

Extended Participant Medical Plan coverage for YES and FLEX 2024/25 Participants

Participants on the YES and FLEX program are covered for accident and illness as specified in the AFS Participant Medical Plan pamphlet. There are also three areas in which YES and FLEX participants receive additional coverage:

- 1) Pre-Existing Conditions
- 2) Inoculations and vaccinations
- 3) Non-Emergent surgery

Pre-Existing Conditions.

While there is a limit under the Medical Plan up to \$1,500,000 per loss for covered expenses incurred on the AFS program, YES and FLEX participants are also covered up to a sub-limit of \$100,000 for Pre-Existing Conditions that emerge on program.

A Pre-Existing Condition is defined as “any injury, sickness or condition for which You sought or received treatment or for which treatment was recommended by a Treating Medical Professional within the 18 months period prior to Your departure on the Program including taking prescribed drugs or medicine (unless the condition for which the prescribed drug or medicine is taken remains controlled for a forty five (45) day period before departure on the AFS program without any change in the required prescription).

If there is a question about whether a medical condition is pre-existing, please contact claims administrator GMMI for their determination.

Inoculations and vaccinations. YES and FLEX participants will have coverage for these expenses. This refers to inoculations and vaccinations provided for the purposes of immunization against illnesses, such as Covid-19 or Tetanus. Coverage extends to inoculations and vaccinations required once a participant is on the AFS program, but not to those required for travel before the AFS program begins.

Non-Emergent Surgery. YES and FLEX participants will be covered up to a limit of \$50,000.

Non-emergent surgery means surgery or treatment which is elective or is not considered urgent or an emergency and does not need to be performed while the Covered Person is on the program.

If there is any question about whether surgery meets the criteria for emergency necessity, that determination will be made by the Insurer or Administrator in consultation with the Covered Person’s Treating Medical Professional.