

# World Explorer Flex

International Travel Medical Insurance

**Insured Nomads**



# World Explorer Flex

## Overview Brochure

International Travel Medical Insurance

### Important

The information presented here is merely a summary of certain provisions of the plan. Please review a Certificate of Insurance for the complete description of all provisions, exclusions, terms and conditions.

### Why do you need travel medical insurance?

International travel presents certain financial risks. A medical emergency during the journey can be unsettling if you are not protected by a travel medical plan since many standard medical insurance policy benefits do not apply beyond the borders of your home country.

The **World Explorer Flex** plan provides peace of mind and 24 hour emergency medical assistance. Build your own policy with the medical maximums and deductible you select.

We have designed the plan with the benefits you deserve and the service you expect so that you can have a fulfilling international experience without stress concerning uncovered medical expenses.

**Powered by**



Coverholder at 

## World Explorer Flex

### Benefits Overview

### Coverage

<b>Maximum Benefit per Insured Person per Certificate Period</b>	<b>US\$1,000,000, \$500,000, \$250,000, \$100,000 or \$50,000</b>
<b>Deductible per Insured Person per Certificate Period:</b>	<b>\$0, \$100, \$250, \$500, \$1000, or \$2500</b>
<b>Co-insurance</b> -claims incurred <b>in the US or Canada</b>	<b>In network in USA: plan pays 100%</b> <b>Out of Network: pays 80% to \$10,000; 100% thereafter</b>
<b>Co-insurance</b> - claims incurred <b>outside</b> the US or Canada	<b>Plan pays \$100%</b>
<b>Incidental Trip Home</b>	<b>Up to 14 days per 90 days of coverage; plan pays 80% to the Maximum Benefit</b>

### Eligible Medical Expenses Benefits

Covered inpatient and Outpatient Services(subject to Maximum benefit unless otherwise indicated)

<b>Physician</b> office visits/services	Subject to deductible and co-insurance
<b>Urgent Care</b> center or <b>Walk-in</b> clinic visits/services	Subject to deductible and co-insurance
<b>Outpatient</b> facility charges	Subject to deductible and co-insurance
<b>Hospital</b> Room and Board, including nursing, miscellaneous and Ancillary services	Subject to deductible and co-insurance (limited to Average Semi-private room rate)
<b>Intensive Care Unit</b>	Subject to deductible and co-insurance
Operating room, treatment room and/or recovery room	Subject to deductible and co-insurance
Laboratory, radiology/x-rays	Subject to deductible and co-insurance
Hospital Cash Benefit	Subject to deductible and co-insurance

Surgeon fees, anesthesiologist fees and anesthesia	Subject to deductible and co-insurance										
<b>Durable Medical Equipment</b>	Subject to deductible and co-insurance (limited to standard wheel chair and standard hospital bed)										
<b>Reconstructive Surgery</b> if incidental to or following a covered Surgery	Subject to deductible and co-insurance										
Physical Therapy	Subject to deductible and co-insurance & subject to a maximum \$50 per visit & 10 visits (Physician order & treatment plan required)										
<b>Emergency Room</b>	<b>Injury:</b> Subject to deductible and co-insurance <b>Illness followed by admission to Hospital as Inpatient:</b> Subject to deductible and co-insurance <b>Illness not followed by admission to Hospital as Inpatient:</b> Subject to Co-insurance & additional Deductible of \$350										
<b>Extended care Facility</b>	Subject to deductible and co-insurance										
<b>Home Nursing Care</b>	Subject to deductible and co-insurance										
<b>Dental Treatment</b>	<b>Acute Onset of Dental Pain (Certificate Period must be 30 or more days):</b> Subject to maximum of \$100; for palliative care only <b>Accident(involving associated face, skull, neck and/or jaw Injury):</b> Subject to deductible and co-insurance										
<b>Adventure Sports coverage</b>	<table border="1"> <thead> <tr> <th>Age</th> <th>Maximum Benefit</th> </tr> </thead> <tbody> <tr> <td>14 days through age 49</td> <td>\$50,000</td> </tr> <tr> <td>50 through 59</td> <td>\$25,000</td> </tr> <tr> <td>60 through 64</td> <td>\$10,000</td> </tr> <tr> <td>65 and older</td> <td><b>no benefit</b></td> </tr> </tbody> </table>	Age	Maximum Benefit	14 days through age 49	\$50,000	50 through 59	\$25,000	60 through 64	\$10,000	65 and older	<b>no benefit</b>
Age	Maximum Benefit										
14 days through age 49	\$50,000										
50 through 59	\$25,000										
60 through 64	\$10,000										
65 and older	<b>no benefit</b>										
<b>Acute Onset of Pre-existing Condition (for US citizens and/or US Residents while</b>	14 days through age 64, <b>without</b> Primary Insurance: <b>Maximum Benefit: \$20,000</b> 14 days through age 64, <b>with</b> Primary Insurance: <b>Maximum Benefit selected for Eligible Medical Expenses</b>										

Age 65 through 69: **\$2,500**  
 Age 70 and older: **no benefit**

### Eligible Transportation Expenses

<b>Local Ambulance</b>		Maximum Benefit
	Injury	\$5,000 (Subject to Deductible and Coinsurance)
	Illness if Insured Person is admitted to Hospital as Inpatient	\$5,000 (Subject to <b>Deductible</b> and <b>Coinsurance</b> )
	Illness if <b>Insured Person</b> is not admitted to Hospital as Inpatient	no benefit
<b>Interfacility Ambulance Transfer</b>	Subject to deductible and co-insurance	
<b>Emergency Medical Evacuation</b>	Age	Maximum Benefit
	14 days through 64	\$500,000
	65 through 79	\$50,000
	80 and older	no benefit
<b>Emergency Reunion</b>	\$50,000	
<b>Repatriation of Mortal Remains</b>	\$50,000	
Local Burial/Cremation	\$5,000 (in lieu of Repatriation of Mortal Remains)	
<b>Return of Minor Child(ren)</b>	\$50,000	
<b>Trip Interruption</b>	\$5,000	



<b>Natural Disaster</b> Daily Accommodations	\$250/day maximum of 5 days
<b>Political Evacuation/Repatriation</b>	\$10,000

## Lump Sum Benefits

<b>Accidental Death</b>	Age	Benefit
	14 days through 17 years	\$1250
	18 through 69	\$25,000
	70 through 74	\$12,500
	75 and older	\$5,000
<b>Accidental Dismemberment</b>	Loss of 1 limb or eye	50% of Accidental Death benefit
	Loss of more than 1 limb or eye	100% of Accidental Death benefit
<b>Accidental Death and Dismemberment Family Maximum</b>	\$250,000	
<b>Common Carrier Accidental Death</b>	100% of Accidental Death benefit	
<b>Common Carrier Accidental Death Family Maximum</b>	\$250,000	
<b>Hospital Indemnity</b>	\$100 per night, subject to a maximum of 10 nights	

## Personal Property, Equipment & Pet Coverage

Lost Checked Luggage	\$50 any one item, subject to a maximum of \$250	
<b>Optional:</b> Personal Equipment Coverage		Maximum
	Covered Sports Equipment	\$1000
	Covered Photography Equipment	\$1000
	Covered Electronics and Communications Equipment	\$500
<b>Optional:</b> Emergency Pet Care	Veterinary Emergency Care	\$100
	Emergency Kennel	\$20 per day, subject to a maximum of 5 days
	Emergency Pet Transport	\$500

The information in this brochure is merely a summary of certain provisions of the Insured Nomads plan. Please review a Certificate of Insurance for the complete description of all provisions, exclusions, terms and conditions.

Ask your broker if you have further questions and we look forward to providing you with the protection and peace of mind for your travels. Have fun!

