HCC Medical Insurance Services, LLC
251 North Illinois Street, Suite 600, Indianapolis, Indiana 46204 USA
main 317 262 2132 facsimile 317 262 2140 toll free 800 605 2282
hccmis.com service@hccmis.com

InterMedical
Description of Coverage

This Description of Coverage is a summary of the provisions contained in Master Policy No. *141920-2.2****. For a complete copy of the Master Policy, please contact HCC Medical Insurance Services.***

Patient Protection and Affordable Care Act ("PPACA"): This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States PPACA. In no event will Underwriters provide benefits in excess of those specified in the policy documents, and this insurance is not subject to guaranteed issuance or renewal. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney or tax professional to determine if PPACA's requirements are applicable to you.

The policy contains the plan benefits, including a lifetime maximum that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

MEMBER ELIGIBILITY, CERTIFICATE EFFECTIVE DATE, CERTIFICATE TERMINATION DATE, BENEFIT PERIOD AND HOME COUNTRY COVERAGE

ELIGIBILITY

Only U.S. and Non-U.S. Citizens who are at least 14 days of age and are travelling outside of their Home Country, but not to the U.S. or U.S. Territories, are eligible for coverage under this plan. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a $50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a $10,000 Overall Maximum.

CERTIFICATE EFFECTIVE DATE

Insurance hereunder is effective on the later of:

a. the moment Underwriters receive Application and correct premium if Application and payment is made online or by fax; or
b. 12:01a.m. U.S. Eastern Time on the date Underwriters receive Application and correct premium if Application and payment is made by mail; or
c. the moment the Member departs from his or her Home Country; or
d. 12:01a.m. U.S. Eastern Time on the date requested on the Application.

CERTIFICATE TERMINATION DATE

Insurance hereunder terminates on the earlier of:

a. 11:59 p.m. U.S. Eastern Time on the last day of the period for which premium has been paid; or
b. 11:59 p.m. U.S. Eastern Time on the date requested on the Application; or
c. the moment of arrival upon the Member's return to his or her Home Country (unless the Member has started a Benefit Period or is eligible for Home Country Coverage).

BENEFIT PERIOD

While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 90 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness while the Member is outside his or her Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses related to the Injury or Illness that began while the Certificate was in effect.

HOME COUNTRY COVERAGE

Benefit Period – In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home

Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses related to the Injury or Illness that began while the Certificate was in effect.

Incidental Home Country Coverage – For U.S. Citizens, for every three month period during which the Member is covered hereunder, Medical Expenses incurred in the U.S. are covered up to a maximum of 15 days for any three month period. For Non-U.S. Citizens, for every three month period during which the Member is covered hereunder, Medical Expenses incurred in the member's home country are covered up to a maximum of 15 days for any three month period. Any benefit accrued under a single 3 month period does not accumulate to another period. Failure of the member to continue his or her international trip or the members return to their home country for the sole purpose of obtaining treatment for an illness or injury that began while traveling shall void any home country coverage provided under the terms of this agreement.

Coverage provided under this certificate is for a maximum duration of 364 days, except for a Benefit Period as provided hereunder. Any extension is based upon the eligibility rules in force and is solely at the discretion of Underwriter.

Notwithstanding the foregoing, coverage under all Plans shall terminate on the date Underwriters, at their sole option, elect to cancel all Members of the same sex, age, class or geographic location, provided Underwriters give no less than 30 days advance written notice by mail to the Member's last known address.

PREMIUM

Payment of the required Premium shall be remitted to Underwriters on or before the Member's Certificate Effective Date, continuation date (if applicable). Premium is considered to be paid on the date the payment instrument is received by Underwriters, provided such instrument provides immediately available funds.

Premiums may be refunded after the Certificate Effective Date subject to the following provisions:

a. a $25 cancellation fee will apply; and
b. only the unused portion of the plan cost will be refunded; and
c. only Members who have no claims are eligible for premium refund.

SCHEDULE OF BENEFITS AND LIMITS

Except as specifically indicated otherwise, all benefits are subject to Deductible, Coinsurance, and are per Certificate Period.

Benefit	**Limit**
Deductibles	$0, $100, $250, $500, $1,000 or $2,500 per Certificate Period
Coinsurance – Claims incurred in U.S. or Canada	For Home Country Coverage or during a Benefit Period, Underwriters will pay 90% of the next $10,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit. Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider. There is no U.S. coverage unless Member is under Home Country Coverage or a Benefit Period.
Coinsurance – Claims incurred outside U.S. or Canada	Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit
Hospital Room and Board	Usual, Reasonable and Customary charges
Local Ambulance	Usual, Reasonable and Customary charges, when covered Illness or Injury results in hospitalization as Inpatient
Intensive Care Unit	Usual, Reasonable and Customary charges
Emergency Room Co-payment	The Member shall be responsible for a $250 co-payment for each use of Emergency room for an Illness unless the Member is admitted to the Hospital. There will be no copayment for Emergency room treatment of an Injury.

Urgent Care Center	For each visit, the Member shall be responsible for a $50 co-payment, after which Coinsurance will apply. Not subject to Deductible.
Outpatient Treatment	Usual, Reasonable, and Customary charges
Physical Therapy and Chiropractic Care	Usual, Reasonable and Customary charges
Hazardous Activities (Available only under the optional Hazardous Activities Rider)	Overall Maximum Limit
Intercollegiate or Interscholastic Sports (Available only under the optional Intercollegiate Sports Rider)	Usual, Reasonable and Customary charges up to $20,000
Mental Health Disorders	Usual, Reasonable and Customary charges up to $5,000
Hospital Indemnity	$100 per day of Inpatient hospitalization for a maximum amount of $500 (not subject to Deductible or Coinsurance).
All Other Eligible Medical Expenses	Usual, Reasonable, and Customary charges
Acute Onset of Pre-existing Condition	For members age 14 days through age 64 inclusive, $10,000; for members Age 65 and over, $2,500
Emergency Dental Treatment due to Accident	$1,000
Emergency Dental (Acute Onset of Pain)	$100 (not subject to Deductible or Coinsurance)
Emergency Medical Evacuation	$250,000 Maximum Lifetime Limit (not subject to Deductible or Coinsurance)
Return of Minor Children	$50,000 (not subject to Deductible or Coinsurance)
Repatriation of Remains	$50,000 (not subject to Deductible or Coinsurance)
Political Evacuation	$50,000 Maximum Lifetime Limit (not subject to Deductible or Coinsurance)
Lost or Stolen Passport/Travel Visa	$100 (not subject to Deductible or Coinsurance).
Trip Interruption	$5,000 (not subject to Deductible or Coinsurance).
Emergency Reunion	$15,000, maximum of 15 days (not subject to Deductible or Coinsurance)
Natural Disaster	Maximum $100 a day for 5 days (not subject to Deductible)
Lost Checked Luggage	$250 limit per bag; $500 per Certificate Period (not subject to Deductible or Coinsurance).
Terrorism	$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only
Accidental Death and Dismemberment	
Members under age 18	Lifetime Maximum - $5,000 Death - Principal Sum Loss of 2 Limbs - Principal Sum Loss of 1 Limb - 50% of Principal Sum
Members age 18 to age 70	Lifetime Maximum - $50,000 Death – Principal Sum Loss of 2 Limbs – Principal Sum Loss of 1 Limb - 50% of Principal Sum
Members age 70 to age 74 inclusive	Lifetime Maximum - $20,000. Death – Principal Sum Loss of 2 Limbs – Principal Sum Loss of 1 Limb - 50% of Principal Sum
Members Age 75 and over:	Lifetime Maximum - $10,000 Death – Principal Sum Loss of 2 Limbs – Principal Sum Loss of 1 Limb - 50% of Principal Sum
	$250,000 Maximum Benefit any one family or Group

Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment, Emergency Medical Evacuation and Common Carrier Accidental Death)	Age 80 or older $10,000; Age 70 to 79: $50,000; All others: $25,000, $50,000, $100,000, $200,000, $500,000 or $1,000,000.

UNITED STATES PREFERRED PROVIDER ORGANIZATION (PPO) REQUIREMENTS

Nothing contained in this insurance restricts or interferes with the Members' right to select the Hospital, Physician or other medical service provider of the Members choice. Nothing contained in this insurance restricts or interferes with the relationship between the Member and the Hospital, Physician or other providers with respect to treatment or care of any condition, nor the right of any Member to receive, at his or her own expense, services and/or supplies that are not covered under this insurance.

To comply with the United States Preferred Provider Organization requirements, the Member must receive medical treatment from PPO providers while in the United States. If the Member chooses to seek treatment from a PPO provider, Underwriters will remit payment for eligible expenses directly to the provider and will waive the Coinsurance applicable to the expenses.

Members may review a listing of Hospitals, Physicians and other medical service providers included in the PPO Network for the area where the Member will be receiving treatment by accessing the Internet website for HCC Medical Insurance Services, LLC at: www.hccmis.com.

CLAIM PROCEDURES

Notice of Claim, Claimant's Statement and Authorization, and Proof of Claim must be mailed to:
HCC Medical Insurance Services, LLC
P.O. Box 2005
Farmington Hills, MI 48333-2005

Proof of Claim –
When Underwriters receive notice of claim, they will provide the Member with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments; and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of the Member.

The Member shall have 60 days beginning on the last day of the Certificate Period to submit Proof of Claim to Underwriters. Subsequent to receipt of Proof of Claim, Underwriters may, at their sole discretion, request and require additional information, including but not limited to medical records, necessary to confirm the validity of any claim prior to payment thereof.

Appealing a Claim –
Time Limit – In the event Underwriters deny all or part of a claim under this insurance, the Member shall have 90 days from the date the notice of denial was mailed to the Member's last known address to file a written appeal with Underwriters. 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.

Appeal Procedure – Within 60 days of Underwriters' receipt of the appeal, Underwriters' will review the claim. A written response will be forwarded to the Member. Within 60 days of receipt of Underwriters' response to the appeal, the Member may initiate a second appeal. Within 60 days of Underwriters' receipt of the second appeal, medical and/or claims personnel who were not involved in the original claim determination or the initial appeal will review the claim. A final determination will be made and a letter will be sent to the Member.

ELIGIBLE EXPENSES

ELIGIBLE MEDICAL EXPENSES

Subject to the Deductible, Coinsurance and limits set forth in Schedule of Benefits and Limits, Underwriters will pay the following expenses incurred while this insurance is in effect:

1. Charges made by a Hospital for:
   a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
   b. Daily room and board and nursing services in Intensive Care Unit; and
   c. Use of operating, treatment or recovery room; and
   d. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and
   e. Emergency treatment of an Injury, even if Hospital confinement is not required; and
   f. Emergency treatment of an Illness; subject to emergency room co-pay as outlined in the Schedule of Benefits and Limits. ER co-payment is waived when the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
2. For Surgery at an Outpatient surgical facility, including services and supplies.
3. For charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
4. For dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician, but excluding nebulizers, oxygen tanks, diabetic supplies, other supplies for use or application at home, and all devices or supplies for repeat use at home, except Durable Medical Equipment as herein defined.
5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
8. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
9. For oxygen and other gasses and their administration by or under the supervision of a Physician.
10. For anesthetics and their administration by a Physician.
11. For drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription.
12. For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
13. 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.
14. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness resulting in Inpatient hospitalization.
15. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
16. Emergency Dental Treatment necessary to resolve Acute Onset of Pain, provided treatment is obtained within 24 hours of the Acute Onset of Pain.
17. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
18. Physical Therapy if prescribed by a Physician who is not affiliated with the Physical Therapy practice, necessarily incurred to continue recovery from a covered Injury or Illness.
19. Injury or Illness resulting from participation in sports or athletic activities not otherwise excluded under this insurance.

ELIGIBLE EXPENSES – EMERGENCY MEDICAL EVACUATION

Subject to the Limits set forth in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses arising out of Emergency Medical Evacuation:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and
2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of the insurance; and
b. Underwriters will provide Emergency Medical Evacuation benefits only when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
c. Underwriters will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
    i. Medically Necessary treatment, services and supplies cannot be provided locally; and
    ii. Transportation by any other method would result in loss of Member's life or limb; and
    iii. Recommended by the attending Physician who certifies to the above; and
    iv. Agreed upon by the Member or a Relative of the Member; and
    v. Approved in advance and coordinated by Underwriters; and
    vi. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.
d. Underwriters will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life or limb.
e. Underwriters will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other Acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

ELIGIBLE EXPENSES – RETURN OF MINOR CHILDREN

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses:

If the Member is the only person age 18 or older, traveling with one or more minor children under the age of 18 who are also covered hereunder, and the Member is hospitalized for treatment of a covered Illness or Injury, resulting in the children being left unattended for a period of time expected to exceed 36 hours, Underwriters will pay:

1. The cost of a one-way economy air and/or ground transportation ticket for each covered minor child to the terminal serving the area of the Principle Residence of each minor child.

    Conditions and Restrictions:

    a. The Hospitalized Member age 18 or older must be in compliance with all conditions and provisions of the insurance; and
    b. The Return of Minor Children benefit must be agreed upon by the Member age 18 or older and/or by an authorized adult Relative of the affected, covered minor children; and
    c. The Return of Minor Children benefit must be approved in advance and coordinated by Underwriters; and
    d. Underwriters will use their best efforts to arrange any Return of Minor Children within the least amount of time possible. The Member understands that the timeliness of Return of Minor Children can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

ELIGIBLE EXPENSES – REPATRIATION OF REMAINS

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Repatriation of Remains expenses arising from the death of a Member:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
2. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Repatriation of Remains must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
d. Underwriters will provide Repatriation of Remains benefits only when the death of the Member occurs while this insurance is in effect; and
e. Underwriters will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays which are not within their direct and immediate control. Further, Underwriters are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

ELIGIBLE EXPENSES – EMERGENCY REUNION

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation under this insurance:

1. The cost of an economy round-trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is hospitalized or is to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is hospitalized for a period not to exceed 15 days.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Emergency Reunion must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Emergency Reunion Benefits only following an Emergency Medical Evacuation of a Member that is covered hereunder.

ELIGIBLE EXPENSES – TRIP INTERRUPTION

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Trip Interruption benefits:

1. The cost of an economy one-way air or ground transportation ticket for the Member to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Trip Interruption benefits must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Trip Interruption benefits only following receipt of proof of one or more of the following events: Destruction, after departure from Home Country, resulting from fire or weather of more than 40% of the Member's Principal Residence, or death of a parent, spouse, sibling or child.

2. The cost of an economy one-way air and/or ground transportation ticket for the Member from the area where the Member was hospitalized following an Emergency Medical Evacuation to the area where the Member was initially evacuated from or to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. Trip Interruption benefits must be approved in advance and coordinated by Underwriters; and
c. Underwriters will provide Trip Interruption benefits only following a covered Emergency Medical Evacuation when the attending Physician states that it is Medically Necessary for the Member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery.

ELIGIBLE EXPENSES – POLITICAL EVACUATION

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Political Evacuation benefits when the US government issues a travel warning after the Member's arrival in the destination country:

1. The cost of transportation by the most economical means possible for the Member to the nearest country of safety or to the Member's Home Country, provided that the Member contacts Underwriters within 10 days of the date the warning is issued and subject to the following Conditions and Restrictions:
   a. The Member must be in compliance with all conditions and provisions of this insurance; and
   b. The Member must have already arrived in his or her destination country when the United States government issues a travel warning for that country; and
   c. Determination of the country to which the Member will be evacuated will be determined by Underwriters; and
   d. Political Evacuation benefits must be approved in advance and coordinated by Underwriters; and
   e. Underwriters will use their best efforts to arrange any Political Evacuation within the least amount of time possible. The Member understands that the timeliness of evacuation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays which are not within their direct and immediate control.

ELIGIBLE EXPENSES – NATURAL DISASTER

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Natural Disaster expenses:

1. Replacement accommodations in the event a Member is Displaced from planned paid accommodations due to evacuation from forecasted disaster or following a disaster strike.

   Conditions and Restrictions:
   a. The Member must be in compliance with all conditions and provisions of this insurance; and
   b. Underwriters will provide Natural Disaster Benefits only following receipt of proof of payment for the accommodations from which the Member was Displaced.

ELIGIBLE EXPENSES – LOST CHECKED LUGGAGE

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Lost Checked Luggage expenses:

1. Replacement of clothes and personal hygiene items, not to exceed $50 any one item.

   Conditions and Restrictions:
   a. The Member must be in compliance with all conditions and provisions of this insurance; and
   b. The Lost Checked Luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with the Member, on board a regularly scheduled commercial airline or cruise line, upon which the Member was a fare-paying passenger; and
   c. The Member must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
   d. The Member must provide Underwriters with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
   e. The Lost Checked Luggage must be lost as of the date of payment by Underwriters and as of that date, must have been lost for at least 10 days.

ELIGIBLE EXPENSES – ACCIDENTAL DEATH AND DISMEMBERMENT

Subject to the Limits set forth in in the Schedule of Benefits and Limits, and subject to the Conditions and Restrictions contained in this policy including the Optional Sports Rider, Intercollegiate Sports Rider and any exclusion, Underwriters will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – Underwriters will pay the Principal Sum as provided under the Schedule of Benefits and Limits for Members.

2. Accidental Dismemberment –

a. Loss of 2 or more Limbs or eyes – Underwriters will pay the Principal Sum, as indicated in item 1 of this section, to the Member.
b. Loss of 1 Limb or eye – Underwriters will pay one-half of the Principal Sum, as indicated in item 1 of this section, to the Member.

Conditions and Restrictions:

a. The Member must be in compliance with all conditions and provisions of this insurance; and
b. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance and not otherwise excluded by the policy; and
c. The Accident giving rise to the Accidental Death or Dismemberment must be due solely to Accidental Injury and not contributed to by Illness or disease; and
d. In no event will Underwriters' payment under this benefit total more than the Principal Sum.

WAR, TERRORISM, BIOLOGICAL, CHEMICAL, NUCLEAR EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
2. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
3. any Act of Terrorism, except as follows:

Underwriters will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in in the Schedule of Benefits and Limits, provided all of the following conditions are met:

a. The Injury or Illness does not result from the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; and
b. The Member has no direct or indirect involvement in the Act of Terrorism; and
c. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to the Member's date of arrival; and
d. The Member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, 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.

This insurance also excludes coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (1), (2) or (3) above.

If Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Member.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Routine pre-natal care, Pregnancy, child birth, and post natal care.
2. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy as herein defined, and all charges related to Pregnancy after the 26th week of Pregnancy.
3. Charges incurred by or for any child under the age of 14 days.
4. Diagnosis, testing, or treatment related to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
5. Charges for the diagnosis, testing, or treatment of Mental Health Disorders, as defined herein, except as provided under the Schedule of Benefits and Limits.
6. Charges which are not Incurred, as herein defined, by a Member during his/her Certificate Period.
7. Charges for treatment of any condition(s) when the purpose of departing the Home Country was to obtain treatment in the destination country/countries.
8. Charges for any benefit hereunder which are not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
9. Diagnosis, testing, treatment, services or supplies that are not administered by or under the supervision of a Physician, and products that can be purchased without a doctor's prescription.
10. Diagnosis, testing, or treatment, services or supplies which are not Medically Necessary as herein defined.
11. Diagnosis, testing, or treatment, services or supplies provided at no cost to the Member.
12. Charges which exceed Usual, Reasonable and Customary as herein defined.
13. Telephone consultations or failure to keep a scheduled appointment.
14. Surgeries, diagnosis, testing,treatments, services or supplies which are Investigational, Experimental or for Research purposes.
15. All charges Incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care Hospital.
16. Diagnosis, testing, or treatment of obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass Surgery.
17. Modifications of the physical body intended to improve the psychological, mental or emotional well-being of the Member, including but not limited to sex-change Surgery.
18. Surgeries, diagnosis, testing, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
19. Diagnosis, testing, or treatment for HIV+, AIDS or ARC, and all diseases caused by and/or related to HIV.
20. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
21. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
22. Willful and/or therapeutic termination of Pregnancy, except in connection with covered Complications of Pregnancy.
23. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
24. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
25. Eye surgery, such as corrective refractive surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
26. Diagnosis, testing, or treatment of the temporomandibular joint.
27. Medical expenses for Injury or Illness resulting from:
    a. Professional Sports including practice;
    b. mountaineering at elevations of 4,500 meters or higher;
    c. aviation (except when traveling solely as a passenger in a commercial aircraft);
    d. base jumping, bungee jumping, parachuting, parasailing hang-gliding;
    e. sky surfing;

f. off-road motorized vehicles including all-terrain vehicles, snowmobiles and motorized dirt bikes, jet skis, and tractors;
g. heli-skiing, snow skiing, or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body);
h. water skiing, surfing, kayaking or white water rafting;
i. racing by any animal, motorized vehicle, or BMX;
j. spelunking or cave diving;
k. sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, or accompanied by a certified instructor at depths of less than 10 meters;
l. avalanche training;
m. Aussie rules football;
n. safari or big game hunting, running with the bulls;
o. bobsleigh, skeleton or luge;
p. any type of boxing or martial arts;
q. hot air ballooning as a pilot;
r. jousting;
s. modern pentathlon;
t. powerlifting;
u. quad biking outdoor endurance events;
v. speed trials; speedway;
w. wrestling;
x. zip lining or canopying.

28. Medical expenses for Injury or Illness resulting from participation in organized Intercollegiate or Interscholastic Athletics including intramural and Club sports except as provided in the Schedule of Benefits and Limits.
29. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician except drugs prescribed by a Physician for the treatment of Substance Abuse.
30. Costs resulting from self-inflicted Injury or Illness and/or suicide or attempted suicide whether sane or insane.
31. Diagnosis, testing, or treatment of venereal disease, including all Sexually Transmitted Diseases and conditions.
32. Routine medical examinations, including but not limited to vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to the suitability of employment or travel.
33. Diagnosis, testing, or treatment of sleep apnea or other sleep disorders.
34. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
35. Diagnosis, testing, or treatment of Substance Abuse or addiction or conditions that may be attributed to Substance Abuse or addictions and direct consequences thereof.
36. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
37. Psychometric, intelligence, competency, behavioral and educational testing.
38. Any services, supplies, diagnosis, testing, or treatment performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
39. Orthoptics and visual eye training.
40. Diagnosis, testing, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
41. Diagnostic testing or procedures, services, supplies, and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
42. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance, except charges resulting directly from an Acute Onset of Pre-existing Condition, as herein defined, are covered for all Members subject to the limits set forth in the Schedule of Benefits and Limits.
43. Exercise programs, whether or not prescribed or recommended by a Physician.
44. Diagnosis, testing, or treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
45. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Natural Disaster, Return of Minor Children, Political Evacuation, and Trip Interruption sections of this insurance.

46. Diagnosis, testing, or treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
47. Organ or Tissue Transplants or related services.
48. Diagnosis, testing, or treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
49. Diagnosis, testing, or treatment of all forms of cancer / neoplasm.
50. All expenses of any cryo preservation and implantation or re-implantation of living cells.
51. All Emergency Medical Evacuation or Repatriation of Remains costs not approved or arranged in advance by Underwriters.
52. Medical conditions while on duty as a member of a police or military force unit.
53. Claims payable under any government system, including the Australian Medicare system, are excluded from coverage.
54. The Accidental Death & Dismemberment benefit shall be excluded with respect to Accidents occurring while the Member is participating in any of the following:
    a. War or act of war, whether declared or undeclared.
    b. The member's participation in a riot, insurrection or violent disorder.
    c. The member's service in the armed forces of any country.
    d. Suicide or attempted suicide or self-inflicted Injury, while sane or insane.
    e. The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a Physician.
    f. Committing or attempting to commit a felony.
    g. Sickness, Mental Health Disorder, or Pregnancy.
    h. As the result of Intoxication as defined by the laws of the jurisdiction in which the accident occurred of the Member, whether directly or indirectly,
    i. Myocardial infarction or cerebrovascular accident (CVA / Stroke).
    j. Infection, except infection through a wound caused solely by an accident.
    k. Injury while riding, boarding, or alighting from an aircraft if the Member was operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation.
    l. Medical or surgical treatment for any of the above.
    m. Any of the following activities:
        1) Amateur Athletics, Contact Sports, Intercollegiate or Interscholastic Athletics, intramural, and club sports or athletic activities and Professional Sports including practice. Non-contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (2) through (24) of this provision; and
        2) mountaineering at elevations of 4,500 meters or higher;
        3) aviation (except when traveling solely as a passenger in a commercial aircraft);
        4) base jumping, bungee jumping, parachuting, parasailing hang-gliding;
        5) sky surfing;
        6) Off-road motorized vehicles including all-terrain vehicles, snowmobiles and motorized dirt bikes, jet skis, and tractors;
        7) Heli-skiing, snow skiing, or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body);
        8) Water skiing, surfing, kayaking or white water rafting;
        9) racing by any animal, motorized vehicle, or BMX;
        10) Spelunking or cave diving;
        11) sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, or accompanied by a certified instructor at depths of less than 10 meters;
        12) avalanche training;
        13) Aussie rules football;
        14) Safari or big game hunting, running with the bulls;
        15) bobsleigh, skeleton or luge;
        16) Any type of boxing or martial arts,
        17) hot air ballooning as a pilot;
        18) jousting;
        19) modern pentathlon;

20) powerlifting;
21) quad biking outdoor endurance events,
22) speed trials; speedway;
23) wrestling;
24) Zip lining or canopying.

55. Services, diagnosis, testing, supplies, or treatment that are not included as Eligible Expenses as described herein.

DEFINTIONS

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical Injury to the Member. The cause or one of the causes of such Accident is external to the victim's own body and occurs beyond the victim's control.

Accidental Death: A sudden, unintentional and unexpected occurrence caused solely by external, visible means resulting in physical Injury to the Member and subsequently death of the Member. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by Illness or disease.

Accidental Dismemberment: A sudden, unintentional and unexpected occurrence caused solely by external, visible means and resulting in complete severance from the body of one or more Limbs or eyes and not contributed to by Illness or disease. For purposes of the Accidental Death and Dismemberment benefit 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 mean: complete, permanent, irrevocable loss of sight.

Acute Onset of Pre-existing Condition: The term "Acute Onset of a Pre-Existing Condition(s)" shall mean a sudden and unexpected outbreak or recurrence of a Pre-existing Condition(s) which occurs spontaneously and without advance warning in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. The Acute Onset of a Pre-existing Condition(s) must occur after the effective date of the policy. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. A Pre-existing Condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered Acute Onset. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without advance warning, either in the form of Physician or Dentist recommendation or symptoms, including pain, which would have caused a prudent person to seek medical or dental attention prior to the onset of pain. Treatment must be obtained within 24 hours of the sudden and unexpected occurrence of pain.

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

Application: The fully answered and signed Application which is attached to this Master Policy and the fully answered and signed Application submitted to Underwriters by the Member.

Assured: The Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda.

Beneficiary: The individual named in the Member's Application to be the recipient of any Accidental Death benefit. For Members who do not designate Beneficiary on the Application, the Beneficiary is automatically as follows:

Members age 18 or older:

1. Spouse (if any),
2. Children (if any) equally,
3. Estate of the Member.

Members under age 18:

1. Custodial Parent(s) (if any),
2. Siblings (if any) equally,
3. Estate of the Member.

Benefits: The Eligible Expenses that will be paid under this Master Policy for covered costs Incurred during the Certificate Period.

Certificate: The document issued to the Member or Participating Organization that provides evidence of Benefits payable under this Master Policy and that will confirm the plan type, period of cover, Home Country, certificate number, special terms and/or conditions, Deductible, chosen benefit list, and geographical area of cover.

Certificate Period: The period of time beginning on the date and time of the Certificate Effective Date and ending on the date and time of the Certificate Termination Date. The maximum Certificate Period is 364 days for non-U.S. citizens or residents whose travel includes the U.S. or U.S. Territories.
Coinsurance: The payment by the Member of Eligible Expenses at the percentage specified in the Schedule of Benefits and Limits.
Complications of Pregnancy: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.
Contact Sports: A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play. Contact Sports include, but are not limited to, American football, boxing, ice hockey, rugby, soccer, and wrestling.
Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Member in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.
Declaration: The Declaration is attached to and forms a part of this Master Policy.
Deductible: The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits that the Member must pay per Certificate Period before Eligible Expenses are paid.
Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.
Displaced: Required to depart a destination due to an evacuation ordered by prevailing authorities.
Durable Medical Equipment: A standard basic hospital bed and/or a standard basic wheelchair.
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.
Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Member's life or limb in danger if medical attention is not provided within 24 hours.
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 state in which it operates; and is regularly engaged in providing 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.
HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.
Home Country: For legal residents and citizens of the U.S., Home Country is the United States of America, regardless of the location of the Member's Principal Residence. For non-U.S. Citizens, Home Country is the country where the Member principally resides and receives regular mail.
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 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.
Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or County in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 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, alcoholics or runaways; or similar establishment.
Illness: A sickness, disorder, illness, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.
Incurred: A charge is incurred on the date the service is provided or supply is purchased.
Injury: An unexpected and unforeseen harm to the body caused by an Accident that requires medical treatment.

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

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 Hospitals for Special Care Units.

Intercollegiate or Interscholastic Sports: A sport, club sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games in the following sports: cheerleading; cross-country; diving; Equestrian; field hockey; golf; polo horse; water polo; softball; baseball; swimming; tennis; track & field; ice hockey, martial arts, skiing, wrestling, rugby, gymnastics, cycling, volleyball and soccer. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

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.

Medically Necessary: 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 is provided only as a convenience to the Member or provider, and/or is not appropriate for the Member'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.

Member: An individual who is covered under this insurance.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Natural Disaster: Any event or force of nature caused by environmental factors that has catastrophic consequences. Covered Natural Disasters are: avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

Outpatient: A Member who receives Medically Necessary treatment by a Physician for Injury or Illness that does not require overnight stay in a Hospital.

Participating Organization: The organization specified on the Declaration of this Certificate that submits an Application to participate (or renews participation through the online Account Management System) as a Participating Organization on a form provided by Underwriters, is accepted as a Participating Organization and receives a Certificate issued by Underwriters, and provides each and every Eligible Employee and Dependent who is covered with a Summary of Benefits, as provided by Underwriters.

Physician: A doctor of Medicine (MD), doctor of Dental Surgery (DDS), doctor of Dental Medicine (DDM), doctor of Podiatry (DPM), doctor of Osteopathy (DO), doctor of Chiropractic (DC), a licensed Physical Therapist or Physiotherapist, and a doctor of Psychiatry (Psy.D) and a doctor of Psychology (Ph.D.). Physician also includes a Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), Nurse Midwife or a Physician Assistant (PA) under the direction of a Medical Doctor. A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services must be within the scope of that license and covered under this Master Policy or Rider.

Plan Administrator: HCC Medical Insurance Services, LLC, 251 North Illinois Street, Suite 600, Indianapolis, Indiana 46204, Telephone (317)262-2132, Fax (317)262-2140.

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 18 months 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 18 months immediately preceding the Certificate Effective Date; (3) injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application or within the 18 months immediately preceding the Certificate Effective Date. For the purposes of the Complications of Pregnancy coverage offered hereunder, Pregnancy will not be included within the definition of a Pre-existing Condition.

Pregnancy: The physical condition of being pregnant.

Principal Sum: The Face Amount of Accidental Death and Dismemberment Benefit chosen by the Member as provided under Article 6, Schedule of Benefit and Limits.

Professional Sports: An activity undertaken for wage, reward or profit including practice.

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 Member, and any other documentation that is deemed necessary by the Underwriters.

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

Relative: Biological or step parent; biological or step child; current spouse; biological or stepsiblings; or parent, children, or sibling in law.

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

Sexually Transmitted Diseases: Syphilis, gonorrhea, lymphogranuloma venereum, chancroid, granuloma inguinale, chlamydiosis, trichomoniasis, genital candidiasis, genital herpes, Pelvic Inflammatory Disease (PID), Human Papillomavirus (HPV), mycoplasma genitalium, and viral hepatitis.

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

Surgery or 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.

Treatment: Care, including but not limited to consultation, diagnostic testing, drug prescription, evaluation, examination, and therapy, involving the administration of medical management for an Injury or Illness.

Urgent Care Center: A U.S. Medical facility separate from a hospital emergency department where ambulatory patients can be treated on a walk-in basis without an appointment and receive immediate, non-routine urgent care for an Injury or Sickness presented on an episodic basis.

U.S.: The United States of America including all states, districts, territories and possessions.

Usual, Reasonable and Customary: The most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are Reasonable. What is defined as Usual, Reasonable and Customary Charges will be determined by Underwriters. In determining whether a charge is Usual, Reasonable and Customary, Underwriters may consider one or more of the following factors: 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 severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged 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; such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate

This Description of Coverage is a summary of the provisions contained in Master Policy No. 141920-2.2. ***For a complete copy of the Master Policy, please contact HCC Medical Insurance Services.***