

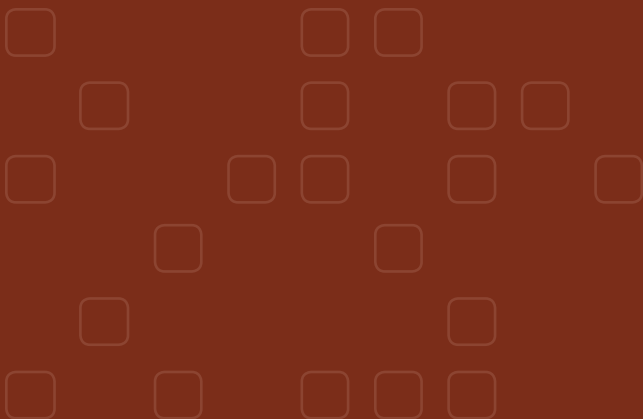


Gateway *Global Reach*

Opening the way to international insurance solutions



Medical Evacuation and Repatriation
Insurance for Exchange Visitor Programs







An Easy Insurance Solution for institutions sponsoring Exchange Visitor programs

We know that arranging insurance for Exchange Visitors is not always a simple process. Insurance for medical evacuation and repatriation is a requirement for all participants in Exchange Visitor (J-1) programs and some health plans do not provide this coverage. This can cause sponsors to experience concerns about compliance or coverage gaps. Gateway Global Reach provides a simple solution to this challenge.

Gateway Global Reach is an annual, renewable group insurance plan that provides medical evacuation and repatriation coverage. The Plan is designed to help institutions ensure compliance with government mandates. Gateway Global Reach offers a simple way to obtain the required insurance coverage. A sponsoring institution can submit one Application for all Exchange Visitors needing coverage throughout the year. It's that simple!

Advantages

For The Sponsor

- guarantees coverage for all who need it
- significantly reduced cost
- eliminates compliance monitoring
- simple application process
- dependents covered at no extra cost

For The Exchange Visitor

- eliminates search for coverage
- easy access to insurance at low cost
- fulfills regulatory requirements



Plan Features and Limits

Emergency Medical Evacuation	\$25,000
Repatriation of Remains	\$10,000
Worldwide Travel & Medical Assistance Services	Included

How It Works

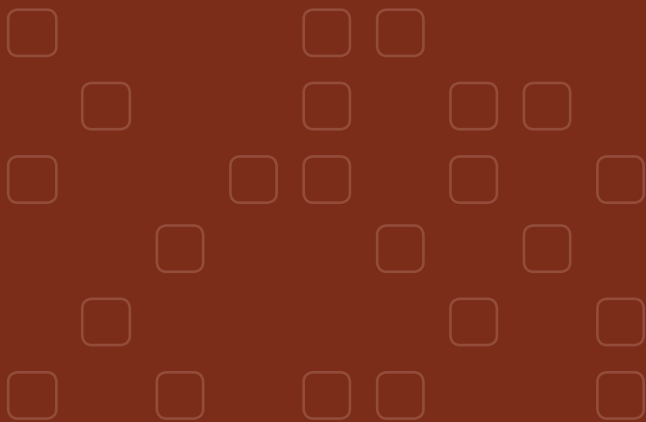
Think of the plan as a supplement to the health insurance plan. Gateway Global Reach is an annual plan providing coverage for any number of Exchange Visitors—from a very few up to hundreds or more. It is a simple plan to implement and ensures compliance. It can be implemented for a department, a specific program, a school, or on an institution/corporate-wide basis.

What It Costs

The annual cost for Gateway Global Reach is determined by how many exchange visitors could be insured during the year. The total number of expected exchange visitors will fall within a specific numeric range. That numeric range is established with a corresponding annual premium. For example, the annual group premium for 25-50 exchange visitors is \$400. For this example, an illustrative annual cost per person is as low as \$7 up to \$14.

Refer to the Application Form which contains the rate chart.

The Frequently Asked Questions section that follows provides more information and explanations of how the Plan works.





Frequently Asked Questions

Q: We conduct several exchange visitor programs of varying length throughout the year. Can we use this plan to cover all of these programs?

A: Yes. All exchange visitors can be covered with one application.

Q: When does coverage become effective and for how long?

A: For the sponsoring organization, the Effective Date of participation in this plan of insurance is the date notice of acceptance is issued. The Plan is then effective for an annual term and can be renewed each year until cancelled.

The Effective Date of insurance for the eligible person/exchange visitor is the date his/her program starts. Coverage continues until the participant's program is completed as long as the sponsor maintains annual coverage.

Example: ABC Institute participates in the Gateway Global Reach plan effective June 1 and renews each annual term while coverage is needed. ABC's exchange visitors arrive various times during each annual term (June 1 to June 1); some are in 3-month programs, others in 12-18 month programs, and so on. ABC is assured that all exchange visitors are covered for the duration of their program because the master coverage is in place each year.

Q: We are unsure of the exact number of Exchange Visitors for the next twelve months. Last year we had 120 participants and expect that many this year. How do we know what rate applies?

A: Select the column from the rate chart that most closely represents the number of Exchange Visitors expected during the coming year.

Q: Do we need to include dependents in our estimate?

A: No. Dependents are not counted in the number of persons to be insured. They are automatically covered, however.

Q: Can you provide individual billing to participants for this coverage?

A: No. Elimination of individual eligibility underwriting, processing and billing keeps rates low.



Q: Who pays for this insurance?

A: The sponsoring organization is billed annually for the required premium. The per person cost can be borne by the institution or passed to the Exchange Visitor.

Q: If we estimate 25 Exchange Visitors for coverage, and during the year our number increases to 30, what do we do to make sure all are covered?

A: No action required, except to distribute the insurance documents—the additions are covered. At the renewal, adjust the number requiring coverage at any time during the next 12 months. It could be 30, or if some exchange visitors departed during the prior term, the total number may remain at 25. Rating is based on volume ranges and the expectation that some persons will be covered for a full year, and some less than a year depending on the length of their program and J-visa status.

Q: Once coverage is effective, what do we need to do?

A: Distribute the Plan Description and ID Card to each eligible person. We furnish supplies for you to have on hand.

Q: Can we use this insurance plan for our international students, such as F or M visa status students?

A: Yes. Persons in F or M visa status can be included in the overall program. Coverage would be in effect while the individual is in academic status.

Q: What is the process when benefits under the plan are needed?

A: The Insured Person, family member, or sponsor contacts the assistance services provider (AIGAssist), whose skilled representatives will make all arrangements, consult with family members, etc. in the process. There is no cost outlay for the Insured Person when this process is followed.





Description of Coverage

Emergency Medical Evacuation

If Injury or Illness requires emergency evacuation, the Plan will pay for covered expenses incurred up to the maximum of \$25,000. An emergency medical evacuation must be ordered by a licensed attending physician who certifies that the severity of Injury or Illness necessitates such emergency evacuation.

Emergency 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 their Home Country to obtain further medical treatment or to recover or (c) both (a) and (b).

If an Insured Person is hospitalized for more than 7 days and is receiving care outside the Home Country, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family.

Repatriation of Remains

If Injury or Illness results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country are covered up to a maximum of \$10,000.

All arrangements must be made through the Assistance Services provider, AIGAssist.

Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does not cover:

Expenses incurred as a result of or in connection with: a) declared or undeclared war, or any act thereof; b) injury sustained while participating in professional sports; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) pregnancy, except complications of pregnancy; f) alcoholism or drug addiction.



Travel and Medical Assistance Services

The assistance services described below are provided by AIGAssist. Multilingual representatives provide services that can be accessed 24 hours a day, 7 days a week. These services not only support the Insured Person, but also support family members and representative(s) of the sponsoring institution. AIGAssist services include:

- arranging telephone conferences between attending and home physicians;
- relaying emergency messages to family and employer during medical emergencies;
- arranging evacuation for catastrophic claims;
- arranging medical transportation home after treatment;
- arranging transfer of medical records; and
- arranging repatriation of remains in the event of death.

The Gateway Plans are underwritten by the Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429. The Insurance Company of the State of Pennsylvania is a member of the American International Group of Companies (AIG).





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