Insured Nomads

Provided and administered by

Point Comfort® Underwriters

TRAVEL INSURANCE

CERTIFICATE OF INSURANCE
MULTI-TRIP

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IMPORTANT NOTICE AND DISCLAIMER CONCERNING THE UNITED STATES PATIENT PROTECTION AND AFFORDABLE CARE ACT

This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act (“ACA”). This insurance does not provide, and Underwriters do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the Master Policy. This is short term limited duration travel insurance that only provides coverage while traveling outside your Home Country.
You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under ACA.

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PART I
MASTER POLICY

The Master Policy is a legal contract between the Assured and HDI Global Specialty SE (herein referenced as “the Underwriters”).

The Underwriters will provide the benefits described in the Master Policy in consideration of the Master Policy Application, the Participating Organization Application, and the accuracy and truthfulness of each Insured Person’s Application and payment of premium.

Point Comfort Underwriters, Inc. has been appointed as the Plan Administrator for the Underwriters. All communications, payments and notices required under the Master Policy shall be transmitted through the Plan Administrator and receipt of same by the Plan Administrator shall be considered receipt by the Underwriters.

Underwriter’s agreement is subject to all terms, conditions, provisions and exclusions of the Master Policy, including the Master Policy Declaration, and any exhibits, schedules, and/or endorsements attached hereto. The Certificate, including the Certificate Declaration, provided to Insured Persons is merely a summary of the Master Policy and evidence of the Insured Person’s coverage hereunder. In the event of any conflict between the Master Policy and the Certificate, the Master Policy shall prevail.

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PART II
COVERAGE PROVISIONS

A. Eligibility

In order to be eligible for coverage under the Master Policy a person must meet all of the following requirements:

1. Be at least 18 years of age if a Spouse Insured Person; otherwise be at least 14 days old;
2. Must not have reached the age of 75 if a primary Insured Person; and
3. Must not have reached the age of 65 if a Spouse Insured Person; and
4. Must not have reached the age of 18 if a Dependent Child Insured Person; and
5. Complete, sign and submit an application as the Insured Person (or be listed thereon by proxy)
6. Pay the required premium on or before the Certificate Effective Date
7. Receive written acceptance of his/her application
8. Must not have established a permanent residency in the Host Country
9. Must have a Primary Insurance and must maintain this Primary Insurance coverage the entire time this plan is in effect.

If an Insured Person does not in reality meet the Eligibility requirements set forth in this provision, all coverage under the Certificate is void ab initio and all premiums paid will be refunded.

B. Certificate Period

The Certificate Period is the period of time beginning on the Certificate Effective Date and ending on the Certificate Termination Date.

C. Certificate Effective Date

Coverage under this insurance applies to trips which begin on or after 12:01 AM Eastern Standard Time on the Certificate Effective Date indicated on the Certificate issued to the Insured Person. Coverage with respect to any one trip begins the moment the Insured Person departs his or her Home Country.

D. Certificate Termination Date

under this insurance does not apply to trips which begin on or after 11:59 PM Eastern Standard Time on the Certificate Termination Date indicated on the Certificate issued to the Insured Person. Coverage with respect to any one trip ends on the earlier of the following:

1. 11:59 PM Eastern Standard Time on the date indicated on the Certificate issued to the Insured Person; or
2. The moment the Insured Person returns to his or her Home Country (except as provided under E. Benefit Period, in this provision; or
3. 11:59 PM Eastern Standard Time on the last day of fully paid premium; or
4. 12:01 AM Eastern Standard Time on the date the Insured Person first fails to meet the Eligibility requirements set forth in A. Eligibility in this provision; or
5. 11:59 PM Local Standard Time (location of Insured Person) on the date the Insured Person has exceeded the permitted length of time for any trip (30 days or 45 days) as set forth in the Certificate Declaration; or
6. The date specified by Underwriters in accordance with the PART XI, GENERAL CONDITIONS AND CONDITIONS PRECEDENT, P. Right of Recovery, Q. Duty of Fair Presentation or R. Fraudulent Claims; or
7. The date Underwriters, at their sole option, elect to cancel all Insured Persons of the same sex, age, class or geographic location as the Insured Person, provided Underwriters give not less than thirty (30) days advance written notice to the Insured Person's last known mailing or electronic address.

E. Benefit Period

If a covered Injury or Illness is first diagnosed and treated by a Physician while the Insured Person is outside his/her Home Country, Eligible Medical Expenses in respect to that Injury or Illness only, remain covered after the Certificate Termination Date for up to thirty (30) days, beginning on the date the Injury or Illness is first treated by a Physician while the Insured Person is outside of his/her Home Country. Coverage under this provision applies to:

a. Eligible Medical Expenses incurred in the Insured Person's Home Country or in the US subject to a maximum limit of $2,500 per Certificate Period; and
b. Eligible Medical Expenses incurred outside the Insured Person's Home Country and outside the US subject to the limit set forth in the Schedule of Benefits and Limits; and
c. Eligible Medical Expenses in relation to a covered Emergency Medical Evacuation to the Insured Person's Home Country.

Coverage under this provision does not apply to Acute Onset of Pre-existing Condition(s).

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PART III
SCHEDULE OF BENEFITS AND LIMIT

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PART III SCHEDULE OF BENEFITS AND LIMIT

ELIGIBLE EXPENSES (in US$)		
Coverage Area Options: Worldwide, excluding US or Worldwide, including US		
Trip Duration Options: multiple trips up to 30 or 45 days each, for a period of one year		
Maximum Benefit per Insured Person per Certificate Period		
Age 14 days through 69		$1,000,000
Age 70 through 74	Including US	$10,000
	Excluding US	$50,000
ELIGIBLE MEDICAL EXPENSES		
Deductibles, Co-pays and Coinsurance (All Eligible Medical Expenses are subject to Deductible and Coinsurance unless otherwise indicated)		
Deductible per Insured Person per covered trip		$250
Virtual Medicine Consultation		$25 Co-pay (not subject to Deductible or Coinsurance)
Coinsurance – claims incurred in US or Canada, in Network		Plan pays 90% to $5,000; 100% thereafter
Coinsurance – claims incurred in US or Canada, out of Network		Plan pays 80% to $10,000; 100% thereafter
Coinsurance – claims incurred outside the US or Canada		Plan pays 100%
Eligible Medical Expenses - Features		
Benefit Period	Duration	30 Days
	Benefit	Plan pays 80% to $2,500
Incidental Trip Home		No benefit
Certificate Period		12 months
Acute Onset of Pre-existing Condition	Excluding US	Age 14 days through 69 years: $5,000
		Age 70 through 74: No benefit
	Including US	No benefit
Eligible Medical Expenses - Professional Services, Outpatient and Inpatient service (subject to Deductible and Coinsurance unless otherwise indicated)		
Physician office visits/hospital visits/ services	Usual, Reasonable and Customary (URC) charges	
Urgent Care Center or Walk-in Clinic visits/services	URC charges	
Outpatient facility charges	URC charges	
Hospital Room and Board, including nursing, miscellaneous and Ancillary Services	URC charges (subject to Average Semi-private room rate)	
Intensive Care Unit	URC charges	
Operating room, treatment room and/or recovery room	URC charges	
Laboratory	URC charges	
Radiology/x-rays	URC charges	
Surgeon fees, anesthesiologist fees and anesthesia	URC charges (assistant surgeon fees subject to maximum of 20% of covered primary surgeon fees)	

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PART III SCHEDULE OF BENEFITS AND LIMIT (CONTINUED)

Eligible Medical Expenses - Professional Services, Outpatient and Inpatient service (subject to Deductible and Coinsurance unless otherwise indicated)	
Durable Medical Equipment	URC charges (limited to standard wheelchair and standard hospital bed)
Reconstructive Surgery if incidental to or following a covered Surgery	URC charges
Physical Therapy	URC charges (subject to a maximum $50 per visit and 10 visits; Physician order and treatment plan required)
Emergency Room- Injury	Usual, Reasonable and Customary charges
Emergency Room - Illness not followed by admission to Hospital as Inpatient	Usual, Reasonable and Customary charges; subject to Deductible and Coinsurance and additional Deductible of $350
Emergency Room - Illness followed by admission to Hospital as Inpatient	URC charges
Extended Care Facility	URC charges
Home Nursing Care	URC charges
Dental Treatment - Acute Onset of Dental Pain	$100 for palliative care only
Accident (involving associated face, skull, neck and/or jaw Injury)	URC charges
ELIGIBLE TRANSPORTATION EXPENSES (not subject to Deductible, Coinsurance and Maximum Benefit unless otherwise indicated)	
Local Ambulance - Injury	$5,000 (Subject to Deductible Coinsurance and Maximum Benefit)
Local Ambulance - Illness if Insured Person is admitted to Hospital as Inpatient	$5,000 (Subject to Deductible Coinsurance and Maximum Benefit) URC charges (Subject to Deductible, Coinsurance and Maximum Benefit)
Local Ambulance - Illness if Insured Person is not admitted to Hospital as Inpatient	No benefit
Interfacility Ambulance Transfer	URC charges (Subject to Deductible, Coinsurance and Maximum Benefit)
Emergency Medical Evacuation	Age 14 days through 64 — $500,000 Age 65 through 75 — $50,000 Age 76 and older — No benefit
Emergency Reunion	$50,000 (subject to a maximum of 15 days)
Bedside Visit	No benefit
Repatriation of Mortal Remains	$50,000
Local Burial/Cremation	$5,000 (in lieu of Repatriation of Mortal Remains)
Return of Minor Child(ren)	$50,000
Trip Interruption	$5,000
Natural Disaster Daily Accommodations	$250 per day, maximum of 5 days
Natural Disaster Evacuation	No benefit
Political Evacuation and Repatriation	$10,000
Emergency Pet Transportation	No benefit

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PART III SCHEDULE OF BENEFITS AND LIMIT (CONTINUED)

LUMP SUM BENEFITS		
Accidental Death	14 days through 17	$1,250
	18 through 69	$25,000
	70 through 75	$12,500
	76 and older	No benefit
Accidental Dismemberment	Loss of 1 limb or eye	50% of Accidental Death benefit
	Loss of more than one limb or eye	100% of Accidental Death benefit
Accidental Death and Dismemberment Family Maximum	$250,000	
Common Carrier Accidental Death	100% of Accidental Death benefit	
Common Carrier Accidental Death Family Maximum	$250,000	
Hospital Indemnity	$100 per night, subject to a maximum of 10 nights	
PERSONAL PROPERTY COVERAGE OPTION		
Lost Checked Luggage	$50 any one item, subject to a maximum of $250	
Personal Equipment Option		
Personal Equipment Coverage	**Maximum**	
Covered Sports Equipment	$1,000	
Covered Photography Equipment	$1,000	
Covered Electronics and Communications Equipment	$500	
Adventure Sports (available for purchase)		
Includes Eligible Medical Expenses and Eligible Transportation Expenses (subject to Deductible, Co-pays and Coinsurance)	**Age**	**Limit**
	14 days through 49	$50,000
	50 through 59	$25,000
	60 through 64	$10,000
	65 and older	No benefit
Marine Activities (available for purchase)		
A. Covered Water Sports - Eligible Medical Expenses and Eligible Transportation Expenses (subject to Deductible and Coinsurance)	**Age**	**Limit**
	14 days through 49	$100,000
	50 through 64	$50,000
	65 through 69	$10,000
	70 and older	No benefit
B. Covered Scuba Equipment	$2,000 (Actual Cash Value subject to a maximum of $2,000)	

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PART IV
ELIGIBLE MEDICAL EXPENSES

A. Subject to the Deductible, Coinsurance and Limits set forth in the Schedule of Benefits and Limits, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following expenses incurred by an Insured Person, provided such expenses are Medically Necessary:

1. Charges made by a Hospital for:

   a. Daily room and board and nursing services not to exceed the Hospital's average semiprivate room rate; and
   b. Hospital Ancillary Services
   c. Daily room and board and nursing services in an Intensive Care Unit; and
   d. Use of operating, treatment and/or recovery rooms; and
   e. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients, with the exception of personal services and supplies of a non- medical nature; and
   f. Emergency Room treatment of an Injury due to a covered Accident; and
   g. Emergency Room treatment of an Illness; however, an additional Deductible of $350 will be required unless the Insured Person is directly admitted to the Hospital as Inpatient for further treatment of that Illness.

2. Surgery at an Outpatient Surgical facility, including services and supplies.

3. Virtual Medicine Consultations through a telemedicine protocol system approved by the Plan Administrator; subject to a Co-pay as specified in the Schedule of Benefits and Limits. The Co-pay does not apply toward satisfaction of the Insured Person's Deductible. The Co-pay is waived for Insured Persons with $0 Deductible.

4. Charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to a maximum of 20% of the Usual, Reasonable and Customary charge of the primary surgeon. Standby availability is not considered a professional service and therefore is not covered hereunder.

5. Professional services provided by a Physician in his or her office, an Urgent Care Center or a Walk-in Clinic.

6. Dressings, sutures, casts or other supplies which are administered by or under the supervision of a Physician, but excluding nebulizers, oxygen tanks, diabetic supplies and other supplies for use, application and/or for repeat use at home, except Durable Medical Equipment.

7. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included). Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services.

8. Reconstructive Surgery when the reconstructive Surgery is directly related to Surgery which is covered hereunder.

9. Hemodialysis for the treatment of acute renal failure and charges by the Hospital for processing and administration of blood or blood components, but not the cost of the actual blood or blood components.

10. Oxygen and other gasses and their administration by or under the supervision of a Physician.

11. Anesthetics and their administration by a Physician.

12. Drugs which require prescription by a Physician for treatment of a covered Injury or Illness, subject to the Co-pay indicated in the Schedule of Benefits and Limits (if any), but excluding: drugs prescribed for the treatment of diabetes, oral contraceptives and costs for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of thirty (30) days per prescription. Brand name drugs are covered only in the event a suitable generic drug is not available.

13. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.

14. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient Hospitalization.

15. Treatment of an Injury to the foot due to a covered Accident.

16. Treatment of an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of treatment.

17. Dental Treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance; however, loss or damage to

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sound natural teeth while eating or biting into hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies, are not covered.

18. Dental Treatment necessary to resolve Acute Onset of Dental Pain, incurred within twenty-four (24) hours of the Acute Onset of Dental Pain subject to the maximum indicated in the Schedule of Benefits and Limits, only if the Certificate Period is thirty (30) days or more.

19. Rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase price.

20. Physical therapy by a licensed physiotherapist necessarily incurred to continue recovery from a covered Injury or Illness, and subject to the maximum amounts specified in the Schedule of Benefits and Limits. Such physical therapy must be prescribed by a Physician who is not affiliated with the physiotherapy practice performing the physical therapy.

21. Charges for Value Added Tax (VAT) or like tax on Eligible Medical Expenses.

22. Eligible Medical Expenses for treatment of Injury or Illness resulting from participation in Adventure Sports if the Adventure Sports Option is purchase by and in effect for the Insured Person.

23. Eligible Medical Expenses for treatment of Injury or Illness resulting from participation in Covered Water Sports if the Marine Activities Option is purchased by and in effect for the Insured Person.

24. Charges for an Emergency Eye Exam performed by a licensed optometrist or ophthalmologist to obtain a Medically Necessary prescription for corrective lenses that were lost or damaged in connection with an Injury that is covered hereunder, but not for the replacement of prescription corrective lenses or contact lenses.

25. Chiropractic care by a licensed chiropractor, necessarily incurred to continue recovery from a covered Injury or Illness. Such chiropractic care must be prescribed by a Physician who is not affiliated with the chiropractic office.

B. Acute Onset of Pre-existing Condition(s) Subject to the Deductible, Co-pay, Coinsurance and limits set forth in the Schedule of Benefits and Limits, Underwriters will provide coverage of Eligible Medical Expenses only, that are attributable to and relate directly to an Acute Onset of Pre-existing Condition subject always to the following:

1. Essential and necessary treatment must be obtained immediately, no more than twenty-four (24) hours from the sudden and unexpected outbreak or recurrence of the Pre-existing Condition.

2. Coverage for treatment in the US is provided only for non-US citizens and/or Residents covered under the PreTime plan.

3. The Insured Person must not be traveling against or in disregard of the recommendations, established treatment plans or medical advice of a Physician or other Medical Provider.

4. The Insured Person must not be traveling with the intent or purpose of seeking or obtaining treatment for the Pre-existing Condition.

5. The Insured Person must not be traveling during a period of time when he/she is preparing or waiting for, involved in, or undertaking a new, changed or modified treatment program with respect to the Pre-existing Condition and is not traveling subsequent to any such new, changed or modified treatment plan having been advised or recommended.

6. The Pre-existing Condition must have been stabilized for at least thirty (30) days prior to the Insured Person's Certificate Effective Date, with no change in treatment or medication.

7. The Pre-existing Condition must not be a chronic or congenital condition or one that gradually becomes worse over time.

8. In order to qualify for the higher limit specified in the Schedule of Benefits and Limits, a US citizen or Resident with Primary Insurance must meet the following requirements:

   a. The Insured Person must have Primary Insurance that was in effect prior to the Certificate Effective Date and must remain in force during the entire Certificate Period and must remain in force during the entire Certificate Period.
   b. The Pre-existing Condition must be covered under the Primary Insurance.
   c. If a. and b. above cannot be substantiated at the time of any claim, the limit under this provision will be reduced to the amount shown in the Schedule of Benefits and Limits for Insured Persons without Primary Insurance.

9. Coverage of the Pre-existing Condition ends on the earliest of:

   a. The date the condition is no longer considered acute; or
   b. The date and time the Insured Person is discharged from the Hospital.

C. Other Coverage - Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claims for Eligible Medical Expenses if there is any other insurance, membership benefit, state and/or federal government program (including without limitation Medicare, Medicaid, Veterans Administration and CHAMPUS), right of contribution, recoupment or recovery contract, or any other thirdparty obligation or liability for provision of benefits ("Other Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except where benefit amounts provided under Other Coverage are less than the applicable benefit amount insured hereunder, in which case Underwriters will pay the difference between the benefit amounts provided under Other Coverage and the benefit amount of this insurance, subject always to the applicable Deductible, Coinsurance and all other term, clauses, conditions, provisions and exclusions of this insurance. Underwriters shall not pay any claim in respect to treatment, services or supplies furnished by any program or agency funded by any government.

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D. Pre-certification - Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by Underwriters (acting through the Plan Administrator) in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or his/her Relatives, guardian and/or medical service and/or supply providers at the time of Pre-certification. Underwriters reserve the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, verification of coverage, verification of benefits, or a guarantee of payment. The fact that services or supplies are Pre- certified does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. Underwriters' consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the terms, conditions, provisions and exclusions of this insurance.

Any consideration or determination of a Pre-certification request shall not be deemed or considered as Underwriters approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of treatment. Neither Underwriters nor the Plan Administrator (nor anyone acting on their respective behalves) has any authority or obligation to select Physicians, Hospitals or other Medical Providers for the Insured Person, or to make any diagnosis or medical treatment decisions on behalf of the Insured Person and all such decisions must be made solely and exclusively by the Insured Person and/or his/her Family members or guardians, treating Physicians and Medical Providers. If the Insured Person and his/her Medical Providers comply with the Pre-certification Requirements contained in this provision, and the treatment or supplies are Pre-certified as Medically Necessary, Underwriters will reimburse the Insured Person for Eligible Medical Expenses up to the amount shown in the Master Policy.

1. Pre-certification Requirements - The following medical expenses must always be Pre-certified before admission or receiving services and/or supplies:

a. **Inpatient** care
b. Any **Surgery** or **Surgical Procedure**
c. Care in an **Extended Care Facility**
d. Home Nursing Care
e. **Durable Medical Equipment**
f. Artificial limbs
g. Computerized Tomography (CAT Scan)
h. Magnetic Resonance Imaging (MRI)
i. **Interfacility Ambulance Transfer**

2. Compliance - To comply with the Pre-certification Requirements, the Insured Person must:

a. Contact the Plan Administrator at the telephone number or electronic address indicated on the Insured Person's Identification Card as soon as possible before the expense is to be incurred; and
b. Comply with the instructions of the Plan Administrator and submit any information or documents they require; and
c. Notify all Physicians, Hospitals and other Medical Providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with
Underwriters and the Plan Administrator.

3. **Non-compliance**

If the Insured Person and/or his/her Medical Providers do not comply with the Precertification Requirements and/or the expenses are not Pre-certified,

a. Eligible Medical Expenses will be reduced by 50%; and
b. The Deductible, if applicable, will be subtracted from the remaining amount; and
c. Coinsurance, if applicable, will be applied.

4. In the event of an Emergency Hospital admission, Pre-certification must be made within forty-eight (48) hours after the admission, or as soon as is reasonably possible but no later than one week thereafter.

5. For Inpatient stays of any kind, Underwriters will Pre-certify a limited number of days of confinement. Additional days of Inpatient confinement may later be Pre- certified based on Physician recommendations and Medical Necessity.

6. If the Insured Person disagrees with a Pre-certification decision, he/she may in writing ask Underwriters (through the Plan Administrator) to reconsider the decision and may supply additional documentation to support the appeal. Underwriters may reconsider their decision based on review of the additional documentation and facts, if any. Underwriters will advise the Insured Person of their decision within a reasonable time frame following receipt of additional documentation and facts.

E. US Preferred Medical Provider Network - Underwriters, via the Plan Administrator, endeavor to maintain contractual arrangements with one or more independent Preferred Provider Organizations (PPO) that have established and maintain networks of US-based Physicians, Hospitals and other Medical Providers who are contracted separately and directly with the PPO and who may provide re-pricings, discounts or reduced charges for services and/or supplies provided to the Insured Person. Neither Underwriters nor the Plan Administrator have any authority or control over the operations or business of the PPO, or over the operations or business of any provider within the PPO network. Neither the PPO, nor any provider within the PPO network, nor any of their respective agents, employees or representatives has or shall have any power or authority whatsoever to act for or on behalf of Underwriters or the Plan Administrator in any respect. It is not a requirement of this insurance that the Insured Person seek services or supplies exclusively from a provider within the independent PPO network.

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1. Freedom of choice - Nothing contained in this insurance restricts or interferes with the Insured Person's right to select the Hospital, Physician or other Medical Provider of his/her choice. Nothing contained in this insurance restricts or interferes with the relationship between the Insured Person and the Hospital, Physician or other Medical Providers with respect to treatment of any condition, or the right of any Insured Person to receive, at his or her own expense, services and/or supplies that are not covered under this insurance.
2. Reduction of benefits - The Insured Person's use or non-use of the PPO network will affect the scope and extent of benefits available under this insurance in the form of additional Coinsurance, as specified in the Schedule of Benefits and Limits. An Insured Person may contact the Plan Administrator and request a PPO directory for the area where he/she will be receiving medical care, or may visit the Plan Administrator's website to obtain such information.

F. Patient Advocacy - Neither Underwriters nor the Plan Administrator shall have any right, obligation or authority of any kind to ultimately select Physicians, Hospitals, Medical Providers or other providers of services and/or supplies for the Insured Person, or to make any medical treatment decisions for or on behalf of the Insured Person, and all such decisions shall be made solely and exclusively by the Insured Person and/or his/her guardians, Relatives, Physicians and other Medical Providers. Subject to the foregoing, Underwriters may determine that a particular claim or diagnosis occurring under this insurance may be placed under the Patient Advocacy program to ensure that Medically Necessary services and supplies are provided in the most cost-effective manner. In the event Underwriters determine that a claim or diagnosis meets the Patient Advocacy program guidelines, they will notify the Insured Person, and a Patient Advocate will be assigned to the Insured Person. Thereafter, the Patient Advocate may make recommendations of alternative treatment settings and/or procedures and/or supplies, that may be more cost-effective for the Underwriters and/or the Insured Person.

Such recommendations will be made with input from the Insured Person and/or the Insured Person's guardian(s), Relative(s), Physician(s) and/or other Medical Providers and will be made only when it can be reasonably demonstrated that the Medically Necessary services and supplies can be provided in a more cost-effective manner to Underwriters and/or the Insured Person.
Underwriters will use best efforts to evaluate and recommend alternative treatment settings and/or procedures and/or supplies, which can reasonably be expected to result in the same or better care of the Insured Person. The Insured Person is under no obligation to accept or follow any of the Patient Advocate's recommendations. However, if the Insured Person accepts and follows any of the Patient Advocate's recommendations, the Insured Person agrees to hold Underwriters, the Plan Administrator, and their agents and representatives, including without limitation the Patient Advocate, harmless, and Underwriters shall not be held liable or otherwise responsible for any treatment, service or supply provided to the Insured Person except for the payment of claims eligible for coverage under this insurance. After the Insured Person has been notified that the claim or diagnosis meets the Patient Advocacy program guidelines, Underwriters reserve the right, at their option and sole discretion without liability to:

1. Make payment for treatments, services and/or supplies which are not covered under this insurance which may be beneficial to the Insured Person and cost effective to Underwriters; and/or
2. Deny coverage for expenses, including without limitation Eligible Medical Expenses, otherwise eligible for coverage but for the terms of this provision, which exceed the amount Underwriters would have paid had the Insured Person followed the recommendations of the Patient Advocacy program.

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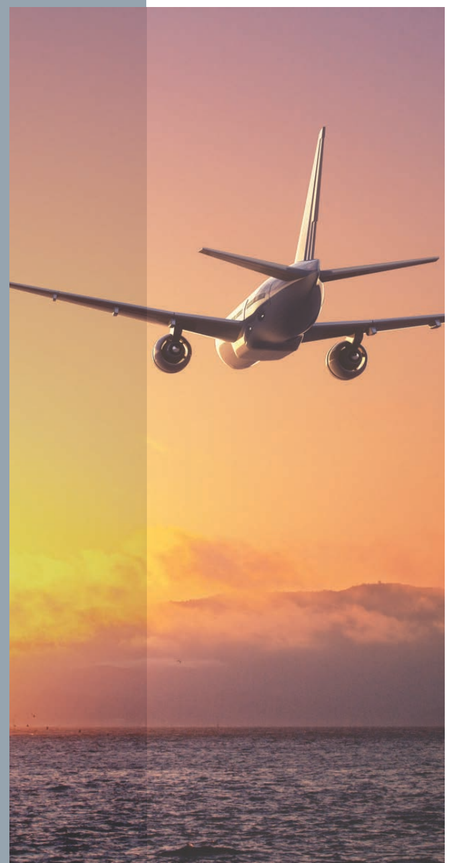
PART V
ELIGIBLE TRANSPORTATION EXPENSES



Subject to the Deductible, Co-pay, Coinsurance and Limits set forth in the Schedule of Benefits and Limits, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following transportation expenses incurred by an Insured Person:

A. Local Ambulance

1. Transportation and accompanying treatment provided by licensed, qualified, professional emergency personnel, from the location of a covered Accident resulting in Injury requiring Emergency care for the Insured Person, to a local Hospital or other appropriate health care
facility; and
2. transportation and accompanying treatment provided by licensed, qualified, professional emergency personnel, from the location of a covered Emergency Illness which results in Hospital confinement of the Insured Person as an Inpatient for further treatment of the Illness.

B. Interfacility Ambulance Transfer - Transportation and accompanying treatment provided by licensed, qualified, professional personnel from the Hospital where the Insured Person is confined as an Inpatient for treatment of a covered Illness or Injury, to another Hospital or appropriate health care facility via land or ground ambulance, provided such transfer is Medically Necessary.

C. Emergency Medical Evacuation

1. Emergency air transportation to a suitable airport nearest to the nearest Hospital which is qualified to provide the Medically Necessary treatment to prevent the Insured Person’s loss of life or limb; and
2. Emergency ground transportation necessarily preceding Emergency air transportation, and from the destination airport to the Hospital where the Insured Person will receive treatment; and
3. The cost of an economy one-way commercial air and/or ground transportation ticket for the Insured Person from the area where the Insured Person was Hospitalized following an Emergency Medical Evacuation, to the area where the Insured Person was initially evacuated from, or to the terminal serving the area of the Insured Person's Principal Residence. The value of the Insured Person’s unused return ticket shall be deducted from the amount paid by Underwriters if the Insured Person is evacuated to the area of his/her Principal Residence.
4. Conditions and Restrictions - Underwriters will provide Emergency Medical Evacuation benefits only when all of the following conditions are met:

a. The Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this insurance.
b. Medically Necessary treatment, services and supplies cannot be provided locally.
c. Transportation by any other method would result in loss of Insured Person's life or limb within twenty-four (24) hours, based upon reasonable medical certainty.
d. Emergency Medical Evacuation is recommended by the attending Physician who certifies to (b) and (c) above.
e. Emergency Medical Evacuation is agreed upon by the Insured Person or a Relative of the Insured Person.
f. The condition giving rise to the Emergency Medical Evacuation occurred outside the Insured Person’s Home Country.
g. The condition giving rise to the Emergency Medical Evacuation arose unexpectedly, spontaneously and without advance warning, or advance treatment, diagnosis or recommendation for treatment by a Physician, or prior manifestation in the form of symptoms which would have caused a reasonably prudent person to seek medical attention prior to the onset of the Emergency.
h. The Emergency Medical Evacuation must be arranged and coordinated by the Underwriters (acting through the Plan Administrator).
i. By acceptance of the Certificate and request for Emergency Medical Evacuation benefits hereunder, the Insured Person understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of an Emergency Medical Evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the Plan Administrator, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, nonavailability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, further Injuries or Illnesses, or any other claims that arise form or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or

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circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.
j. The Insured Person further agrees that upon seeking an Emergency Medical Evacuation, he or she will cooperate fully as required under PART XI, N. Claims Cooperation contained herein. Failure to so cooperate and/or failure to use or accept Emergency Medical Evacuation once it has been arranged by the Underwriters or the Plan Administrator will require the Insured Person to reimburse the Underwriters for costs incurred for any Emergency Medical Evacuation that was arranged for, but not used by, the Insured Person.

D. Emergency Reunion

1. The cost of a round-trip economy commercial air or ground transportation ticket for one Relative or friend of the Insured Person for transportation to the terminal serving the area where the Insured Person is Hospitalized or is to be Hospitalized following a covered Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the Relative or friend, which are incurred in the area where the Insured Person is Hospitalized for a period not to exceed fifteen (15) days, including travel days.
3. Conditions and Restrictions - Underwriters will provide Emergency Reunion benefits only when all of the following conditions are met:

a. The Emergency Reunion must take place after or during the course of a covered Emergency Medical Evacuation.
b. The Insured Person must be so seriously ill that the attending Physician deems it necessary and recommends the presence of a Relative or friend at the destination of the Emergency Medical Evacuation.
c. All Emergency Reunion travel, transportation and accommodation arrangements must be approved in advance by Underwriters (acting through the Plan Administrator).
d. The Insured Person, Relative or friend must submit to the Plan Administrator legible and verifiable copies of all paid receipts for the travel, transportation and accommodation costs and expenses for which reimbursement is sought.

E. Bedside Visit

1. The cost of a round-trip economy commercial air or ground transportation ticket for one Relative or friend of the Insured Person for transportation to the terminal serving the area where the Insured Person is Hospitalized in an Intensive Care Unit; and
2. reasonable expenses for lodging and meals for the Relative or friend, which are incurred in the area where the Insured Person is Hospitalized for a period not to exceed ten (10) days, including travel days.
3. Conditions and Restrictions - Underwriters will provide Bedside Visit benefits only when all of the following conditions are met:

a. The Insured Person must be Hospitalized in an Intensive Care Unit for treatment of a life-threatening Injury or Illness which is covered hereunder, for a period expected to exceed three (3) days.
b. The Insured Person must be so seriously ill that the attending Physician deems it necessary and recommends the presence of a Relative or friend.
c. All Bedside Visit travel, transportation and accommodation arrangements must be approved in advance by Underwriters (acting through the Plan Administrator).
d. The Insured Person, Relative or friend must submit to the Plan Administrator legible and verifiable copies of all paid receipts for the travel, transportation and accommodation costs and expenses for which reimbursement is sought.

F. Repatriation of Mortal Remains or Local Burial or Local Cremation

1. Air or ground transportation of bodily remains or ashes of the deceased Insured Person to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Insured Person; and
2. reasonable costs of preparation of the bodily remains necessary for transportation; or
3. reasonable costs of preparation of the bodily remains necessary for local burial or cremation at the place of death, in accordance with the commonly accepted cultural and religious beliefs practiced by the Insured Person, but excluding costs for religious practitioners, flowers, music, food or beverages.
4. Conditions and Restrictions - Underwriters will provide Repatriation of Mortal Remains or Local Burial or Cremation benefits only when all of the following conditions are met:

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a. The death of the Insured Person must occur as a result of an Injury or Illness that is covered under this insurance.
b. The death of the Insured Person must occur outside the Insured Person's Home Country, and during the Certificate Period.
c. All Repatriation of Remains or Local Burial or Cremation expenses must be approved in advance by Underwriters (acting through the Plan Administrator).
d. By acceptance of the Certificate and request for Repatriation of Remains benefits hereunder, the Insured Person, and all heirs and representatives of the Insured Person's estate, understands, acknowledges and agrees that the timeliness, duration and occurrences during, and outcome of a Repatriation of Remains can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters including, without limitation, the availability of trained personnel and equipment necessary for preparation of bodily remains, availability of competent transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non- availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person, and all heirs and representatives of the Insured Person's estate, agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages or any other claims that arise form or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.

G. Return of Minor Child(ren)

1. The cost of a one-way economy commercial air or ground transportation ticket for each minor child (under age 17) who is traveling with the Insured Person, for transportation to the terminal serving the area where the minor child(ren) permanently reside(s); and
2. transportation and reasonable fees for a chaperone, approved by the Insured Person, to accompany the minor child(ren), if necessary and required by the airline for their safety.
3. Conditions and Restrictions - Underwriters will provide Return of Minor Child(ren) benefits only when all of the following conditions are met:

a. The Insured Person must be either deceased with death resulting from a covered Illness or Injury, or Hospitalized as an Inpatient for treatment of a covered Injury or Illness.
b. The Insured Person must be traveling outside of his/her Home Country, alone with the minor child(ren), who would otherwise be left unattended upon his/her Hospitalization or death.
c. The return of the child(ren) must occur during the Insured Person's Hospitalization if applicable.
d. All Return of Minor Child(ren) expenses must be approved in advance by Underwriters (acting through the Plan Administrator).
e. The value of the unused commercial airline ticket(s) possessed by or for the benefit of the child(ren) at the time of the Insured Person's Hospitalization or death will be deducted from the Return of Minor Child(ren) benefit.
f. Underwriters will not provide any coverage for expenses incurred by the Insured Person and/or by the child(ren) for a return trip to the original location of the child(ren) at the time of the Hospitalization or death of the Insured Person.
g. The Insured Person understands that the safety of minor child(ren) before, during and after transportation is Underwriters' and the Plan Administrator's highest priority; however, the Insured Person, and all heirs and representatives of the Insured Person's estate, agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, Injuries, Illnesses or any other claims that arise form or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.

H. Emergency Pet Transportation

1. The cost of a one-way economy commercial air or ground transportation ticket for one Domestic Dog or Domestic Cat which is owned by and traveling with the Insured Person, for transportation to the terminal serving the area of the Insured Person's Principal Residence.
2. Conditions and Restrictions - Underwriters will provide Emergency Pet Transportation benefits only when all of the following conditions are met:

a. The Insured Person must be Hospitalized as an Inpatient outside of his/her Home Country for a covered Illness or Injury and such Hospitalization is expected to exceed three (3) days during which the pet would otherwise be left unattended; or
b. The death of the Insured Person results in the pet being left unattended for a period expected to exceed three (3) days; provided the death of the Insured Person results from an Injury or Illness which is covered hereunder.
c. The Insured Person must be at least eighteen (18) years of age and traveling alone with the pet.
d. The pet must have been owned by and resided with the Insured Person for at least six (6) months prior to the Certificate Effective Date.

I. Trip Interruption

1. The cost of a one-way commercial air or ground transportation ticket of the same class as the Insured Person's unused return travel ticket, for transportation from his/her location when he/she learns of the substantial destruction of his/her Principal Residence resulting from fire or Natural Disaster, to the terminal serving the area of his/her Principal Residence; or
2. the cost of a one-way commercial air or ground transportation ticket of the same class as the Insured Person's unused return travel ticket, for transportation from his/her location when he/she learns of the unexpected death of an immediate Family member (spouse, child, parent or sibling) to the terminal serving the area of the deceased person's funeral or place of burial.
3. Conditions and Restrictions - Underwriters will provide Trip Interruption benefits only when all of the following conditions are met:

a. The Insured Person must be outside his or her Home Country upon learning of the substantial destruction of his/her Principal Residence or the unexpected death of the immediate Family member.
b. The destruction or death must occur during the Certificate Period.
c. The value of any unused ticket held by the Insured Person will be deducted from the Trip Interruption benefit.

J. Natural Disaster Daily Replacement Accommodations

1. The cost of replacement accommodations necessitated by the cancellation of scheduled, paid accommodations.
2. Conditions and Restrictions - Underwriters will provide Natural Disaster Daily Replacement Accommodations benefits only when all of the following conditions are met:

a. The cancellation of scheduled, paid accommodations results from evacuation due to a forecasted Natural Disaster or following a Natural Disaster.
b. The forecast of the Natural Disaster and the Natural Disaster itself must occur during the Certificate Period.
c. The evacuation must be ordered and mandated by the governmental authorities having jurisdiction over the location of the forecasted or actual Natural Disaster.
d. Proof of payment for the original accommodations must be provided.
e. The amount of any refund in respect to the original accommodations will be deducted from any Natural Disaster Daily Accommodations benefit.

K. Natural Disaster Evacuation and Repatriation

1. Reasonable expenses for transportation of the Insured Person to a place of safety based on the most appropriate and economical means of travel consistent under the circumstances of the Insured Person's health and safety; and
2. reasonable lodging expenses for the Insured Person for a maximum of three (3) days if the Insured Person is delayed at the place of safety; and
3. the cost of a one-way commercial air or ground transportation ticket of the same class as the Insured Person's unused return travel ticket, for transportation from the place of safety or from the location of the origination of the Natural Disaster to the terminal serving the Insured Person's Principal Residence.
4. Conditions and Restrictions - Underwriters will provide Natural Disaster Evacuation and Repatriation benefits only when all of the following conditions are met:

a. The Natural Disaster evacuation must have been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the Insured Person's location within the Host Country.
b. The Insured Person must be unable to leave the Host Country location by normal means, including but not limited to changing an existing Common Carrier reservation to arrange for an earlier return due to the Natural Disaster.
c. The Insured Person must be unable to obtain commercial transportation within the Host Country to travel to the nearest safe location in a time period that would (i) reasonably avoid Injury, and (ii) comply with the time allowed to leave the Host Country location pursuant to the orders of the recognized government of the Host Country or the US Embassy.
d. The Insured Person's location in the Host Country must be deemed uninhabitable by Underwriters.
e. The Insured Person must contact the Plan Administrator as soon as reasonably possible after the Host Country has issued an official evacuation order.
f. Natural Disaster Evacuations and Repatriations must be approved in advance by Underwriters (acting through the Plan Administrator).
g. By acceptance of the Certificate and request for Natural Disaster Evacuation and Repatriation benefits hereunder, the Insured Person understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of a Natural Disaster Evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the Plan Administrator, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.
h. The Insured Person further agrees that upon seeking a Natural Disaster Evacuation and Repatriation, he or she will cooperate fully as required under PART X, N. Claims Cooperation herein contained. Failure to so cooperate and/or failure to use or accept Natural Disaster Evacuation and Repatriation once it has been arranged by the Underwriters or the Plan Administrator will require the Insured Person to reimburse the Underwriters for costs incurred for any Natural Disaster Evacuation that was arranged for, but not used by, the Insured Person.
i. In no event will Natural Disaster Evacuation and Repatriation expenses be paid if, prior to the Insured Person's arrival, Natural Disaster evacuation has been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the Insured Person's location within the Host Country.

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L. Political Evacuation and Repatriation

1. Reasonable expenses for transportation of the Insured Person to a place of safety based on the most appropriate and economical means of travel consistent under the circumstances of the Insured Person's health and safety; and
2. Reasonable lodging expenses for the Insured Person for a maximum of three (3) days if the Insured Person is delayed at the place of safety; and
3. The cost of a one-way commercial air or ground transportation ticket of the same class as the Insured Person's unused return travel ticket, for transportation from the place of safety or from the location of the origination of the Political Threat, to the terminal serving the Insured Person's Principal Residence.
4. Conditions and Restrictions - Underwriters will provide Political Evacuation and Repatriation benefits only when all of the following conditions are met:

a. The US Department of State, Bureau of Consular Affairs or similar government organization of the Insured Person's Home Country must order the evacuation of all non- essential government personnel from the area where the Insured Person is located.

b. The order of evacuation must pertain to persons from the same Home Country as the Insured Person.

c. In no event will Political Evacuation and Repatriation expenses be paid unless the US Department of State issues a Level 3 (reconsider travel), or Level 4 (do not travel) warning concerning Political Threat after the Insured Person has arrived to the affected location.

d. The Insured Person must be unable to leave the Host Country location by normal means, including but not limited to changing an existing Common Carrier reservation to arrange for an earlier return due to the political environment.

e. The Insured Person must be unable to obtain commercial transportation within the Host Country to travel to the nearest safe location within a time period that would (i) reasonably be expected to avoid Injury, and (ii) comply with the time allowed to leave the Host Country location pursuant to the orders of the recognized government of the Host Country or the US Embassy.

f. The Insured Person must contact the Plan Administrator as soon as reasonably possible after the Host Country has issued an official evacuation order.

g. Political Evacuation and Repatriation must be approved in by Underwriters (acting through the Plan Administrator).

h. By acceptance of the Certificate and request for Political Evacuation and Repatriation benefits hereunder, the Insured Person understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of a Political Evacuation and Repatriation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the Plan Administrator, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non- availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.

i. The Insured Person further agrees that upon seeking a Political Evacuation and Repatriation, he or she will cooperate fully as required under PART X, N. Claims Cooperation contained herein. Failure to so cooperate and/or failure to use or accept Political Evacuation and Repatriation once it has been arranged by the Underwriters or the Plan Administrator will require the Insured Person to reimburse the Underwriters for costs incurred for any Political Evacuation and Repatriation that was arranged for, but not used by, the Insured Person.

j. In no event will Political Evacuation and Repatriation expenses be paid if, prior to the Insured Person's arrival, evacuation has been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the Insured Person's location within the Host Country.

M. Other Coverage

Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any Transportation claims if there is any other insurance, membership benefit, state and/or federal government program (including, without limitation, Medicare, Medicaid, Veterans Administration and CHAMPUS), right of contribution, recoupment or recovery contract, or any other third-party obligation or liability for provision of benefits ("Other Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except where benefit amounts provided under Other Coverage are less than the applicable benefit amount insured hereunder, Underwriters will pay the difference between the benefit amounts provided under Other Coverage and the applicable benefit amount of this insurance, subject always to the applicable Deductible and Coinsurance. Underwriters shall not pay any claim in respect to care, treatment, services or supplies furnished by any program or agency funded by any government.

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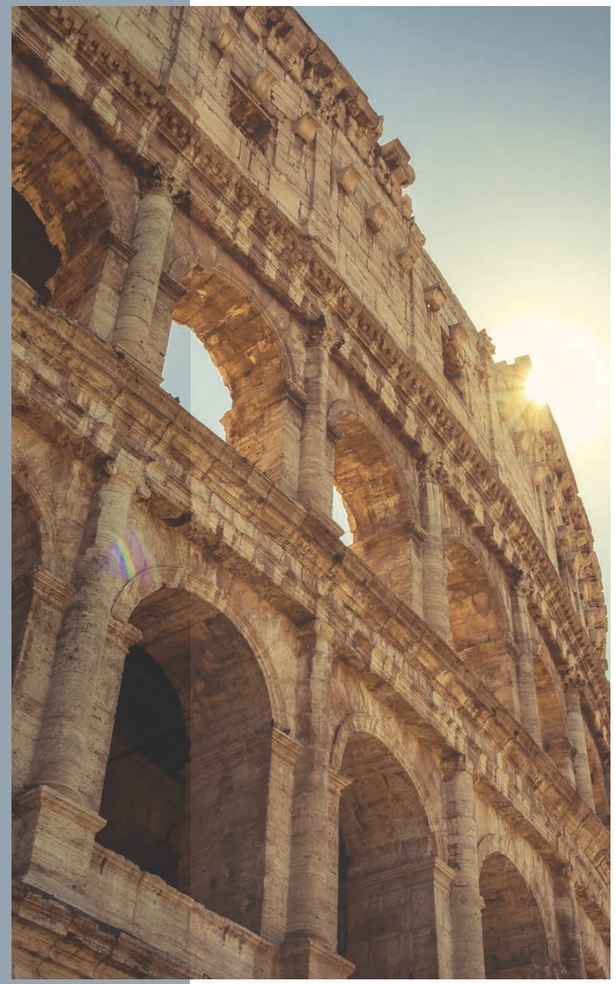
PART VI
LUMP SUM BENEFITS



Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following benefits incurred by an Insured Person:

A. Accidental Death

Underwriters will pay the Accidental Death Lump Sum Benefit indicated in the Schedule of Benefits and Limits to the Insured Person's Beneficiary.

1. Conditions and Restrictions - Underwriters will provide the Accidental Death Lump Sum Benefit only when all of the following conditions are met:

a. The death of the Insured Person must result from an Accident which occurs during the Certificate Period.

b. The death of the Insured Person must occur within sixty (60) days of the Accident.

c. The Injury giving rise to the Accidental Death must be evidenced by a visible contusion or wound, except in the case of Accidental drowning.

d. The Accidental Death must result directly and independently of all other causes, from an Accidental Injury which is unintended, unexpected and unforeseen, and the Injury must be the sole cause of death.

B. Accidental Dismemberment

Underwriters will pay the Accidental Dismemberment Lump Sum Benefit indicated in the Schedule of Benefits and Limits to the Insured Person.

1. Conditions and Restrictions - Underwriters will provide the Accidental Dismemberment Lump Sum Benefit only when all of the following conditions are met:

a. The Accidental Dismemberment of the Insured Person must result from an Accident which occurs during the Certificate Period.

b. The Accidental Dismemberment of the Insured Person must occur within sixty (60) days of the Accident.

3. The Accidental Dismemberment must result, directly and independently of all other causes, from an Injury which is unintended, unexpected and unforeseen, and the Injury must be the sole cause of the Accidental Dismemberment.

4. The loss of a hand or foot must be complete severance from the body at or above the wrist or ankle joint. The loss an eye or eyes means the entire and irrecoverable loss of sight.

C. Common Carrier Accidental Death

Underwriters will pay the Lump Sum benefit indicated in the Schedule of Benefits and Limits to the Insured Person's Beneficiary.

1. Conditions and Restrictions - Underwriters will provide Common Carrier Accidental Death Lump Sum Benefit only when all of the following conditions are met:

a. The death of the Insured Person must result from an Accident while he/she is traveling on a Common Carrier.

b. The death of the Insured Person must result from an Accident which occurs during the Certificate Period.

c. The death of the Insured Person must occur within sixty (60) days of the Common Carrier Accident and must result directly and independently of all other causes, from an Injury which was sustained during the Common Carrier Accident. The Injury must be the sole cause of death.

d. Common Carrier Accidental Death benefits shall not exceed the amount indicated in the Schedule of Benefits and Limits per Family involved in the same Accident.

D. Hospital Indemnity

Underwriters will pay the amount indicated in the Schedule of Benefits and Limits to the Insured Person in the event the Insured Person is Hospitalized as an Inpatient for treatment of a covered Illness or Injury.

1. Conditions and Restrictions - Underwriters will provide Hospital Indemnity benefits only when all of the following conditions are met:

a. The Hospitalization must occur outside the Insured Person's Home Country.

b. The Insured Person must be admitted as an Inpatient for treatment of a covered Injury or Illness.

c. The daily benefit shall be calculated and based on each full 24-hour period of confinement as an Inpatient in a Hospital during the Certificate Period, not including time spent in Emergency Room, and not including any partial 24-hour periods.

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PART VII
PERSONAL PROPERTY

Subject to the limits set forth in the Schedule of Benefits and Limits, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following benefits incurred by an Insured Person:

A. Lost Checked Luggage

1. Underwriters will reimburse the Insured Person for the cost of contents of Lost Checked Luggage when such luggage was permanently lost in transit by a Common Carrier.
2. Conditions and Restrictions – Underwriters will provide Lost Checked Luggage benefits only when all of the following conditions are met:

a. The Insured Person must submit a copy of the Common Carrier's claim form and such other documentation as Underwriters may reasonably require as proof that the Insured Person's luggage was permanently lost.
b. The Common Carrier must first reimburse the Insured Person the full amount that it is legally required to pay for Lost Checked Luggage, and proof of such reimbursement must be provided to the Plan Administrator by the Insured Person.
c. Lost Checked Luggage reimbursements under this insurance will be provided only if and to the extent the amount of the Insured Person's loss suffered as a result of the Lost Checked Luggage exceeds the reimbursement by the Common Carrier.

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PART IX
COVERAGE OPTIONS

The following options are available to Insured Persons, subject to the limits set forth in the Schedule of Benefits and Limits, and subject to payment of additional premium:

A. Personal Equipment Option

Underwriters will reimburse the Insured Person the Actual Cash Value of his/her Covered Sports Equipment, Covered Photography Equipment and Covered Electronics and Communication Equipment which are permanently lost while traveling on board a Common Carrier, or are stolen from the Insured Person.

1. Conditions and Restrictions - Underwriters will provide Personal Equipment Coverage benefits only when all of the following conditions are met:

a. In the event Covered Personal Equipment is permanently lost while traveling on board a Common Carrier, the Insured Person must:

i. submit a copy of the Common Carrier's claim form and such other documentation as Underwriters may reasonably require as proof that the Insured Person's Covered Personal Equipment was permanently lost; and

ii. the Common Carrier must first reimburse the Insured Person the full amount that it is legally required to pay for lost Covered Personal Equipment, and proof of such reimbursement must be provided to the Plan Administrator by the Insured Person; and

iii. lost Covered Personal Equipment reimbursements under this insurance will be provided only if and to the extent the Actual Cash Value of the Covered Personal Equipment exceeds the amount of any reimbursement by the Common Carrier.

b. In the event the Covered Personal Equipment is stolen from the Insured Person, he/she must submit a formal Police Report, made by authorities with jurisdiction over the location of the theft, and made at the time the theft was discovered by the Insured Person, which identifies the stolen Covered Personal Equipment and the circumstances surrounding the theft. In the event no Police Report is available, no benefit will be paid.

c. The Insured Person must submit evidence of the original purchase price and original purchase date of any Covered Personal Property. Covered Personal Property purchased from friends or Relatives of the Insured Person, provided to the Insured Person at no cost to him/her, or rented or loaned to the Insured Person are not covered under this insurance.

B. Adventure Sports Coverage Option

Underwriters will provide Eligible Medical Expenses and Eligible Transportation Expenses resulting from the Insured Person's participation in Adventure Sports, as herein defined, while outside his or her Home Country.

C. Marine Activities Option

1. Underwriters will provide Eligible Medical Expenses and Eligible Transportation Expenses resulting from the Insured Person's participation in Covered Water Sports while outside his or her Home Country.

2. Underwriters will provide personal property coverage in respect to Covered Scuba Equipment which is permanently lost while traveling on board a Common Carrier, or stolen from the Insured Person while outside his or her Home Country.

3. Conditions and Restrictions - Underwriters will provide personal property coverage only when all of the following conditions are met:

a. In the event Covered Scuba Equipment is permanently lost while traveling on board a Common Carrier, the Insured Person must:

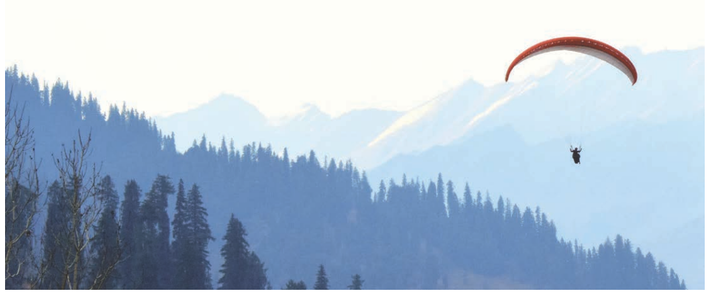
i. submit a copy of the Common Carrier's claim form and such other documentation as Underwriters may reasonably require as proof that the Insured Person's Covered Scuba Equipment was permanently lost; and

ii. the Common Carrier must first reimburse the Insured Person the full amount that it is legally required to pay for lost Covered Scuba Equipment, and proof of such reimbursement must be provided.

iii. lost Covered Scuba Equipment reimbursements under this insurance will be provided only if and to the extent the Actual Cash Value of the Covered Personal Equipment exceeds the amount of any reimbursement by the Common Carrier.

b. In the event the Covered Scuba Equipment is stolen from the Insured Person, he/she must submit a formal Police Report, made by authorities with jurisdiction over the location of the theft, and made at the time the theft was discovered by the Insured Person, which identifies the stolen Covered Scuba Equipment and the circumstances surrounding the theft. In the event no Police Report is available, no benefit will be paid.

c. the Insured Person must submit evidence of the original purchase price and original purchase date of any Covered Scuba Equipment. Covered Scuba Equipment purchased from friends or Relatives of the Insured Person, provided to the Insured Person at no cost to him or her, or rented or loaned to the Insured Person are not covered under this insurance.



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PART X
EXCLUSIONS

Unless expressly provided for herein, and in addition to all terms, clauses, conditions, restrictions and exclusions contained herein, all of the following claims, charges, expenses, reimbursements and/or circumstances are expressly excluded from coverage under this insurance and Underwriters shall have no liability or obligation for any coverage thereof or therefor. (All of the following Exclusions may apply to any claim hereunder; category headings are provided for convenient reference purposes only.)

A. War and Terrorism

1. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, traceable to or arising in connection with the following:

a. The Insured Person's active and voluntary planning or coordination of or participation in any Act of Terrorism.
b. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism was issued or in effect within the one hundred eighty (180) days prior to the Insured Person's arrival to said location, post, area, territory or country.
c. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory related to an actual or potential Act of Terrorism becomes effective or is in effect on or after the Insured Person's arrival to said location, post, area, territory or country, and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.

2. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with the following:

a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
b. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
c. Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any nature.
d. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
e Any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an Act of Terrorism).
f. War, whether declared or not, between any of the following countries: China, France, the United Kingdom, the Russian Federation and the United States.
g. War in Europe, whether declared or not, in which any of the countries stated in (f) above or any armed forces thereof are engaged.
h. Arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to or arising in connections with any of the occurrences set forth in this provision, shall be deemed and considered to be consequences for which Underwriters shall not be liable under this insurance, except to the extent that the Insured Person shall prove that such claim happened independently of the existence of such abnormal conditions and/or occurrences.

B. Pre-existing Condition(s)

Resulting from or relating, directly or indirectly, to any Pre-existing Condition, except as expressly provided for in the Acute Onset of Pre-existing Condition provision of this insurance.

C. General Exclusions

1. Claims not presented to the Plan Administrator within sixty (60) days of the date the claim is incurred.
2. If Proof of Claim is not provided to the Plan Administrator within one hundred eighty (180) days of the date the claim is incurred.
3. Claims of any nature that would expose the Underwriter and/or the Plan Administrator to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States.
4. Incurred more than thirty (30) days following the date of onset of Illness or date of Injury, unless covered services are incurred for treatment of the Illness or Injury within thirty (30) days following the date of onset of Illness or date of Injury.
5. Incurred prior to the Certificate Effective Date or after the Certificate Termination Date, unless expressly provided for under the provisions of this insurance.
6. For treatment of any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
7. For any services performed or supplies provided by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person.

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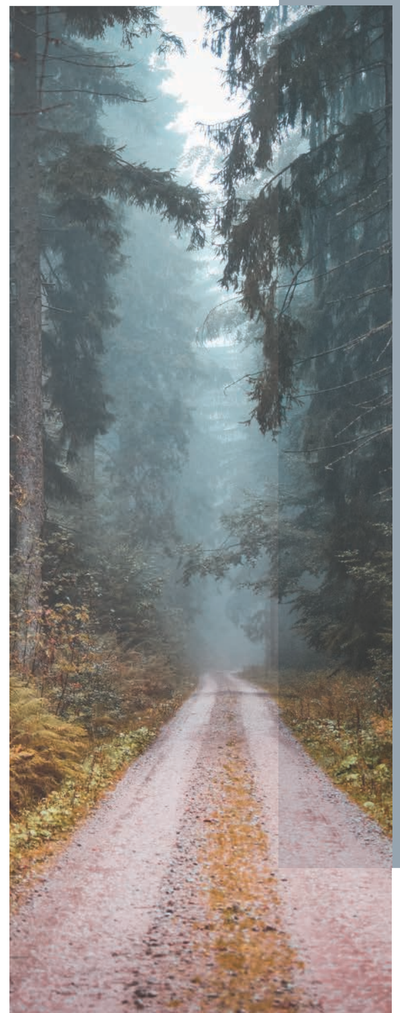
8. For services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
9. Charges for expenses for which advance approval from Underwriters was not obtained by the Insured Person in accordance with the provisions of this insurance.
10. For services not arranged by the Plan Administrator when required by the provisions of this insurance.
11. Injury and/or Illness sustained while under the influence of, or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs, other than drugs prescribed by a Physician and taken in accordance with the Physician's instructions, but not including drugs prescribed for the treatment of Substance Abuse.
12. For treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or similar law.
13. Charges which exceed the Usual, Reasonable and Customary charge for the service or supply provided.
14. For exposure to any non-medical nuclear or atomic radiation and/or radioactive material(s).

D. Diagnosis-oriented Exclusions

1. Related in any way to birth defects, hereditary conditions and Congenital Disorders, including any conditions arising out of or resulting therefrom.
2. For any service, supply, drug, treatment or procedure, that either diagnoses, promotes or prevents conception, insemination or birth, including without limitation, artificial insemination, contraceptives, treatment for infertility or impotency, vasectomy or reversal of vasectomy, sterilization or reversal of sterilization, surrogacy or abortion.
3. For any service, supply, drug, treatment or procedure that either diagnoses, promotes, enhances or corrects or attempts to diagnose, promote, enhance or correct impotency or sexual dysfunction.
4. Resulting from or relating, directly or indirectly, to pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of Newborns, complications of pregnancy, miscarriage, complications of delivery and/or complications related to Newborns.
5. For diagnosis and/or treatment of acne, rosacea, eczema, psoriasis, fungal infection, moles, warts, skin tags, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
6. For non-surgical care, diagnosis and/or treatment or supplies for the feet, including without limitation, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia, bone spurs, hammer toes or bunions, corns, calluses or toenails, except as otherwise expressly set forth in this insurance.
7. For diagnosis and/or treatment of Mental Health Disorders.
8. For Accidental Death and/or Accidental Dismemberment resulting from or relating, directly or indirectly, or where there is a contribution from any of the following: (a) bodily or mental infirmity, Illness or disease; or (b) infection, other than infection occurring simultaneously with and as a direct result of the Accidental Injury.
9. For weight modification or any Inpatient, Outpatient, Surgical Procedure or other treatment of obesity (including without limitation, morbid obesity), including without limitation, diagnostic tests and procedures, wiring of the teeth, all forms or procedures of bariatric Surgery, by whatever name called, or reversal thereof, including without limitation, intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch or stomach reduction or stapling.
10. For modifications of the physical body in order to change or improve or attempt to change or improve the psychological, mental or emotional well-being of the Insured Person, including without limitation, sex-change Surgery and Surgery relating to sexual performance or enhancement thereof.
11. For eyeglasses, contact lenses, hearing aids or hearing implants and for any diagnostic test or procedure, treatment, service or supply, or examination or fitting related to these devices or for eye refraction for any reason except as specifically provided for in the Emergency Eye Exam provision herein contained.
12. For orthoptics, visual eye training and eye Surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
13. For diagnosis and/or treatment of the temporomandibular joint, including without limitation, TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splint.
14. For diagnosis and/or treatment of venereal disease, including all Sexually Transmitted Diseases and conditions.
15. For Routine Physical Exams and treatment, including without limitation, vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to suitability for employment or travel.
16. For diagnosis and/or treatment of Substance Abuse or addiction or conditions that may be attributed to Substance Abuse or addiction and direct consequences thereof.
17. For diagnosis and/or treatment of the following: HIV seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome and/or AIDS.
18. For diagnostic tests and/or procedures, treatment, services or supplies that are not Medically Necessary, whether or not administered by or under the supervision of a



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Physician, and products that can be purchased without a Physician's prescription.
19. For Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and directly related to and/or follows Surgery which was covered hereunder.
20. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
21. For diagnosis and/or treatment of any infection of the urinary tract, including without limitation, infection of the kidney, ureter, bladder, prostate or urethra, and any complication, medical condition or other Illness resulting from or relating, directly or indirectly thereto, that occurs within ninety (90) days of the Certificate Effective Date and that requires treatment of the Insured Person in a Hospital as an Inpatient.
22. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.

E. Provider-oriented Exclusions

1. For cryogenic preservation and implantation or re-implantation of living cells.
2. For or in relation to organ or tissue or other transplants and/or related services and supplies.
3. For any efforts to keep a donor alive for a transplant procedure.
4. For telephone consultations, except Virtual Medicine Consultations through an approved telemedicine protocol system, or failure to keep a scheduled appointment.
5. For Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes.
6. Incurred while confined primarily to receive Custodial Care.
7. For Educational or Rehabilitative care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include, but is not limited to, job or vocational training, counseling, occupational therapy and speech therapy.
8. For speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
9. For services, supplies, or treatment for hair loss, including without limitation, wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
10. For exercise and/or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
11. For Hospice care.
12. For or related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventative and prophylactic Surgeries recommended by genetic testing and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy.
13. For testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include, but is not limited to, psychometric, behavioral and educational testing.
14. For any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
15. For nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy, drugs or medicines not approved by the United States Food and Drug Administration or which are considered "off-label" drug use, and for drugs or medicines not prescribed by a Physician.

F. Geographic Exclusions

1. Resulting from or relating, directly or indirectly, to epidemics, pandemics, public health emergencies, Natural Disasters or other disease outbreak conditions that may affect a person's health sustained and/or incurred in a location, post, area, territory or country for which a US Department of State Level 4 (do not travel) warning was issued or in effect within the thirty (30) days prior to the Insured Person's arrival in said location, post, area, territory or country.
2. Resulting from or relating directly or indirectly to epidemics, pandemics, public health emergencies, Natural Disasters or other disease outbreak conditions that may affect a person's health when, on or subsequent to the Insured Person's arrival to the affected location, the US Department of State issued a Level 4 (do not travel) warning, and the Insured Person fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location.
3. Incurred in the Insured Person's Home Country, except Eligible Medical Expenses incurred during a covered Benefit Period or Incidental Trip Home.

G. Activity-oriented Exclusions

1. Resulting from or occurring during the commission of a violation of law by the Insured Person, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
2. Resulting or relating, directly or indirectly, from willfully self-inflicted Injury or Illness and/or suicide or attempted suicide whether sane or insane.
3. Resulting or relating, directly or indirectly, from an Insured Person's operation of a any motorized vehicle without possession of a valid motor vehicle operator's license, except while participating in a drivers' education program. If the Insured Person has purchased the Marine Activities Option, this exclusion does not apply to Personal Watercraft that are operated without possession of a valid motor vehicle operator's license in locations where such license is not required by local authorities.
4. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger any motorized vehicle not designed primarily for and licensed for (if licensure is required by local authorities) use on public streets and highways. This exclusion does not apply to Personal Watercraft while operating in locations where licensing of Personal Watercraft is not required by local authorities if the Insured Person has purchased the Marine Activities Option.
5. Resulting or relating, directly or indirectly, from an Insured Person's operation of any vehicle, whether or not motorized, after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol limit, other than drugs taken in accordance with a prescription and as directed by a Physician. For purposes of this Exclusion, "vehicle" shall include without limitation, motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required.
6. For travel, meals, transportation and/or accommodations except as expressly provided herein.
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports.

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8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Amateur Athletics. This exclusion does not apply to:

a. Recreational downhill or cross-country snow skiing or snowboarding providing such activity is not in any violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body.

b. Recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 15,16, 17 and 18 do apply) if the Insured Person is certified by a recognized certifying agency or is accompanied by a qualified instructor.

9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.

10. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports. If the Insured Person has purchased the Marine Activities Option, this exclusion does not apply to the Extreme Sports specifically included as Covered Water Sports.

11. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except as follows:

a. If the Insured Person has purchased the Adventure Sports Option; or

b. If the Insured Person has purchased the Marine Activities Option this exclusion does not apply to the Adventure Sport(s) specifically included as a Covered Water Sports.

c. This Exclusion does not apply to recreational downhill or cross-country snow skiing or snowboarding providing such activity is not in any violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body.

d. This Exclusion does not apply to recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 15, 16, 17 and 18 do apply).

12. Resulting or relating, directly or indirectly, from the Insured Person's participation in Covered Water Sports, unless the Insured Person has purchased the Marine Activities Option.

13. Resulting or relating, directly or indirectly, from the Insured Person's participation in any sports or athletic or recreational activity undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the activity.

14. Resulting or relating, directly or indirectly, from the Insured Person's participation in any activity undertaken in disregard or against the recommendations of a Physician or other healthcare professional.

15. Resulting or relating directly or indirectly, from an Insured Person's participation in any Scuba-diving or sub-aqua pursuits if, during the immediately preceding twelve-month period the Insured Person has been treated as an Inpatient for any Mental Health Disorder, is on the waiting list or is scheduled for Inpatient treatment in a Hospital or any other medical facility, is Pregnant or has been given a terminal prognosis. This exclusion applies to all Insured Person's, including Insured Persons under the Adventure Sports option and the Marine Activities option.

16. Resulting or relating directly or indirectly from the Insured Person's participation in any athletic activity, including but not limited to Adventure Sports or Covered Water Sports, involving any type of competition or record-breaking or training for such.

17. Resulting or relating directly or indirectly from an Insured Person's participation in Scubadiving or sub-aqua pursuits where a speargun or similar device is carried or used.

18. Resulting or relating directly or indirectly from an Insured Person's participation in Scubadiving, sub-aqua pursuits or any Covered Water Sport at night.

H. Dental Exclusions

1. For Dental Treatment, except as expressly provided for herein.

2. Resulting or relating, directly or indirectly, from wear and tear of teeth due to cavities and/or chewing or biting down on hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies.

3. For treatment of a Dental Injury without associated face, skull, neck and/or jaw Injury or that can be evaluated and treated in a Dental office.

4. For Dental Treatment relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removals and x-rays.

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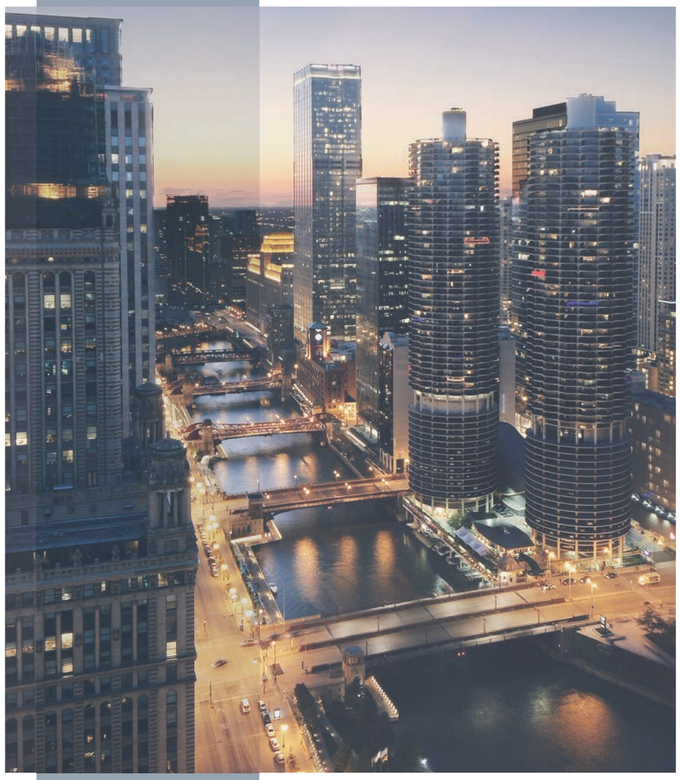
PART XI GENERAL CONDITIONS AND CONDITIONS PRECEDENT



The following are conditions precedent to Underwriters liability under this insurance:

A. Premium

1. Rate: The initial rates for this insurance shall be as set forth in the Master Policy Declaration.
2. Payment: Payment of the required premium shall be remitted to Underwriters on or before the first day of any Certificate Period.
3. Premiums for this insurance may be refunded in full upon written request from the Insured Person prior to the first day of any Certificate Period.
4. The Insured Person may cancel this insurance after the Certificate Effective Date upon advance written notice to the Plan Administrator. If any claims have been filed, the premium paid is fully earned and no refund is payable to the Insured Person. If no claims have been filed, Underwriters will refund the premium attributable to the unused days, after deducting an administrative fee of $50.

B. Currency

The monetary benefit limits and sub-limits, premiums and all other monetary amounts stated in the Master Policy are in US dollars. Benefits may be paid in local currency equivalents at the option of Underwriters.

C. Claim Notification

All claims and related claim information must be filed with Underwriters through the Plan Administrator. When the Plan Administrator receives notice of a claim from or on behalf of an Insured Person, it will provide him/her with a Claimant's Statement and Authorization form with instructions for filing Proof of Claim.

D. Proof of Claim

1. All of the following items must be submitted by or on behalf of the Insured Person to be considered a complete Proof of Claim eligible for consideration of coverage under this insurance:

   a. A complete, legible, timely submitted and signed Claimant's Statement and Authorization form, together with an Accident Questionnaire if applicable, and any other claim forms required by the Plan Administrator.

   b. All original itemized bills and statements for services rendered by Physicians, Hospitals, Medical Providers and all other providers of services and/or supplies involved with any claim.

   c. Copies of all claims filed with any Common Carriers for lost checked luggage, personal property and/or equipment, and all related correspondence including proof of the Common Carrier's payment to the Insured Person.

   d. All original receipts for the costs of any property and/or equipment, if applicable.

   e. All original receipts for any costs, fees or expenses that have been paid by or on behalf of the Insured Person with respect to any claim, including without limitation, all original receipts for any cash and/or credit card payments. Such receipts must include full name, address and telephone number of the provider, date of service or purchase, description of service or purchase, and diagnosis, if applicable.

   f. Any other documents or information the Plan Administrator may reasonably require, including without limitation, copies of visas, passports and other travel documents, needed to validate any claim and the amount of such claim.

   g. All documents can be provided in hard copy by post or delivery, or as an electronic version provided by email, facsimile or other electronic delivery permitted by the Plan Administrator.

2. The Insured Person shall have one hundred eighty (180) days from the first date a claim is incurred to submit a complete Proof of Claim to the Plan Administrator. Underwriters may, at their sole option, suspend adjudication and/or resolution of submitted claims and may deny coverage of any claim due to any of the following:

   a. an incomplete Proof of Claim; and/or

   b. failure to submit a Proof of Claim; and/or

   c. failure to submit a Proof of Claim within the required time frame indicated above.

3. Underwriters, at their sole option, may waive the requirements regarding submission of a new Claimant's Statement and Authorization form for subsequent claims incurred by an Insured Person relating to a continuing Illness, Injury or other condition or circumstance for which a properly completed Claimant's Statement and Authorization form has previously been submitted and received.

E. Claim Assistance

In the event of any verbal or telephone inquiry, every attempt will be made to help the Insured Person and his/her Medical Providers and other suppliers to understand the status, scope and extent of available benefits

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and coverage under this insurance, provided, however, that no statement made by any agent, employee or representative of Underwriters or the Plan Administrator will be deemed or construed as an actionable representation, promise or an estoppel, or will create any liability against Underwriters or the Plan Administrator or be deemed or construed to bind Underwriters or the Plan Administrator, or to modify, replace, waive, extend or amend any of the terms, conditions, provisions, restrictions and exclusions of the Master Policy unless expressly set forth in writing and signed by an officer of Underwriters or the Plan Administrator. Actual eligibility determinations, benefit verifications, final coverage decisions, claim adjudications, final payments, reimbursements or benefits or claims shall be determined only after a complete Proof of Claim is submitted, an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder is received, and all facts and supporting information, including relevant medical records, when deemed necessary or appropriate by Underwriters, are presented in writing. Appealed claims may be further investigated and/or reviewed. If a definite answer to a specific benefits or coverage question is required for any reason, the Insured Person and or his/her Medical Providers may submit a written request to the Plan Administrator, including all pertinent medical information and a statement from the attending Physician (if applicable). A written reply will be sent by the Plan Administrator and kept on file. If Underwriters, via the Plan Administrator, elect to verify generally and/or preliminarily to a Medical Provider or an Insured Person that an Injury, Illness, diagnosis or proposed service, supply or treatment is or may be covered under this insurance, or that benefits for same are or may be available, any such verification does not guarantee either payment of benefits or the amount or eligibility for benefits.

F. Appealing a Claim

1. Time Limit: In the event Underwriters deny all or part of a claim under this insurance, the Insured Person shall have ninety (90) days from the date the notice of denial was mailed to the Insured Person's last known address, to file a written appeal with Underwriters. The Insured Person must file an appeal prior to bringing any legal action hereunder with respect to any claim. The written appeal must include sufficient information to identify the claim under appeal and must specify the reason(s) for the appeal with supporting documentation, if applicable.
2. Appeal Procedure: Within thirty (30) days of Underwriters' receipt of the appeal, Underwriters' will review the claim. Underwriters' review will take into account all comments, documents, records and other information submitted by the Insured Person relating to the claim, without regard to whether such information was summitted or considered in the initial claim determination.
3. A written response will be forwarded to the Insured Person as soon as reasonably possible, and in any event, within ninety (90) days from receipt of the written appeal.

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G. Notice

Any notice to the Assured shall be sent by registered mail and addressed to the mailing address on file with Underwriters on the date the notice is mailed. Any notice to the Insured Person shall be sent by registered mail and addressed to the mailing address on file with Underwriters on the date the notice is mailed. Notwithstanding the foregoing, Underwriters, the Assured and/or the Insured Person may agree to electronic means of notice in which case any notice to the Assured or Insured Person shall be transmitted to the electronic address on file with Underwriters on the date the notice is sent. If the Insured Person communicates with Underwriters and/or the Plan Administrator electronically, he/she shall be deemed to have agreed to electronic means of notice. It is the responsibility of the Assured and each Insured Person to advise Underwriters of any change in mailing address or electronic address.

H. Complaints Procedure

Every effort is made to provide you with a high standard of service. However, occasionally disputes or misunderstandings can arise and Insured Persons need to know what to do. If an Insured Person wishes to make a complaint, it should be made in writing to the Plan Administrator. A written response will be provided to the Assured, the Participating Organization or any Insured Person within fourteen (14) days. If the Assured, the Participating Organization or Insured Person is not satisfied with the response or the way a complaint has been dealt with, they may ask the Underwriters Complaints Department to review the case without prejudice to their rights in law. Details will be provided upon request.

I Assignment of Benefits

Subject to agreement by Underwriters, the Insured Person may assign benefits under this insurance to a Hospital, Physician or other Medical Provider. Any such assignment shall not confer upon such Hospital, Physician or other Medical Provider, any right or privilege granted to the Insured Person under this insurance except for the right to receive benefits, if any, which are determined to be due and payable hereunder. No Hospital, Physician or other Medical Provider shall have any direct or indirect claim or right of action against Underwriters or the Plan Administrator.

J. Entire Agreement

The Master Policy, including the Master Policy Declaration and any exhibits, schedules, and/or endorsements attached hereto, constitutes the entire agreement between Underwriters, the Assured and the Insured Person. The terms set forth herein may not be waived or modified without the express written agreement of Underwriters.

K. Law and Jurisdiction

1. No action at law or in equity can be brought by an Insured Person to recover on the Master Policy prior to the later of:

    a. the expiration of sixty (60) days after written Proof of Claim has been furnished in accordance with the requirements for Proof of Claim contained in section D. or this **PART X;** or
    b. after exhaustion of one (1) appeal in accordance with the requirements set forth in section F. of this **PART X**.

2. No action at law or in equity can be brought by an Insured Person after the expiration of three (3) years after the time written Proof of Claim is required to be furnished in accordance with section D. of this **PART X**.
3. The Master Policy and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales, and in accepting this insurance the Insured Person expressly consents to same.
4. The courts of England and Wales shall have exclusive jurisdiction over any dispute or claim arising out of or in connection with the Master Policy or its subject matter or formation (including non-contractual disputes or claims), and in accepting this insurance the Insured Person expressly consents to same.

L. Arbitration

If any dispute shall arise as to the amount to be paid under this insurance, liability being otherwise admitted, such dispute shall be referred to arbitration in accordance with procedures of the London Court of International Arbitration. If any dispute shall arise as to any claims for benefits where liability has not been admitted by Underwriters, or as to any other controversy arising under this insurance, such dispute shall not be arbitrable under any circumstance or for any reason. Where any dispute is referred to arbitration by this provision the making of an award shall be a condition precedent to any right of action against Underwriters.

M. Waiver of Rights

In the event that Underwriters do not enforce or require compliance with any provision herein, this will not invalidate, modify or render such provision unenforceable at any other time, whether or not the circumstances are the same.

N. Claims Cooperation

The Assured, the Insured Person and his/her Physician(s), Hospital(s), other Medical Providers and all other providers of services and/or supplies shall cooperate fully with Underwriters and the Plan Administrator in reviewing, investigating, adjudicating, considering an appeal of and/or administering any claim under this insurance, including granting full right of access to all related records, medical documentation, medical histories, reports, laboratory or test results, x-rays and all other available evidence relating to or affecting the claim. Underwriters, at their option, may suspend or pend adjudication of a claim and/or may deny a claim or coverage for a claim when any of the following has occurred:

1. Refusal to so cooperate
2. An unreasonable delay in such cooperation
3. Any other act or omission on the part of the Inured Person and/or his/her Physician(s), Hospital(s), other Medical Providers and/or other providers of services and/or supplies which hinders, delays, impairs or otherwise prejudices the performance of the Underwriters obligations hereunder.

O. Subrogation

The Insured Person shall undertake to pursue in his/her own name and stead, and to fully cooperate with Underwriters in the pursuit and prosecution of any and all valid claims he/she may have against any third parties arising out of any occurrence which results or may result in a claim payment by Underwriters, and to fully account to Underwriters for any amounts recovered or recoverable in connection therewith, on the basis that Underwriters shall be entitled to recover first in full any sums paid or to be paid by them before the Assured or Insured Person shares in any amount so recovered. Should the Assured or Insured Person fail to prosecute any valid claims against any such third party(ies) and Underwriters thereupon become liable to make payment under this insurance, then Underwriters shall be fully subrogated to all rights and interests of the Assured and Insured Person. The Assured and Insured Person agree to include Underwriters as co-payee on any settlement check or check from any third party or insurer. The Assured and Insured Person agree that he/she will not release any party or their insured

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without prior written approval from Underwriters and will take no action which prejudices Underwriters' rights. Any amount recovered by Underwriters in accordance with this provision shall be used to pay the expenses of collection and reimbursement of Underwriters for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the Insured Person. In the event the Insured Person receives any form or type of settlement and either fails or refuses to abide by the terms of this provision, in addition to any other remedies Underwriters may have, Underwriters retain a right of equitable offset against future claims.

P. Right of Recovery

Underwriters have the right to recover the amount of overpayment of any claim, from the Insured Person and/or the Hospital, Physician, Medical Provider or other provider of services or supplies, for any reason, including without limitation, the following:

1. All or some of the expenses were not paid for by or on behalf of the Insured Person or were subsequently recovered by, or determined to be recoverable by or on behalf of the Insured Person.
2. The Insured Person and/or any Relative of the Insured Person, whether or not that Relative is or was an Insured Person, is repaid or is entitled to be repaid for all or some of any claim paid by Underwriters, in accordance with PART IV. ELIGIBLE MEDICAL EXPENSES, B. or PART V. ELIGIBLE TRANSPORTATION EXPENSES, J. herein, or for defective equipment or medical devices covered under a warranty, or by or from a source other than Underwriters.
3. All or some of the expenses were not eligible for coverage hereunder.
4. All or some of the expenses were paid or reimbursed based on incorrect or mistaken application of the terms of this insurance.
5. All or some of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider.
6. The Insured Person is not liable or responsible as a matter of law for all or part of the claim.

The amount of the recovery shall be the difference between: (i) the amount actually paid Underwriters; and (ii) the amount, if any, which should have been paid by Underwriters. If the Insured Person or the Hospital, Physician, Medical Provider or other provider of services or supplies does not promptly make any such refund to Underwriters, Underwriters may, in addition to any other rights or remedies available to them (all of which are reserved), either: (i) reduce or deduct from the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due Underwriters; and/or (ii) cancel the Certificate issued to the Insured Person by giving thirty (30) days advance written notice and offset against the amount of any refund of premium due the Insured Person to the full extent of the refund due to Underwriters.

Q. Duty of FairPresentation

In accordance with the Insurance Act 2015, the Assured and each Insured Person has a duty to make a fair presentation of all material facts and circumstances known to them regarding insurance hereunder to Underwriters.

1. If, prior to the Master Policy Effective Date or any Certificate Effective Date, the Assured or Insured Person breaches their duty of fair presentation, the remedies available to Underwriters are as follows:

    a. If the breach of the duty of fair presentation is deliberate or reckless, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the Insured Person, and refuse to pay all claims or all claims by or on behalf of the Insured Person; they need not return any of the premiums paid.

    b. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters' remedy depends upon what Underwriters would have done if the Assured and/or Insured Person had complied with the duty of fair presentation, as follows:

        i. If Underwriters would not have entered into the Master Policy or would not have accepted the Insured Person's Application at all, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the Insured Person, and refuse to pay all claims or all claims by or on behalf of the Insured Person; Underwriters must return the premiums paid.

        ii. If Underwriters would have entered into the Master Policy or accepted the Insured Person's Application but on different terms (other than terms relating to the premium), the Master Policy or, at Underwriters discretion, only coverage with respect to the Insured Person, will be treated as if it had been entered into on those different terms from the outset, if Underwriters so require.

    c. In addition, if Underwriters would have entered into the Master Policy or accepted the Insured Person's Application, but would have charged a higher premium, Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims) made by or on behalf of the Insured Person. In those circumstances, Underwriters shall pay only X% of what it would otherwise have been required to pay, where X = (premium actually charged/higher premium) x 100.

2. If, prior to entering into a variation to the Master Policy, the Assured or Insured Person breaches their duty of fair presentation, the remedies available Underwriters are as follows:

    a. If the breach of the duty of fair presentation is deliberate or reckless Underwriters may, by notice to the Assured or Insured Person, treat the Master Policy altogether or, at Underwriters' discretion, only with respect to the Insured Person, as having been terminated as of the time when the variation was concluded; Underwriters need not return any of the premiums paid.

    b. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters remedy depends upon what Underwriters would have done if the Assured or Insured Person had complied with the duty of fair presentation:

        i. If Underwriters would not have agreed to the variation at all, Underwriters may treat the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the Insured Person, as if the variation was never made, but must in that event return any extra premium paid as a result of said variation.

        ii. If Underwriters would have agreed to the variation to the Master Policy, but on different terms (other than terms relating to the premium), the variation is to be treated as if it had been entered into on those different terms, if Underwriters so require.

        iii. If Underwriters would have increased the premium by more than it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events which occur after the variation. In those circumstances, the Underwriters shall pay only X% of what it would otherwise have been required to pay, where X = (premium actually charged/higher premium) x 100.

        iv) If Underwriters would not have reduced the premium as much as it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the Underwriters shall pay only X% of what it would otherwise have been required to pay, where X = (premium actually charged/reduced total premium) x 100.

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c. Nothing in provision is intended to vary the applicable provisions of the Insurance Act 2015.

R. Fraudulent Claims

If the Assured or any Insured Person makes a fraudulent claim under the Master Policy, Underwriters:

1. Are not liable to pay the claim.
2. May recover from the Assured or any Insured Person any sums paid by Underwriters to the Assured or to or for the benefit of any Insured Person, in respect of the claim.
3. May, by notice to the Assured and the Insured Person, treat the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the Insured Person, as having been terminated with effect from the time of the fraudulent act.
4. If Underwriters exercise their right under this provision:
    a. Underwriters shall not be liable to the Assured or Insured Person in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Underwriters' liability under the Master Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim) to the Assured or any Insured Person.
    b. Underwriters need not return any of the premiums paid.
5. Nothing in provision is intended to vary the applicable provisions of the Insurance Act 2015.

S. Renewal

Underwriters may, at their sole option and discretion, renew any Certificate based on the Premium Rates and plan provisions and benefits available at the time of renewal.

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PART XII
DEFINITIONS

A

Accident; Accidental: A sudden, unintentional and unexpected occurrence directly caused by external, visible means and resulting in physical Injury to the Insured Person. The cause or one of the causes of such Accident must be external to the Insured Person's own body and must occur beyond the Insured Person's control.
Accidental Death: Death of the Insured Person resulting from an Accident.
Accidental Dismemberment: Complete severance from the body of one or more limbs or eyes resulting from an Accident. For purposes of the Accidental Dismemberment benefits provided by this insurance, the term “limb” shall mean: the arm, when the severance is at or above (toward the elbow) the wrist, or the leg, when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall include complete, permanent and irrevocable loss of sight.
Act of Terrorism: An act, including without limitation, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Actual Cash Value: The replacement cost of an item, less proper deduction for depreciation at the time of the loss.
Acute Onset of Dental Pain: Sudden and unexpected experience of severe pain in the teeth, gums or bones supporting the teeth.
Acute Onset of Pre-existing Condition: A sudden and unexpected outbreak or recurrence of a Pre- existing Condition which occurs: (1) spontaneously and without advance warning in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires immediate Emergency medical care; and (2) after the Certificate Effective Date; and (3) prior to the age indicated in the Schedule of Benefits and Limits contained herein.
Adventure Sport(s): A sporting activity undertaken for the purposes of recreation or an unusual experience or excitement, typically performed outdoors, and involving a medium degree of risk, including only the following:
Absailing
BMX
Bob-sledding
Bungee jumping
Canyoning
Caving
Hot air ballooning
Kitesurfing and Kiteboarding
Mountaineering below 4,500 meters from ground level
Zip lining
Parachuting
Paragliding
Parascending
Rappelling
Scuba-diving or sub-aqua pursuits to a depth not to exceed 20 meters, provided the Insured Person has the experience, training and proper certification by a recognized certifying agency and is accompanied by a qualified instructor
Skydiving
Spelunking
Whitewater kayaking or whitewater rafting in water less than Class V difficult
Wildlife Safaris
Windsurfing
AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control and Prevention.
Amateur Athletics: An amateur or other non-professional sporting, recreational or athletic activity that is organized, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games and/or competitions. Amateur Athletics includes, without limitation, intercollegiate, interscholastic and intermural sports. Amateur Athletics does not include athletic activities that are non-organized, non-contact, and engaged in by the Insured Person solely for recreational, entertainment or fitness purposes.
Ancillary Services: All Hospital services for a patient other than room and board and professional services. Laboratory tests and radiology are examples of Ancillary Services.
ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control and Prevention.
Assured: The organization indicated on the Master Policy Declaration

B

Beneficiary: The individual named in the Insured Person's Application to be the recipient of any Accidental Death or Common Carrier Accidental Death benefit. For Insured Persons age 18 and older who do not designate a Beneficiary on the Application, the Beneficiary is automatically as follows: 1) Spouse (if any), 2) Children (if any) equally, 3) Estate of the Insured Person. For Insured Persons who are under age eighteen (18) who do not designate a Beneficiary on their Application, the Beneficiary is automatically as follows: 1) Custodial parent(s) (if any), 2) Siblings (if any) equally, 3) Estate of the Insured Person.
Benefit Period: The period of time specified in the Schedule of Benefits and Limits that begins on the first day of treatment by a Physician of a covered Injury or Illness that occurs during the Certificate Period, while the Insured Person is outside his/her Home Country.

C

Certificate: The document, including the Certificate Declaration, which is issued to Insured Persons and is a summary of the Master Policy and evidence of the Insured Person’s coverage hereunder.
Certificate Declaration: The document that is attached to the Certificate issued to Insured Persons.
Certificate Effective Date: The date and time coverage under this insurance begins with respect to an Insured Person.
Certificate Period: The period of time beginning on the Certificate Effective Date and ending on the Certificate Termination Date.
Certificate Termination Date: The date and time coverage under this insurance ends with respect to an Insured Person.
Coinsurance: The payment by or obligation of the Insured Person for payment of covered expenses at the percentage specified in the Schedule of Benefits and Limits.
Common Carrier: A company or organization that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or water for compensation, offering its scheduled services to the public generally, and is licensed by a recognized and approved government authority to transport fare-paying passengers. The term Common Carrier does not include taxi, motorcar, motorcycle or limousine services, or transportation by animal or human means (for example, horse, camel, elephant or risk shaw).
Congenital Disorder(s): A physical abnormality, defect or medical condition existing at or before birth, regardless of cause or when diagnosed or treated.
Contact Sport(s): A sport in which the participants purposely hit or collide with each other, inanimate objects, the ground or water, with force, including without limitation:
American football
Basketball
High diving and cliff diving
Fighting or combat sports, including without limitation, boxing, wrestling, martial arts, mixed martial arts, fencing and kickboxing
Hockey, including ice and field hockey
Lacrosse
Polo
Rodeo
Rugby
Ski-jumping
Soccer

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Co-pay: The payment by or obligation of the Insured Person for payment for covered services specified in the Schedule of Benefits and Limits. The Co-pay is applied each time the Insured Person receives the specified service. The Co-pay does not apply toward satisfaction of the Deductible or Coinsurance.
Covered Electronics and Communication Equipment: The following items exclusively: mobile phones, tablets and laptop computers.
Covered Personal Equipment: Covered Sports Equipment, Covered Photography Equipment and Covered Electronics and Communication Equipment exclusively.
Covered Photography Equipment: The following items exclusively: cameras, camera flash accessories and camera lenses.
Covered Scuba Equipment: The following items exclusively: Scuba tank, regulator, analog or digital depth gauge, submersible pressure gauge, dive computer, buoyancy compensator, underwater camera.
Covered Scuba Equipment: The following items exclusively: skis, ski boots, ski poles, snowboards, snowboard boots, golf clubs, golf bags, tennis rackets.
Covered Water Sports: The following activities exclusively:
Kitesurfing and Kiteboarding
Windsurfing
Scuba diving or sub-aqua pursuits to any depth for which the Insured Person has the experience, training and proper certification by a recognized certifying agency
Operating or riding as a passenger on board a Personal Watercraft.
Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist an Insured Person in performing the activities of Daily Living. Custodial Care also includes non-acute care for the comatose, semi- comatose, paralyzed or mentally incompetent patients until they are fit to return home.

D

Daily Living: A twenty-four (24) hour period during which an Insured Person engages in normal daily activities including but not limited to eating, drinking and washing.
Deductible: The dollar amount of Eligible Medical Expenses, specified in the Master Policy, that the Insured Person must pay before receiving benefits or coverage hereunder, not including any applicable Coinsurance.
Dental Treatment: Treatment and/or supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.
Dependent Child(ren): A biological child, legally adopted child or stepchild who is unmarried and resides with the primary Insured Person and has resided with the primary Insured Person for at least six (6) consecutive months prior to the Certificate Effective Date.
Domestic Cat(s): A member of the species felis catus, which is ordinarily kept as an indoor pet.
Domestic Dog(s): A member of the species canus lupus familiarus, which is ordinarily kept as an indoor pet.
Durable Medical Equipment: Exclusively a standard basic hospital bed and/or a standard basic wheelchair.

E

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.
Eligible Medical Expenses: Expenses for services and supplies for treatment of Injury or Illness which are covered under this insurance.
Eligible Transportation Expenses: Expenses for transportation and accommodation which are covered under this insurance.
Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours based upon reasonable medical certainty. Immediate medical intervention and attention is required as a result of a severe, life threatening or potentially disabling condition.
Emergency Room: That part of a Hospital designated for the immediate care of Emergency medical conditions.
Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the jurisdiction in which it operates; and is regularly engaged in providing twenty-four (24) hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.
Extreme Sport(s): A sporting activity, including practice, preparation and actual sporting events, which involves a high degree of risk. These activities often involve speed, height, a high level of physical exertion and/or highly specialized gear, and often carry the potential risk of serious or permanent physical Injury and even death. These activities include, without limitation, the following and any combination or derivative of the following:
Back country snow skiing, snowboarding or snowmobiling
Base jumping
Cave diving
Downhill mountain biking
Extreme Skiing
Free diving
Free flying
Free running
Free skiing
Freestyle scootering
Gliding
Heli-skiing
Ice canoeing
Ice climbing
Jet skiing
Racing any vehicle or animal, including mountain bikes, motocross, motorcycle racing, motor rally, snowmobile racing, truck racing, horse racing, boat racing
Mountaineering above elevation of 4,500 meters from ground level
Piloting a commercial or non-commercial aircraft
Powerboking
Skateboarding
Snow skiing, snowboarding or snowmobiling off piste
Scuba diving or sub-aqua pursuits below a depth of more than 50 meters
Whitewater kayaking or white-water rafting Class V or higher difficulty (Class V = A section of a river, stream or other waterway or watercourse where the current moves with enough speed or force to meet, but not to exceed, the qualifications of Class V as determined by the International Scale of River Difficulty or as commonly published by a local authority or government agency.)
Wingsuit flying

F

Family: All Relatives of an Insured Person.

H

HIV: Laboratory evidence defined by the United States Centers for Disease Control and Prevention as being positive for Human Immunodeficiency Virus infection.
Home Country: The country where the Insured Person principally resides as declared on the Insured Person's Application, except for US citizens and Lawful Permanent Residents of the US. For US citizens, including those with dual citizenship, the US is always your Home Country. For non-US citizens who are Lawful Permanent Residents of the US, the US is always your Home Country.
Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment prescribed by a Physician.
Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.
Hospice: An institution which operates as a Hospice, is licensed by the state or country in which it operates; and operates primarily for the reception, care and palliative control of pain for terminally ill persons who have, as certified by a Physician, a life expectancy of not more

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than six (6) months.

Hospital: An institution which operates as a Hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides twenty-four (24) hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a rehabilitation facility, long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts or abusers, alcoholics or runaways; or similar establishment.

Hospitalized; Hospitalization: Confined and/or treated in a Hospital as an Inpatient.

Host Country: The country being visited by the Insured Person, or where the Insured Person resides temporarily. Host Country does not include the Insured Person's Home Country.

I

Illness: A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Incidental Trip Home: A period of time during which an Insured Person is covered for Eligible Medical Expenses incurred in his/her Home Country with respect to new Injuries or Illnesses.

An Incidental Trip Home begins on the date and time the Insured Person first departs his/her Host Country to return to his/her Home Country, not including the Insured Person's final return trip to his/her Home Country. An Incidental Trip Home ends on the next date and time the Insured Person departs his/her Home Country to return to the Host Country.

Injury: Identifiable physical harm to the body caused by an Accident that requires medical treatment.

Inpatient: A patient who occupies a Hospital bed for more than twenty-four (24) hours for medical treatment and whose admission was recommended by a Physician.

Insured Person: An individual who meets the Eligibility requirements herein, and has completed the Application and been accepted for coverage hereunder.

Insured Person's Application; Application: The fully answered and signed (including electronic signatures) form that is submitted by or on behalf of the Insured Person for acceptance into the insurance provided under the Master Policy, submitted to the Plan Administrator and maintained on file with the Plan Administrator. Any insurance agent/broker or other person or entity assigned to, soliciting, or assisting with the Application is the agent and representative of the applicant/Insured Person and is not and shall not be deemed or considered as an agent or representative for or on behalf of Underwriters or the Plan Administrator.

Intensive Care Unit: A Cardiac Care Unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units.

Interfacility Ambulance Transfer: Movement of the patient locally from one licensed health care facility to another licensed health care facility via air or land ambulance.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

L

Lawful Permanent Resident(s) of the US; US Resident(s), Resident: An individual who is not a citizen of the US who is living in the US under legally recognized and lawfully recorded permanent residence as an immigrant.

Local Ambulance: Transportation and accompanying treatment provided by licensed, qualified professional emergency personnel from the location of a covered Accident, Injury or acute Illness to a Hospital or other appropriate health care facility.

M

Master Policy Declaration: The document that is attached to and forms a permanent part of the Master Policy.

Master Policy Period: The period of time beginning on the Effective Date and ending on the Termination Date indicated on the Master Policy Declaration attached hereto.

Medically Necessary or Medical Necessity: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to the Insured Person or Medical Provider, and/or is not appropriate for the Insured Person's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Medical Provider(s): A Hospital, Physician or other person or organization which provides medical services and/or supplies.

Mental Health Disorder(s): A mental, nervous or emotional Illness which generally denotes an Illness of the brain with predominant behavioral symptoms; or an Illness of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include, without limitation, those psychiatric Illnesses listed in the current edition of the International Classification of Diseases as published by the US Department of Health and Human Services and those psychiatric and other mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

N

Natural Disaster: Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm or other storm, landslide or other natural catastrophe or event resulting in immigration of human population for its safety. The occurrence must be a disaster that is due entirely to forces of nature and could not reasonably have been prevented.

Newborn(s): Infants under the age of thirty-one (31) days.

O

Outpatient: An Insured Person who receives Medically Necessary treatment by a Physician for Injury or Illness who is not admitted as an Inpatient, regardless of the hour the Insured Person arrived to the Hospital, whether a bed was used or whether the Insured Person remained in the Hospital past midnight.

P

Participating Organization: An organization that has applied for and been accepted as a member of the Assured.

Physician: A Doctor of Medicine (MD), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DDM), Doctor of Podiatry (DPM) or a licensed Physical Therapist or Physiotherapist. Physician also includes a Certified Nurse Practitioner (CNP), a Certified Registered Nurse Anesthesist (CRNA), Nurse Midwife or Phyisican Assistant (PA) under the direction of a medical doctor. Physician does not include a Doctor of Chiropractic (DC), a Doctor of Osteopathy (DO), a Doctor of Psychology (Ph.D), a Doctor of Psychiatry (Psy.D) or any other degree or designation. A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services provided must be within the scope of that license. A Physician must be a person other than the Insured Person, the Insured Person's Relative, or one who ordinarily resides with the Insured Person.

Plan Administrator: The Plan Administrator for this insurance is Point Comfort Underwriters, Inc., 306 Prospect Street, Indianapolis, Indiana, 46225. As the Plan Administrator, Point Comfort Underwriters, Inc. acts solely as the disclosed and authorized agent and representative for and on behalf of Underwriters, and does not have, and shall not be deemed, considered or alleged to have any direct, indirect, joint, several, separate, individual or independent liability, responsibility or obligation of any kind under the Master Policy, including the Master Policy Declaration and any exhibits, schedules, and/or endorsements attached hereto, or any Certificates, including Certificate Declarations, issued to Insured Persons, or to any other person or entity, including without limitation, any Physician, Hospital or Medical Provider or supplier.

Political Evacuation and Repatriation: Transportation of an Insured Person to an alternative country or location, and/or to the Insured Person's Home Country, which becomes necessary due to Political Threat in the proximity of the Insured Person.

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Political Threat: Political and/or military events which have created a situation in which the Insured Person is in danger of or has incurred serious bodily harm.

Pre-existing Condition: Any (1) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the two (2) years immediately preceding the Certificate Effective Date; (2) condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the two (2) years immediately preceding the Certificate Effective Date; (3) Injury, Illness, sickness, disease, or other physical, medical, mental, or nervous condition, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of the Insured Person's Application or within the two (2) years immediately preceding the Certificate Effective Date.

Primary Insurance: A group, individual or a government health plan (Medicaid, Medicare and V.A. health plans are considered Primary Insurance) that is the first payor of claims for an Insured Person, in effect prior to the Certificate Effective Date and in effect at the time of any claim hereunder. Such plans must have coverage limits of at least $250,000 per incident or per year to be considered Primary Insurance for the purpose of determining the amount of benefits available with respect to an Acute Onset of Pre-existing Condition.

Principal Residence: The location, indicated on the Insured Person's Application, where the Insured Person ordinarily resides, not including locations in the Host Country. If more than one location meets this criteria, the Principal Residence is the location that meets this criteria and is listed on the Insured Person's Application.

Professional Athletics: A sporting activity, including practice, preparation and actual sporting events, for any individual or organized team that is a member of a recognized professional sports organization, is a member of a playing league that is directly supported or sponsored by a professional team or professional sports organization, or has any athlete receiving for his or her participation any kind of payments or compensation, directly or indirectly, from a professional team or professional sports organization.

Proof of Claim: A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other Medical Providers, original receipts for any expenses which have already been paid by or on behalf of the Insured Person, and any other documentation that is deemed necessary by the Underwriters.

R

Registered Nurse: A graduate nurse who has been registered or licensed to practice by the local authority Board of Nurse Examiners or any other authority, and who is legally entitled to place the letters "RN" after his or her name.

Relative(s): Biological or stepparent or grandparent; biological or stepchild or grandchild; current spouse; biological or step-sibling; parent, children, or sibling in law; aunt, uncle or cousin; fiancé or betrothed individual.

Routine Physical Exam(s): Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

S

Sexually Transmitted Diseases: Syphilis, gonorrhea, lymphogranuloma venereum, chancroid, granuloma inguinale, chlamydiosis, pelvic inflammatory disease, trichomoniasis, genital candidiasis, genital herpes, genital warts, amebiasis, viral hepatitis, scabies, crab lice, cervical dysplasia, and bacterial vaginitis.

Spouse: Legal or domestic partner who resides with the primary Insured Person and has resided with the primary Insured Person for at least six (6) consecutive months prior to the Certificate Effective Date, and who is at least 18 years of age and not yet 65 years of age. The relationship must have met all the requirements of a valid marriage contract, domestic partnership or civil union in the state or location where the ceremony was performed.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery; Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

T

Travel Warning; Emergency Travel Advisory: Published statement or website document issued by the US Department of State, Bureau of Consular Affairs, Centers for Disease Control and Prevention, United Nations, World Health Organization or similar government or nongovernmental agency of the Insured Person's Home Country, warning that travel to specified countries, regions or locations poses serious risks to safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including, without limitation, US Department of State Travel advisory levels "3 – Reconsider travel" and "4 – Do not travel".

U

United States; US: The United States of America including all states, districts, territories and possessions.

Urgent Care Center: A stand-alone facility, or a facility located inside a Hospital that staffs Physicians. Urgent Care Centers provide medical services for Injuries and Illnesses that are not life-threatening. Urgent Care Centers have onsite x-ray equipment and provide treatment for more severe urgent care services, such as broken bones, burns and other non-emergent conditions that Walk-in Clinics are unable to treat.

Usual, Reasonable and Customary: A typical and reasonable amount of expenses for similar services, medicines or supplies within the area in which the charge is incurred, so long as those expenses are reasonable. What is defined as Usual, Reasonable and Customary charge following factors, without limitation: the amount charged by the provider, the amount charged by similar providers or providers in the same or similar locality, the amount paid by other payors for the same or comparable services, medicines or supplies in the same or similar locality, whether the services or supplies were unbundled or should have been included in the allowance of another service, the amount charged by other providers for the same or comparable services, medicines or supplies in other parts of the country, the cost to the provider of providing the service, medicine or supply, the level of skill, extent of training, and experience required to perform the procedure or service, the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or services as compared to national standards and/or benchmarks, the severity or nature of the Illness or Injury being treated, and such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.

V

Virtual Medicine Consultation: An electronic encounter with a Physician.

W

Walk-in Clinic: A medical facility that provides medical services for minor Injury or Illness. The clinics are often found in or near retail establishments or pharmacies. The staff providing medical services are usually nurse practitioners and Physician assistants.

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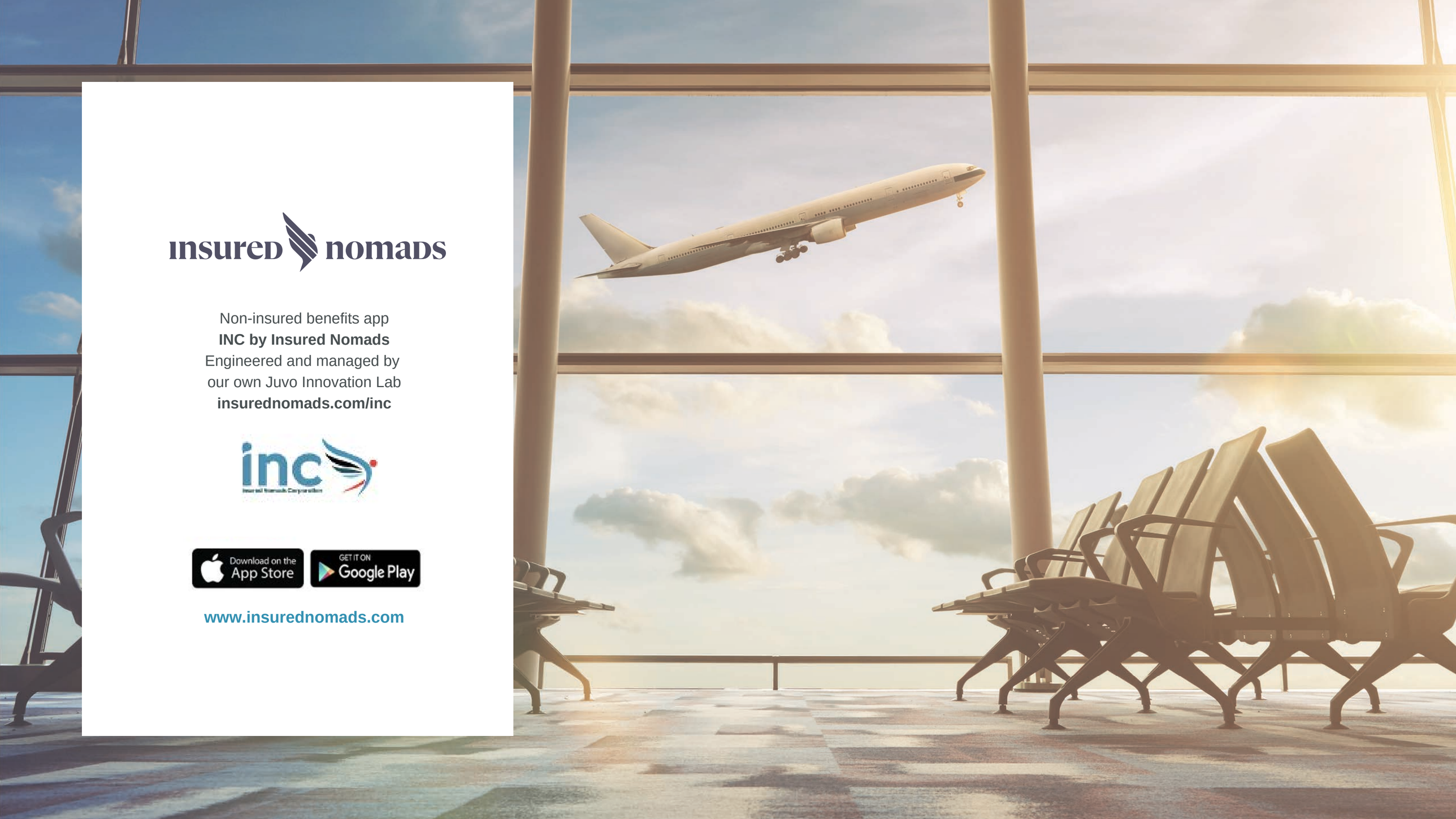

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