feet or sight of both eyes	Principal
One hand and one foot	Principal
One hand and sight of one eye	Principal
One foot and sight of one eye	Principal
One hand or one foot or sight of one eye	1/2 the Principal

The most We will pay for all Losses to an Insured as the result of one Accident is the principal shown on the schedule.

Loss to hands and feet means severance at or above the wrist or ankle joints. Loss of sight means total and irrecoverable loss of sight. With regard to Accidental Death & Dismemberment Benefits, We will not pay for a Loss caused in any way by: (1) Bodily or mental infirmity or illness; (2) Infection; except pyogenic infection in a cut or wound caused by an Accident; or (3) Medical or surgical treatment; except for surgery which results from an Accident.

Conformity with State Statutes

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Any Expense not specifically listed in the preceding sections is not covered.

General Exclusions

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the university's health service, infirmary or Hospital, or employees; or treatment provided in a government Hospital unless the Insured is legally obligated to pay such charges;
- Routine eye exams and contacts, replacing eyeglasses or prescriptions therefor; routine examinations and services related to hearing examinations or hearing aids except as required for repair caused by an Injury, or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care except as specifically may be provided herein; elective surgery and elective treatment; services solely to improve appearance, for personal hygiene; services specifically for dietary control, custodial, sanitarial or rest care or fertility testing;
- Cosmetic surgery. Cosmetic does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- Chiropractic services, acupuncture;
- Treatment or supplies for the newborn infant except where indicated in the policy or required for the treatment of a covered Injury or Sickness;
- Injury or Sickness resulting from skydiving, recreational parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war; or due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury, except the first \$1,000 of Expenses, which will be covered;
- Injury or Sickness while in the armed forces of any country. When the insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any worker's compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Expenses for organ or tissue transplants;
- Injury resulting from the practice or play of professional sports;
- Pre-existing Conditions as defined in this brochure;
- Services or supplies not Medically Necessary for the diagnosis recommended by the attending Physician, or Expenses for services or supplies which are experimental or investigative in nature, and any such items requiring federal or other governmental agency approval which was not received at the time services were rendered;



18. Expenses incurred within Your home country or country of regular domicile except as specifically provided in the policy;
19. Professional services rendered by a member of Your family or anyone who lives with You;
20. Expenses resulting from a motor vehicle accident if the Insured is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under the Policy); or
21. Expenses for maintenance therapy which is defined as those therapy services rendered to an Insured who is no longer making documentable progress to maintain the level of progress previously attained.
22. False labor, occasional spotting, Physician prescribed rest during the period of pregnancy; morning sickness, or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct Complication of Pregnancy.

Assistance Services

In addition to the insurance benefits described in this brochure, the plan includes access to a worldwide assistance network. In the event You need help with a medical or legal situation, You will be able to call (toll-free) the assistance center, which is staffed 24 hours a day by professional, multilingual assistance specialists. The assistance network specialists can provide:

1. Help in locating appropriate medical care;
2. Assistance in establishing contact with family members or friends, personal physician and/or educational institution;
3. Emergency message transmittal;
4. Arrangements and transportation costs for a family member or friend to travel to Your bedside in the event You are hospitalized for more than five consecutive days;
5. Arrangement and coordination of a medical evacuation or repatriation;
6. Referral to legal assistance, if necessary;
7. Assistance with other types of medical and travel emergencies; and
8. For covered medical expenses incurred outside the U.S.A., the assistance network specialists can facilitate direct payment to the medical providers, using an electronic payment system ("cashless service").

Upon enrollment in the plan, We will mail You detailed information about how to contact the assistance service center, along with Your insurance ID card.

Right of Subrogation

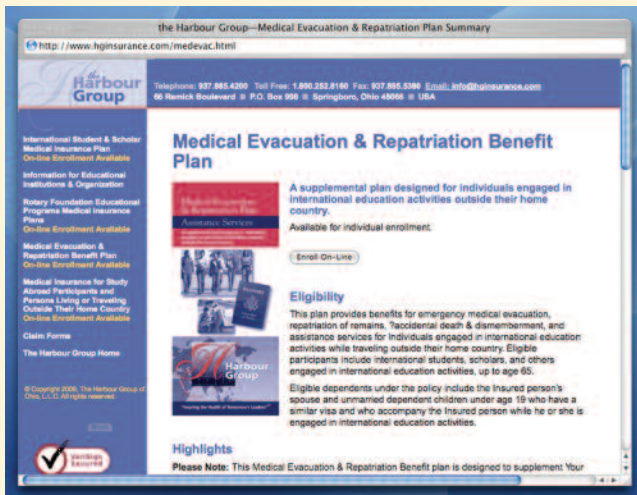
If an Insured is injured as a result of another person's negligence, Markel Insurance Company has the right to seek reimbursement against the negligent party for claims We have paid under the Policy, unless prohibited by state law.

Coordination Of Benefits

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state



Please Note: If You already have major medical insurance which covers You while abroad, and which meets the requirements of The Rotary Foundation, visit our website at www.hginsurance.com for information about our stand-alone Medical Evacuation & Repatriation Benefit plan.



government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

Markel Privacy Practices

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: **Phone (800) 431-1270 or www.markelah.com.**

2011-12 Rates

Monthly Rates are for Scholars, Rotary Peace Fellows, and other Rotary Travelers who need coverage for three months or more. Weekly Rates are for Group Study Exchange Team Members and Leaders, Vocational Training Team Members and Leaders, and Rotary Travelers who need cover for less than three months. **Please Note: Monthly and Weekly Rates may not be combined.**

The rates below are valid for enrollment with an effective date before June 30, 2012.

Age	Monthly Rates		Weekly Rates (2 week minimum)	
	Scholars & Rotary Peace Fellows \$500,000 max	Spouse* \$50,000 max	GSE & Vocational Training Team Members & Leaders	Spouse* Weekly
23 & under	\$77	\$160	\$20	\$41
24-29	\$97	\$202	\$25	\$51
30-35	\$141	\$294	\$36	\$74
36-49	\$265	\$552	\$67	\$139
50-64	\$396	\$693	\$100	\$174
65-70	\$793	\$736	\$199	\$185
71-75 (\$250,000 max)	\$883	N/A	\$221	N/A
Over 75	Call The Harbour Group			
Child (\$50,000 max)	\$117	N/A	\$30	N/A

*Spouse Premium is in addition to Rotary Traveler's Premium.

Premium Refunds

Pro rata premium refunds, less an administrative fee, will be considered only for school withdrawal, entry into the armed forces or return to Your home country. The refund request must be in writing and Your ID card must be returned with Your request. All cancellations are subject to prior approval of Rotary International.

Note: All currencies (\$) in this brochure indicate U.S. Dollars.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. Please contact The Rotary Foundation for a complete copy of the policy.

