Schedule of Benefits

Description of Coverage

All Covered Expenses incurred as a result of the same or related cause (including any complications) shall be considered as resulting from one Injury or Sickness. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit limit shown on the Schedule of Benefits and is subject to the following provisions:

1. the deductible amount must be paid by the Covered Person;
2. the expenses must have been incurred within one calendar year of the date of Injury or commencement of Sickness;
3. the Covered Person must have remained continuously insured under the ASPE;
4. the Sickness or Injury must have occurred in the country of assignment;
5. all other limitations, exclusions and terms of the ASPE.

If a Covered Person incurs expenses due to an Injury or a Sickness (as defined in this Program), benefits will be payable for the Usual, Customary and Reasonable Charges (UCR) for the Covered Expenses listed below which are incurred in connection with that Injury or Sickness.

The Department will pay 100% of all Covered Expenses listed below, which are in excess of the Deductible Amount shown in the Schedule of Benefits.

Basic Medical Expenses:	
Maximum Benefit Per Injury or Sickness	$50,000.00
Deductible Amount Per Injury or Sickness	$25.00
Medical Evacuation (Medevac):	
Actual Cost for Approved Benefits	No limit
Deductible Amount per Medical Evacuation	$0.00
Repatriation of Remains:	
Maximum limit	$7,500.00
Deductible Amount	$0.00

Treatment for an Injury or Sickness is covered up to one calendar year from the date of onset.

Schedule of Benefits

Covered Expenses

Covered Expenses with respect to the ASPE are limited to the following Usual, Reasonable and Customary charges:

1. Fees for diagnosis and treatment by a physician, surgeon, registered nurse, professional anesthetist, or radiologist, including physical therapy related to a covered Injury.

2. Hospital room and board charges. Payment will be limited to the Hospital?s normal charge for semi-private accommodation. *Please note: The cost of telephone service, television rental and other similar services of a personal nature are not covered under the ASPE.*

3. Laboratory, diagnostic and X-ray examinations.

4. Drugs and medicines for Outpatient treatment which require a Physician?s written prescription, and which can only be dispensed by a licensed pharmacist.

5. Rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less. Prostheses and Orthopedic Appliances are covered only if required as the result of an accident. If a prosthesis or an orthopedic appliance is required for a condition that is not pre-existing, coverage determination will be made by USDOS on a case by case basis. Supporting documentation is to be forwarded to USDOS for inclusion in the review.

6. Professional ambulance service.

7. During the period of an individual?s participation in a Department funded exchange activity, the ASPE will cover medical expenses for maternity care?including childbirth during this period. Maternity benefits end at the end of the enrollment period regardless of other conditions of this policy. In addition to the medical expenses of maternity care required by the participant herself, the medical expenses of the child newly born to her during the grant period are covered to the $50,000 limit for the newborn?s first 31 days. For coverage beyond the 31 day period, a participant must obtain commercial insurance coverage for the newborn dependent at personal expense. The ASPE does not pay the expenses of a child newly born to a dependent of a participant. The participant is advised to obtain commercial insurance for the maternity care of the dependent which will cover the newborn.

8. This program will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of the Covered Person, including physician or nurse accompaniment to the nearest suitable medical facility. For Americans abroad, medical evacuation expenses will be paid only upon written certification by an embassy

   approved medical authority that appropriate medical care is not
   available at the place of assignment. Expenses associated with medical evacuation require prior approval of the Department or embassy official. Evacuation costs will be paid directly by the Department; associated medical expenses will be paid by the Administrator.

9. Expenses incurred for treatment of nervous or mental disorders. The Department shall not be liable

for more than one such Inpatient or Outpatient occurrence per lifetime under this Program with respect to any one Covered Person. Treatment of Mental and Nervous condition is payable subject to the following schedule:

Inpatient Care: Maximum 30 days of hospital confinement
Outpatient Care: Up to $75 per visit to a maximum benefit of twenty visits subject to the deductible per illness outlined in the schedule of benefits
Authorized providers of care: A licensed physician, licensed clinical psychologist or a master of social work (MSW) may provide services that are medically necessary for mental and nervous disorder only.

The Third Party Administrator will notify USDOS when it receives claims for more than five visits for any one Covered Person.

10. In the event of a Covered Person?s death, the Department will pay for actual charges incurred up to the Maximum limit shown on the Schedule of Benefits in connection with the preparation and transportation of the body to the person?s place of residence in his or her home country. This benefit does not include the transportation expense of anyone accompanying the body.

11. Physical and Occupational Therapy medically prescribed and directly related to the complications associated with an Injury or Sickness incurred during the period of coverage. Speech Therapy is covered only if required as the result of an accident.

12. Acupuncture is a covered expense prescribed and performed by a physician or physical therapist to treat a covered injury or sickness. Limited to 25 visits.

13. Massage therapy is a covered expense and is limited to 6 visits.

14. Chemotherapy and Radiation Therapy services are covered for medical conditions that are not considered Pre-Existing.

15. Home Health and Skilled Nursing Services may be covered if the medical condition is not pre-existing and the cost of the service is less than an inpatient stay. Coverage determination will be made by USDOS on a case by case basis.

Deductible Amount: The deductible is the dollar amount of Covered Expenses which must be incurred as an out-of-pocket expense by each Covered Person on a per Injury or Sickness basis before certain bene-fits are payable under the ASPE. The Basic Medical Expense Deductible Amount is shown in the Schedule of Benefits.

Schedule of Benefits

Limitation on Benefits

The Bureau?s Accident and Sickness Program does not cover the following:

1. Benefits for loss due to a pre-existing condition. A pre-existing condition is any condition which
   a. existed prior to the Covered Person?s effective date of coverage, with or without his/her knowledge;
   b. a Physician was consulted prior to the Covered Person?s effective date of coverage;
   c. treatment or medication was received prior to the Covered Person?s effective date of coverage; or
   d. would have caused any prudent person to seek medical advice or treatment prior to the Covered Person?s effective date of coverage.

   Participants are urged to retain or obtain their own insurance to cover ongoing or potential medical requirements relating to pre-existing conditions.

   NOTE: *For purposes of the ASPE, pregnancy is not defined as a pre-existing condition.*

2. Spouse and Dependents. Coverage for accompanying spouse and dependent children may be purchased by the participant with any of the policies listed on page 20 or any other commercially available policies.
3. Expenses incurred for the treatment of an Injury or Sickness more than one calendar year after the time of the Injury or onset of the Sickness.
4. Expenses incurred within the Covered Person?s home country or country of regular domicile, unless:
   a. it is *necessary and authorized* treatment received after the individual has proven Sickness or Injury in the country of assignment; or
   b. it is related to a pre-approved medevac and which would have otherwise been covered had the expenses occurred in the country of assignment.
5. Services or supplies for any Injury or Sickness received prior to the Covered Person?s effective date under the ASPE, or which are not actually incurred while this Program is in force.
6. Injury or Sickness sustained or contracted during any period of unofficial travel outside the country of assignment
7. Expenses covered under any occupational benefit plan, Workers Compensation Act or similar law, automobile medical payment or no-fault plans, public assistance programs, government plan, any other valid and collectible group insurance, or any primary insurance. However, the ASPE will pay medical expenses which are not paid by such primary insurance due to application of deductibles or limitations on benefits, provided that such expenses would otherwise be covered by the provisions of this Program.
8. Expenses in excess of Usual, Customary and Reasonable Charges.
9. Services or supplies which are experimental or investigative in nature; including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any such items requiring federal or other governmental agency approval not received at the time services were rendered.

10. Charges of an institution, health service, or infirmary which does not require payment in the absence of insurance.
11. Professional services rendered by a member of the Covered Person?s immediate family or anyone who lives with the Covered Person.
12. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.
    NOTE: *Emergency nature is defined as that treatment sought under life-threatening circumstances and for a condition that could not be left unattended without causing further injury or complications.*
13. Routine physical examinations or health examinations including routine care of a newborn infant. ?

Routine exams? include vaccinations, immunizations, and any such exam required for registration at a university. The program does not cover maternity medical care before or after the period of assignment.

14. Expenses incurred resulting from the use of alcohol or intoxicants, or any drugs by the Covered Person, unless prescribed by a Physician; expenses incurred due to substance abuse treatment.

15. Treatment to the teeth, gums, jaw, or structures directly supporting the teeth. This exclusion does not apply to the repair of injuries to sound natural or false teeth caused by a covered Injury including surgical extractions of teeth. This exclusion does not apply to treatment for the emergency alleviation of pain, in which case dental treatment shall be limited to $500. The Administrator may reject

any claim for dental treatment when not accompanied by proof of a covered Injury to the participant. Pyorrhea is a disease and is covered as a medical expense.

16. Artificial aids and corrective appliances, such as: external prosthetic devices; orthopedic devices; hearing aids corrective lenses; or, eyeglasses, except as required for repair caused by a covered Injury.

17. Treatment of congenital anomalies and conditions arising or resulting directly therefrom.

18. Expenses incurred for plastic or cosmetic surgery, unless they result *directly from a covered Injury which necessitated medical treatment within 24 hours of the accident.*

19. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.

20. Birth control, including surgical procedures and devices, and elective termination of pregnancy.

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21. Deviated nasal septum, including submucous resection and surgical correction thereof.

22. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, or toenails.

23. The diagnosis and treatment of acne.

24. Expenses incurred for chiropractic care, which is defined as outpatient treatment in connection with the detection or correction by mechanical or manual means of structural imbalance, distortion or subluxation on the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment, or subluxations of or in the vertebrae column.

25. Services and supplies not medically necessary for the diagnosis or treatment of a covered Sickness or Injury; or which are not recommended by the attending Physician, including televisions and telephone access while hospitalized.

26. Loss due to war, declared or undeclared, while in the service in the Armed Forces of any country.

27. Intentionally self-inflicted injury; suicide, or any attempted threat.

28. Losses resulting from Perilous Activity.

29. Expense incurred for taxicabs or other transportation to and from the doctor?s office or other place of treatment, except if an approved medical evacuation expense.

30. Charges related to Hospice services are not a covered benefit.

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