

## WORLDMED™ INBOUND - DESCRIPTION OF COVERAGE

**The Insurance Company of the State of Pennsylvania**  
with its principal place of business in New York, NY  
Having issued the Policy to SunTrust Bank as Trustee of the Group Insurance Trust  
(District of Columbia)  
(Herein called the Policyholder).

### LIMITS OF COVERAGE

	Medical Benefits	Emergency Medical Evacuation	AD&D Principal Sum	Repatriation of Remains	Emergency Reunion	Lost Baggage	Trip Interruption	Bedside Visitation	Felonious Assault	Stolen Passport /Visas
Plan A:	\$500,000*	\$500,000	\$50,000	\$50,000	\$10,000	\$500	\$5,000	\$1,500	\$15,000	\$500
Plan B:	\$1,000,000*	\$500,000	\$50,000	\$50,000	\$10,000	\$500	\$5,000	\$1,500	\$15,000	\$500

\*The maximum medical benefit limit for ages 70-79 is \$50,000 and for ages 80+ is \$15,000.

### EMERGENCY MEDICAL ASSISTANCE SERVICE

TO OBTAIN ASSISTANCE IN THE EVENT OF A MEDICAL EMERGENCY OR TO FACILITATE MEDICAL CARE, contact the insurance company's 24-hour assistance service, **Travel Assist**, located in Houston, Texas. Travel Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. **Call toll free in the U.S. and Canada 1-800-626-2427 or call 0-715-295-9817. If outside the U.S., call collect 0-715-295-9817. Identify yourself as a WORLDMED™ insured and refer to the Policy Number 9028418-N and Travel Assist number 5195. ALL EMERGENCY MEDICAL EVACUATIONS, EMERGENCY REUNIONS, BEDSIDE VISITATIONS AND REPATRIATIONS ARE TO BE ARRANGED BY TRAVEL ASSIST.**

### HOW TO FILE A CLAIM

You will need to save copies of all receipts. All itemized bills must be submitted to the Insurance Company with a Claim Form. To request a claim form, please contact: **Chartis, Accident & Health Claims, Travel Insurance Services Claims Unit, P.O. Box 25987, Shawnee Mission, Kansas 66225-5987 or call toll free 1-800-551-0824.**

Written notice of a claim must be made to the Claims Unit within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible.

THE COMPANY HEREBY CERTIFIES that the person(s) named in the Confirmation of Insurance (herein called Insured Person) is insured under and subject to all definitions, exceptions, limitations, and provisions of said Policy; to the extent provided in the Master Policy on file with the Company. The Master Policy constitutes the only agreement under which payments are made.

DESCRIPTION OF CLASS: All non U.S. citizens or temporary U.S. residents while traveling inside the U.S. or outside their home country or country of residence, and dependent children (age 14 days through 18 years) traveling with the Insured.

EXCESS BENEFITS: All coverages, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

### DEFINITIONS

**Insured Person(s)** – An Insured Person(s) means a person who is covered under the Description of Class of eligible persons and for whom the appropriate premium has been paid.

**Injury** – Injury means bodily injury caused solely and directly by violent accidental, external and visible means occurring while coverage is in force and resulting directly and independently of all other causes in loss covered by the policy.

**Illness** – Illness means a sickness or disease of any kind of the Insured Person contracted and commencing after the effective date of the policy and causing loss covered by the policy.

**Hospital** – Hospital means (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated in pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24 hour nursing services and medical supervision.

**Physician** – Physician means a doctor of medicine or a doctor of osteopathy licensed to render surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

### **PERIOD OF COVERAGE**

#### 1. Effective Date of Insurance

Coverage will begin on the latest of the following:

- (a) The departure of the Insured Person from his/her Home Country or country of residence;
- (b) The date after the Insured Person's completed enrollment form and correct premium are postmarked to the Company or its designated representative; or
- (c) The requested effective date on the enrollment form.

#### 2. Expiration Date of Insurance

Coverage will end on the earliest of the following:

- (a) The return of the Insured Person to his/her Home Country or country of residence;
- (b) Twelve (12) months after the effective date of coverage; or
- (c) The requested termination date on the Insured Person's enrollment form for which premium has been paid.

### **REFUND OF PREMIUM**

Refund of premium, less a \$20 processing fee, will only be allowed if a written request and your original Confirmation of Insurance are received by Travel Insurance Services prior to the effective date of coverage. Once coverage is effective, the premium is considered fully earned and non-refundable.

## **DESCRIPTION OF COVERAGE**

### **MEDICAL BENEFITS**

When a covered Injury or Illness results, the Company will pay:

In Hospital Medical Services.....	90%* of covered expenses
In Hospital Surgical Services.....	90%* of covered expenses
Out of Hospital Medical Expenses.....	90%* of covered expenses

\*The policy will pay 90% of the first \$20,000 annually for covered medical expenses incurred. Then the policy will pay 100% up to the policy maximum amount as stated in Limits of Coverage.

**DEDUCTIBLE:** The above medical expenses are excess of an annual deductible paid per Confirmation number. The Confirmation number will remain the same provided there is no lapse of coverage. The deductible amount consists of covered expenses which would otherwise be payable under the policy. These expenses must be borne by the Insured Person.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. Benefit period is 26 weeks.

### **Covered Expenses**

For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions Section, shall be considered covered expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation;
2. Charges made for diagnosis, treatment and surgery by a Physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;

5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon;
7. Hotel room charge when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond control of Insured.
8. Coverage for eligible medical expenses incurred while an insured person is in their Home Country not to exceed \$50,000 or 30 days, whichever is less. Eligible medical expenses are those eligible medical expenses associated with an accident or illness that has occurred during the insured's stay inside their Home Country. Such coverage is subject to the deductibles and co-insurance as stated in the Accident and Sickness Medical Expense Benefit.
9. If the insured receives medical care for the following conditions: tumor or related conditions, cancer or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm, the company will pay up to \$300/day up to a maximum of \$5,000 for an inpatient stay or a maximum of \$5,000 as an outpatient. Eligible medical services for these conditions should not exceed the total aggregate amount of \$5,000.

**Home Country** – The country where an Insured Person(s) has her/his true, fixed and permanent home and principal establishment, and to which she/he has the intention of returning.

The charges enumerated above shall in no event include any amount of such charges which are in excess of reasonable and customary charges. A charge incurred by an Insured Person shall be deemed a reasonable and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the sickness or bodily Injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses.

Treatment of an Injury or Illness must occur during the period of coverage.

## EXCLUSIONS

For **Medical Expense Benefits**, this insurance does not cover expenses:

1. For **Pre-existing Conditions**, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three (3) years prior to the effective date of the insured person's coverage. (This exclusion does not apply to Emergency Medical Evacuation or Repatriation of Remains.)
2. For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician, or expenses which are non-medical in nature;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane.;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For pregnancy, childbirth, miscarriage or abortion;
7. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the Insured returns to his/her country of residence;
10. For any mental or nervous disorders or rest cures;
11. For dental care, except 1) as the result of injury to natural teeth caused by accident up to \$1,000 or 2) emergency dental treatment to relieve pain up to \$100;
12. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
16. For expenses as a result of or in connection with intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: motorcycling driving, scuba diving, jet, snow or water skiing, snowboarding, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, parasailing, paragliding, or hand gliding;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan

arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

### EMERGENCY MEDICAL EVACUATION

The Company will pay benefits for covered expenses incurred if any Injury or Illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Person's Injury or Illness warrants the emergency evacuation of the Insured Person.

**Emergency Evacuation** means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

**Covered Expenses** are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation.

### REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

Travel Assist must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation or Repatriation of Remains benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Travel Assist in advance. Travel Assist will use its best efforts to effect an Emergency Evacuation. However, Travel Assist is not responsible for the availability of transportation services, medical services, and medical supplies.

### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury, provided that: (1) Such loss occurs within 365 days after the date of accident causing such loss; (2) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in the Confirmation of Insurance, as applicable to such person and this Coverage; and (3) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

#### **Table of Losses**

Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand or One Foot.....	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Speech and Hearing.....	Principal Sum
Either Hand or Foot or Sight of One Eye.....	One-Half of Principal Sum
Thumb and index finger of same hand.....	One-Quarter of Principal Sum

The term "**Loss**" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. The term "**Member**" means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

**For Accidental Death and Dismemberment Indemnity**, this Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat by the Insured Person while insane;
2. Declared or undeclared war or any act thereof;
3. Service in the military, naval, or air service of any country;

4. Disease of any kind and bacterial infection which shall occur through an accidental cut or wound;
5. Hernia;
6. Piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger on a scheduled airline;
7. The Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

**For Medical Evacuation and Repatriation of Remains Expense**, this Policy does not cover any loss, fatal or nonfatal, caused by 1, 2, 3, 6 or 7 above.

#### EMERGENCY REUNION

In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the Physician feels that it would be beneficial for the Insured Person to have a family member at their side during transport, the Company will reimburse the Insured Person for travel and lodging expenses, up to a maximum of \$10,000. Travel Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Policy to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Assist in advance.

#### LOST BAGGAGE

The company will pay benefits if an Insured Person's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during a covered trip. The Company will reimburse the Insured, up to the Policy Period maximum amount of \$500 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$100.00. **Checked Baggage** means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier. **Common Carrier** means any land, water or air conveyance operated under a license for the transportation of passengers for hire. Benefits for baggage and personal effects will be in excess of any amount paid or payable by the Common Carrier responsible for the loss. Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, the Company will be liable only for the excess of the amount of loss over the amount of such other insurance.

#### Exclusions:

For Lost Baggage, benefits will not be provided for any loss of: Animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture, eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

#### TRIP INTERRUPTION

The Company will pay benefits if an Insured Person is unable to continue his/her trip due to: (a) death occurring prior to the Insured's return to his/her Home Country, or an Insured Person's Immediate Family Member, or (b) serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The Company will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket to return home to his/her area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a maximum amount of \$5,000 per policy period. The Insured must notify the Company as soon as reasonably possible in the event of a Trip Interruption claim. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had the Insured notified the Company as soon as reasonably possible. **Immediate Family Member** means a person's legal spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces and nephews who reside in the Insured Person's country of principal residence.

#### Exclusions:

For Trip Interruption, this insurance does not cover: 1) war or any act of war, whether declared or not; 2) participation in a felony, riot, or insurrection; 3) participation in contests of speed; 4) a pre-existing condition that exists prior to the Insured's departure from his/her country that has the likelihood of causing death.

### FELONIOUS ASSAULT BENEFIT

The Company will pay 100% of the Maximum Amount when the Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit or Accidental Dismemberment Benefit, provided by the Policy as a result of a Felonious Assault:

1. that is not a moving violation as defined under the applicable state motor vehicle laws; and
2. that is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis.

Only one benefit is payable for all losses as a result of the same Felonious Assault.

**Felonious Assault** - means any willful or unlawful use of force upon the Insured: (1) with the intent to cause bodily injury to the Insured; and (2) that results in bodily harm to the Insured; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

### BEDSIDE VISIT

The Company will pay the cost of a round trip economy airline ticket, not to exceed \$1,500, to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined when, in the opinion of a medical practitioner acceptable to the Company, such a visit is necessary due to a bodily injury or illness which constitutes an immediate danger to life. Travel Assist must make all arrangements for any benefit to be payable.

### STOLEN PASSPORT/VISA

The Company will pay the Insured up to \$500.00 for the cost of obtaining replacement passports, travel tickets and other relevant travel documents lost as well as additional travel expenses and hotel accommodation incurred to replace lost travel documents for such loss arising out of robbery, burglary, theft or natural disasters (typhoon, earthquake, etc.).

No benefits will be payable in respect of shortage due to exchange rate or depreciation in value and for loss of travelers checks not immediately reports to the local branch or agent of the issuing authority.

No benefits will be provided in respect of any loss not reported to the police within forty eight hours and a written report obtained.

### OPTIONAL BUY-UPS

**1) Package includes Hazardous Activities, Security Services, and Concierge Services.** If this optional buy-up is selected and the premium paid in advance of the Period of Coverage, Medical Expense Coverage will be provided for the following hazardous activities: motorcycling, scuba diving, jet, snow and water skiing, snowboarding, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing, paragliding and hangliding. In addition, you will have the Security and Concierge Services.

**2) Accidental Death & Dismemberment.** If this optional buy-up is selected and the premium paid in advance of the Period of Coverage, your benefit for Accidental Death & Dismemberment will be increased as shown on the Confirmation of Insurance.

**3) Accident Sickness Medical Expense.** If this optional buy-up is selected and the premium paid in advance of the Period of Coverage, your benefit limits will increase an additional \$100,000 for ages 70-79 or an additional \$50,000 for ages 80+.

## POLICY PROVISIONS

1. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administration Office of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
3. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which the policy provided any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of a claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be immediately paid upon receipt of due written proof.
5. **PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person, or an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by the Policy on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing no later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

6. **PHYSICAL EXAMINATION AND AUTOPSY:** The Company at its own expense shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **LEGAL ACTIONS:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of the Policy. No such action shall be brought after expiration of three (3) years after the time written proof of loss is required to be furnished.
8. **CONFIRMITY WITH STATE STATUES:** Any provisions of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

***This Confirmation of Insurance is presented for general information purposes and is not intended to replace the Master Policy on file with Travel Insurance Services and The Insurance Company of the State of Pennsylvania. In the event of a conflict between this Confirmation and the Master Policy, the Master Policy will govern.***