



Dale  
Underwriting  
Partners

**Group**  
**Inbound Medical**  
**Insurance** | **Policy Wording**

**LLOYD'S**  
Underwriters

## BENEFIT TABLE – SUPREME PLAN

Benefits will be provided only for the coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for coverages marked “NIL”.

<b>Per Injury or Sickness Maximum:</b>	\$100,000
<b>Deductible (Outpatient Services Only) Per Injury or Sickness:</b>	\$0
<b>Coinsurance:</b>	100% of Usual, Reasonable & Customary (URC) Charges or Preferred Allowance, if a contracted Provider is used
<b>Pre-Existing Conditions:</b> (subject to 36-month look back period, see definition)	12 month waiting period, then limited to \$5,000 thereafter
<b>Home Country Coverage</b>	NIL

BENEFIT COVERAGE	COVERED BENEFIT
<b>Hospital Room &amp; Board Benefit:</b> • Subject to Semi-private room rate	100% URC
<b>Intensive Care/Cardiac Care Unit Benefit</b>	100% URC
<b>Hospital Miscellaneous Expense Benefit</b>	100% URC
<b>Surgeon (In or Outpatient) Benefits</b>	100% URC
<b>Assistant Surgeon Benefit</b>	100% URC
<b>Pre-Admission Testing Benefit</b>	100% URC
<b>Anesthesia Benefit</b>	100% URC
<b>Day Surgery Miscellaneous Benefit</b>	100% URC
<b>Diagnostic X-Ray and Lab Benefit</b>	100% URC
<b>Ambulance Benefit</b>	100% URC, up to \$5,000 maximum
<b>Physician Visit Benefit (Inpatient)</b>	100% URC
<b>Physician Visit Benefit (Outpatient)</b>	100% URC
<b>Consultant Physician Benefit</b>	100% URC
<b>Radiation/Chemotherapy Benefit</b>	100% URC
<b>Emergency Room Benefit</b> • Triage is mandatory • Co-Payment only applies to services rendered in the USA	100% URC, subject to a \$350 Co-Payment, waived if admitted, or in an accident

<b>BENEFIT COVERAGE</b>	<b>COVERED BENEFIT</b>
<b>Emergency Dental Expense Benefit</b> <ul style="list-style-type: none"> <li>Limited to accidental Injury of sound natural teeth sustained while covered</li> </ul>	100% URC
<b>Palliative Dental</b> <ul style="list-style-type: none"> <li>Sudden onset of pain</li> <li>Maximum Benefit per Period of Insurance: \$200 per tooth</li> </ul>	100% URC
<b>Physiotherapy Expense Benefit - Inpatient</b>	100% URC
<b>Physiotherapy Expense Benefit - Outpatient</b>	100% URC, up to \$2,500 maximum
<b>Durable Medical Equipment Expense Benefit</b>	100% URC
<b>Emergency Medical Evacuation Expense Benefit</b>	100% of actual expense, up to \$250,000 maximum benefit
<b>Emergency Medical Repatriation Expense Benefit</b>	100% of actual expense, up to \$50,000
<b>Emergency Reunion</b>	100% of actual expense, up to \$5,000
<b>Prescription Drug Benefit</b>	100% URC
<b>Return Ticket Benefit</b>	100% up to \$1,500 per Period of Insurance
<b>Emergency Treatment of a Pre-Existing Condition</b> <ul style="list-style-type: none"> <li>Physician and clinic visits</li> </ul>	100% URC, up to a maximum of \$500 per Period of Insurance

<b>BENEFIT COVERAGE</b>	<b>COVERED BENEFIT</b>
<b>Personal Accident</b>	Up to \$15,000
<b>Trip Interruption Benefit</b>	Up to \$1,500

## Contents – a guide to the insured person's Policy

The Contract of Insurance	3
Cancelling this Insurance and Refund of Premium	3
Choice of Law	5
Complaints Procedure	6
Compensation	7
Data Protection	7
Emergency Medical Assistance	8
Claims Information	10
Definitions	12
General Exceptions	19
What is Covered	20
Medical Expenses and Hospitalisation	20
Emergency Medical Evacuation or Repatriation	22
General Conditions	25

## The Contract of Insurance

In return for the **participating organisation** having paid the premium **we** shall provide insurance to the **plan participant** during the **plan period** to the extent of and subject to the terms conditions and exclusions contained in or endorsed on this **plan document**.

### Important information

This **plan document, certificate of insurance, the benefits table** and any **endorsement(s)** attaching to the **plan document** during the **coverage period** form this insurance. This insurance sets out the conditions of the insurance between the **plan organisation, plan participant** and **us**. Please read the whole document carefully and keep it in a safe place.

It is important that the **plan participant** complies with the “Things the **plan participant** must do” in the event of a claim, **their** duties under each section and under this insurance.

Failure to comply with the above could adversely affect the **plans participant’s** insurance or any claim they make.

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information provided by the **plan organisation** and care should be taken when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that false or misleading information was deliberately or recklessly provided, **we** will treat this insurance as if it never existed and decline all claims.

If **we** establish that false or misleading information was carelessly provided it could adversely affect this insurance and any claim. For example, **we** may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **we** provided insurance cover which **we** would not otherwise have offered; or
- amend the terms of the insurance, and **we** may apply these amended terms as if they were already in place if a claim has been adversely impacted by the carelessness; or
- charge more for insurance or reduce the amount **we** pay on a claim in the proportion the premium paid bears to the premium **we** would have charged; or
- cancel this insurance in accordance with the “Cancelling this Insurance” section below.

## Cancelling this Insurance

The **participating organisation** may cancel this insurance at any time by providing **us** with 30 days written notice of cancellation. If any **certificate of insurance coverage period** exceeds the cancellation notice the certificate of insurance shall remain in force until the **end date** shown on the **certificate of insurance** provided the premium due for such **coverage period** has been paid to **us** by the **participating organisation**.

**We** can cancel this insurance by giving the **participating organisation** thirty (30) days’ notice in writing. **We** will only do this for non-payment of premium.

### Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date the **plan participant** receives this insurance documentation; or
- the start of the **coverage period** on the **certificate of insurance**

whichever is the later.

If the **plan participant** cancels this insurance within the cooling off period then, provided they have not made a claim and the **participating organisation** has paid **us** the premium, **we** will refund in full any premium paid.

If this insurance is cancelled outside the cooling off period then, provided the **plan participant** has not made a claim and the **participating organisation** has paid **us** the premium, **we** will refund any unused premium paid, subject to a deduction for any time for which the **plan participant** has been on cover. This will be calculated on a proportional basis. For example, if they have been covered for six (6) months, the deduction for the time they would be covered will be half the annual premium.

If they cancel this insurance outside the cooling off period, there will be an additional charge, as stated in the **schedule**, to cover the administrative cost of providing the insurance.

If **we** pay any claim, in whole or in part, then no refund of premium will be allowed.

### Termination of cover for the participating organisation

Cover under this **plan document** terminates on the earlier of:

- 1 11.59 P.M. at the address of the **participating organisation** on the **plan document expiration date**.
- 2 11.59 P.M. at the address of the **participating organisation** on the last day of the notice period required if the **plan organisation** has cancelled this **plan document** in accordance with the cancelling this insurance section.
- 3 11.59 P.M. at the address of the **participating organisation** on the last day of the notice period given if **we** cancel this **plan document** in accordance with the cancelling this insurance section.

### Termination of cover for the plan participant

Cover under this **plan document** terminates on the earlier of:

- 1 date the **plan participant** ceases to be an **eligible person**
- 2 11.59 PM. at the address of the **participating organisation** on the last day of the **coverage period** stated in the **certificate of insurance** for which premium has been paid, or
- 3 11.59 PM. at the address of the **participating organisation** after the expiration of 12 months from the **effective date** shown on the **certificate of insurance** unless an extension is declared to and accepted by **us** in writing; or
- 4 The date the **plan participant** becomes a permanent resident of the United States or;
- 5 The date they report for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a) The date the premium is fully earned; or
  - b) The Expiration Date of the Policy.
- 6 This does not include Reserve or National Guard duty for training;
- 6 The end of the period for which the last premium contribution is made; or
- 7 The date the Policy is terminated; or
- 8 The date the **plan participant** requests, in writing, that his/her coverage be terminated; or
- 9 The date the **plan participant's** participation in the Program terminates; or
- 10 The date the **plan participant's** Trip is completed; or
- 11 The expiration date of the term of coverage, requested by the **Participating Organization**.
- 12 the moment the **plan participant** returns to their **home country**.

### Grace period for the plan participant

Following a termination of cover as a result of the **plan participant** ceasing to be an **eligible person**, they shall have the benefit of a temporary extension of cover under this **plan document** for a maximum period of 14 days grace (Grace Period). If, within the Grace Period, they acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.

### Extensions

The **participating organisation** may extend the **plan participant's coverage period**, provided that;

- they pay the additional premium required for the extension.
- the **plan participant** must continue to satisfy the **eligibility criteria**.

- at the time of extending this **plan document** the **plan participant** must be within the **host country**.
- the **plan participant** must not be in hospital as an **inpatient** undergoing treatment or as an **inpatient** or **outpatient** awaiting treatment or investigation unless enrolled on a **Continued Coverage Basis**.
- any such extension request must be made prior to 11.59 P.M. at the address of the **participating organisation** no longer than 28 days after the **end date** shown on their **certificate of insurance**.

The maximum aggregate **coverage period** for any previous **coverage period** and extensions must not be greater than 18 months in all.

For all such extensions all conditions, restrictions and exclusions set out in this **plan document** will continue to apply.

### Termination date of this insurance

Termination takes effect at 11.59 P.M. at the address of the **participating organisation** on the date of termination.

The **plan document** terminates automatically on the earlier of:

- 1 The **plan document expiration date**, or
- 2 At the expiration of the 30 days of cancellation for non-payment of premiums.

### Choice of Law

The appropriate law as set out below will apply unless the **plan participant** and **we** agree otherwise.

This contract will be subject to the law of Florida

The **plan participant** and **we** shall submit to the exclusive Jurisdiction of the courts of the State of Pennsylvania

This contract is delivered as surplus line insurance under the Non-admitted Insurance Act. The insurer issuing this contract is not admitted in Florida but is an approved non-admitted insurer.

All communication between the **plan participant** and **us** shall be conducted in English except as otherwise provided in this insurance.

### Patient Protection and Affordable Care Act

This insurance is not subject to the and will not be administered as PPACA (Patient Protection and Affordable Care Act) insurance plan. The PPACA requires certain U.S. residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover U.S. residents and citizens. This **plan document** is not subject to guaranteed insurance or renewal.

### Sanction Limitation and Exclusion Clause

**We** shall not provide cover or pay or be liable for any claims or provide any benefit under this **plan document** if by providing any cover, paying any claims or providing any benefit under this **plan document** it would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## Complaints Procedure

Dale Underwriting Partners are committed to providing the **plan participant** with a high-quality service, which **we** expect to maintain throughout the duration of the insurance. In order for this level of service to be fully appreciated by the **plan participant**, **we** would first ask the **plan participant** to read through this **plan document** and their **certificate of insurance** carefully to ensure the **plan participant** understand the extent of the coverage provided and the conditions and exclusions that apply particularly what is required of the **plan participant** if and when the **plan participant** becomes aware of a claim or a circumstance which may give rise to a claim being made against the **plan participant**.

If the **plan participant** has any questions or concerns about the **plan participant** insurance, which cannot be answered to the **plan participant's** satisfaction by the **plan participant's** insurance broker, then please contact **us** at the address set out below. If the **plan participant** has any complaint or issues over the handling of a claim the **plan participant** should, in the first instance please contact the Executive Director & Head of Claims at the address set out below.

If the **plan participant** feels that **we** have not offered the **plan participant** a first-class service, please write and tell **us** at the address set out below and **we** will do **our** best to resolve the matter with the **plan participant**.

Contact Address:

Complaints  
6th Floor Bevis Marks  
6 Bevis Marks  
London EC3A 7BA

E-Mail: [complaints@daleuw.com](mailto:complaints@daleuw.com)

Telephone: +44 (0) 20 3307 1498

If the **plan participant** is unable to resolve the situation with **us** and wish to make a complaint, the **plan participant** can do so at any time by referring the matter to the Lloyd's Complaints department, whose contact details are as follows:

Complaints  
Lloyd's  
One Lime Street  
London EC3M 7HA

E-Mail: [Complaints@Lloyds.com](mailto:Complaints@Lloyds.com)

Telephone: +44 (0) 20 7327 5693

Facsimile: +44 (0) 20 7327 5225

If the **plan participant** remains dissatisfied after Lloyd's has considered the **plan participant's** complaint, the **plan participant** may have the right to refer the **plan participant's** complaint to the Financial Ombudsman Service (FOS). The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services:

Financial Ombudsman Service  
Exchange Tower  
London E14 9SR

E-Mail: [complaint.info@financialombudsman.org.uk](mailto:complaint.info@financialombudsman.org.uk)

Telephone: +44 (0)30 0123 9123

**We** are covered by the Financial Services Compensation Scheme. The **plan participant** may be entitled to compensation from the scheme if a Lloyd's underwriter is unable to meet its obligations to the **plan participant** under this contract. If the **plan participant** is entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (7th floor, Lloyds Chambers, Portsoken Street, London E1 8BN) and on their website ([www.fscs.org.uk](http://www.fscs.org.uk)).



## Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. The **plan participant** may be entitled to compensation from the scheme if a Lloyd's insurer is unable to meet its obligations to the **plan participant** under this insurance.

If the **plan participant** is entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk).

## Data Protection

### The basics

**We** collect and use relevant information about the **plan participant** to provide them with insurance cover or the insurance cover that benefits them and to meet **our** legal obligations.

This information includes details such as their name, address and contact details and any other information that **we** collect about them in connection with the insurance cover from which they benefit. This information may include more sensitive details such as information about their health and any criminal convictions they may have.

The way insurance works means that their information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose their personal information in connection with the insurance cover that **we** provide and to the extent required or permitted by law.

### Want more details?

For more information about how **we** use the **plan participant's** personal information please see **our** full privacy notice(s), which is/are available online on **our** website(s) or in other formats on request.

### Contacting us and the plan participant's rights

The **plan participant** has rights in relation to the information **we** hold about them, including the right to access their information. If **they** wish to exercise their rights, discuss how **we** use their information or want to request a copy of **our** full privacy notice(s), please contact **us**, and **we** will provide them with **our** contact details.

**We** bind ourselves severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

**We** are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

**Our** Firm Reference Number(s) and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)

## Emergency Medical Assistance

For emergency medical assistance anywhere in the world at any time, the **plan participant** should contact **our claims handler**. Their team will help with medical problems, locating nearest medical facilities, as well as keeping them in touch with their family in an emergency.

Provided medical treatment, or costs, charges or expenses have been pre-authorised by **our claims handler** they will pay all associated costs incurred by the **plan participant** for the following and provide the following benefits:

### We will

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on the **plan participants** behalf and guarantee and pay for any pre-authorised and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging **emergency medical evacuations** or **repatriation** and the best method of transportation to be adopted.
- Make arrangements to return the **plan participant** to travel home to their **home country** and where necessary ensure the **plan participants** are escorted by a medical attendant and provided with reasonable assistance.
- Make arrangements for the outward and return journeys for the next of kin or another nominated person to visit the **plan participant** if they are ill or Injured.
- Assist in locating and sending **medically necessary** drugs if not available locally.
- Provide advice on minor ailments.

### Prior approval of hospitalization costs

In the event of the **plan participant** requiring **hospitalization**, they must where reasonably possible obtain prior approval from **our claims handler**. If the **plan participant** does not comply with this pre-authorisation requirement, **we** will only pay fifty percent (50%) of eligible medical expenses up to a maximum penalty of USD 1,000. The penalty amount is not applied towards any deductible.

### Arrangement of emergency medical evacuations and repatriations

**Our claims handler** will have sole responsibility for the arrangement of all Emergency Medical Evacuations, and Repatriations.

Failure to arrange Emergency Medical Evacuations and Repatriations through **our claim's handler** will mean **we** will be unable to pay in costs or expenses the **plan participant** incurs.

For Emergency Medical Assistance or Prior Approval of Hospitalisation costs or Arrangement of Emergency Medical Evacuations and Repatriations please contact **our claims handler** On Call International

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

In order to obtain Prior Approval of Hospitalisation costs or arrange Emergency Medical Evacuation or Repatriation through **our claims handler** the **plan participant** must provide them with all the authorisation to access or obtain all their necessary medical records, notes and correspondence referring to the subject of a claim or a related **pre-existing medical condition**.

Failure to provide such authorisation may mean **our claims handler** is unable to provide such Authorisation or arrange for Emergency Medical Evacuations or Repatriation.

## Standby MD Assistance

**Our claims handlers** provide a worldwide on-demand directional care program for outpatient services.

Standby MD provides a 24/7/365 personalised care with services ranging from:

- Tele-consolutions for eligible cases
- House call visits
- In-network clinics
- In-network hospitals

Teleconsultations and house calls where available are directly billed to **us** but in rare cases the **plan participant** may be asked to pay by some clinics and hospitals in which cases they will be reimbursed by **our claims handler** in accordance with the "How to make a claim" under Claims Information.

**Our Standby MD** can be contacted on:

### Inside the US

Toll Free Number (for use in the USA): + 1-877-839-5585

### Outside the US

Local Number (for calls Outside the USA): + 1-305-428-2838

Email: [standbyMD@globalexcel.com](mailto:standbyMD@globalexcel.com)

Participant prior to the commencement of the proposed medical treatment. It is the Plan Participant Person's responsibility to make sure Pre-Authorization is obtained when necessary.

Pre-Authorization is required for the following services to maximize the benefits covered under the plan and to arrange for direct billing with the medical provider:

- Interfaculty Ambulance Transfer: No coverage if Pre- Authorization requirements are not met.
- Medical Evacuation: No coverage if not approved by **Us**.

Treatments and supplies listed below: Fifty percent (50%) reduction of eligible medical expenses if Pre-authorization requirements are not met. Maximum Penalty: \$1,000. The penalty amount is not applied towards the deductible.

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Insurer's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

The Plan Participant will obtain a letter of authorization, prior to the performance of those services for both Pre-Authorization requests and Network information, Customer Service representatives are available 24 hours a day, every day.

Please note: Some treatment requests may require longer than 5 days for the review process to be completed.

Medical Emergency notifications must be received within 48 hours of the Admission or procedure. In instances of Medical Emergency, the Plan Participant should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network and, the Insurer will waive the 50% reduction of eligible medical expenses for failure to pre-authorize.

Notwithstanding the requirement to Pre-Authorize:

- Pre-Authorization approval does not guarantee payment of a claim in full, as Deductibles, charges in excess of Usual, Customary and Reasonable and out of pocket charges may apply.
- Benefits payable under the Policy are still subject to Eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

## Claims Information

### How to make a claim

#### Things the plan participant must do

The **plan participant** must comply with the obligations set out below. If **we** determine that any claim the **plan participant** make under this insurance has been adversely impacted directly by the **plan participant's** failure to comply with the obligations below, **we** may refuse to pay the **plan participant's** claim or reduce the amount of any payment **we** make for the claim.

- 1 In the event of the **plan participant** sustaining an **injury** or suffering from an **illness** they should contact a **physician**.
- 2 In the event of a claim the **plan participant** must contact **our claims handler** as soon as practicable and, in any event, no later than 60 days after the event leading to a claim.
- 3 The **plan participant** must provide **our claims handler** with the necessary authorisation to access or obtain all the **plan participant's** medical records, notes and correspondence referring to the subject of a claim or a related **pre-existing medical condition**. The **claims handler** must, for the purpose of reviewing the claim, be allowed to examine them as **we** consider necessary.
- 4 The **plan participant** must provide **our claims handler** with all information **we** may reasonably require including a fully completed claim form, which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of **injury** evidence to show that this was caused as a result of an **accident**. If the information supplied is insufficient, **our claims handler** will identify the further information required. If they do not receive this information, they may reject the claim or withhold payment until the information they may reasonably require is received.
- 5 In the event of the **plan participant** requiring inpatient **hospitalisation**, the **plan participant** must where reasonably possible obtain prior approval from **our claims handler** 'If the plan participant does not comply with this pre-authorisation requirement, we will only pay fifty percent (50%) of eligible medical expenses up to a maximum penalty of USD 1,000. The penalty amount is not applied towards the deductible.
- 6 All emergency **medical evacuations** and **repatriations** of the **plan participant** must be arranged by **our claims handler**.

For claims and emergency assistance please contact **our claims handler** On Call International on:

24/7 Global Response Centre

Call collect from anywhere in the world: +1 603 328 1347

Toll Free from US or Canada: 1 888 226 9566

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**Our claims handler** will require the following details:

- The **plan participating organisation's** name.
- The **plan participant's** name and address:
- **Certificate of insurance** number.
- The **certificate of insurance** effective and **end date**.
- Date and nature of claim.
- The **plan participant's home country**.
- The **plan participant's** location.
- The **plan participant's** details (including passport/visa etc.).
- The name and phone number of the **physician** and hospital treating the **plan participant**.
- Any additional people that should be updated throughout the case.
- Any other pertinent information on the incident that may affect the **claims handler's** response.

## Fraudulent claims

- 1 If the **plan participant** makes a fraudulent claim under this insurance, **we**:
  - (a) are not liable to pay the claim; and
  - (b) may recover from the **plan participant** any sums paid by **us** to the **plan participant** in respect of the claim; and
  - (c) may by notice to the **plan participant** treat this insurance as having been terminated with effect from the time of the fraudulent act.
  
- 2 If **we** exercise **our** right under clause 1(c) above:
  - (a) **we** shall not be liable to the **plan participant** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this insurance (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
  - (b) **we** need not return any of the premiums paid.

## Definitions

Each time the words or phrases listed below are used, they will have the same meaning wherever they appear in this **plan document** unless stated otherwise. A defined word or phrase will appear in bold and each time it appears in the insurance policy, except for headings and titles. Each section of the **plan document** contains definitions which apply to that particular section and they must be read in conjunction with the following **plan document** definitions.

### **Accident/Accidental**

A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in the **plan participant's** physical **injury**.

### **Act of Terrorism**

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 organisation(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.

### **Acute Onset of a Pre-existing Medical Condition**

A sudden and unexpected occurrence of a **pre-existing medical condition** during the **coverage period** which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

### **Acute Onset of Pain (Emergency Dental)**

A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

### **AIDS**

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

### **Appropriate Authorities**

The United States Department of State, the Foreign Office of Canada, The Foreign and Commonwealth Office of the United Kingdom, or similar authority of the **plan participant's home country**.

### **ARC**

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

### **Benefits Table**

Means the table of benefits set out in the **plan participant's certificate of insurance**.

### **Bodily Injury**

**Injury** which is sustained by the **plan participant** as the result of an **accident** which solely and independently of any other cause, except surgical treatment rendered necessary by the **accident**, results in the **plan participant's** death, disablement or **injury** that incurs Medical Expenses.

### **Certificate of Insurance**

The document issued to the **plan participant** by the **participating organisation** which provides details of the **plan participant's geographical location, coverage period** and the benefits payable under this insurance.

### **Children**

Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

### **Chronic**

Means a **medical condition** that is persistent and otherwise long lasting in its effects.

**Claims Handler**

Means the company named in this **plan document** as **our claims handler** whose contact details are set out in this insurance policy.

**Close Relative**

The **plan participant's partner**, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s)-in-law sister(s), sister(s)-in-law, **dependents**, grandchildren.

**Coinsurance**

Means the percentage of **eligible expenses** for which **we** are responsible stated in the **benefit table** and/or as shown on the **certificate of insurance**.

**Complications of Pregnancy**

**Illnesses** prior to the 26th week of the **plan participant's** pregnancy 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 labour, edema, prolonged labour, 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.

**Congenital**

Means a **medical condition** that is present at or before birth.

**Continued Coverage Basis**

Means an extension of the **coverage period** for a **plan participant** by the **Participating Organisation** provided the **plan participant** plans to actively return to their activities with the **plan organization**. In the event of such extension on a **continued coverage basis** the original sums insured of the **plan document** will continue to apply to this extension subject to the appropriate additional premium being paid to **us**. All other Exceptions and Conditions of the **original coverage period** are to remain in force.

**Cosmetic Surgery**

Means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

**Coverage Period**

Means the dates of coverage period set out in the **plan participant's certificate of insurance**. The maximum date of coverage period is 12 months unless declared by the **plan participant** to **us** and accepted by **us** in writing.

**Crisis Management Company**

Means the company named in this **plan document** as **our crisis management company** whose contact details are set out in this insurance policy.

**Custodial Care**

The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist the **plan participant** in performing the activities of daily living. **Custodial care** also includes non-acute care for the comatose, semi-comatose, paralysed or mentally incompetent patients.

**Deductible/Emergency Room Deductible**

A defined currency amount, as stated in the **benefit table** that the **plan participant** must pay per claim prior to any payment by **us**.

**Dental Treatment**

The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Dependents**

The **plan participant** natural or legally adopted **children** or legal wards, foster or step-child(ren) of the **plan participant** or those of the **plan participant's partner** (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance policy.

**Documents**

Means travel tickets, passports and driving licenses held by the **plan participant** for social, domestic and/or pleasure purposes.

**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.

**Effective Date**

Means the date stated in the **certificate of insurance** when the **coverage period** starts.

**Eligibility Criteria**

The requirements needed for the **plan participant** to purchase this plan documentation which are:

- when applying for this insurance, they must be resident in their **home country**
- they must not be a permanent resident citizen or Legal Permanent Resident of the U.S.
- during the **coverage period** the **plan participant** must be on a **trip** on the activities of the **participating organisation** or taking personal vacation during the period of the **trip**.

**Eligible Expenses**

Means the **usual, reasonable and customary** charges for services or supplies which are incurred by the **plan participant** for the **medically necessary** treatment incurred during the **coverage period**.

**Eligible Person**

Means a person satisfying the **eligibility criteria**.

**Emergency**

A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the **plan participant's** life or limb in danger if medical attention is not provided within 24 hours.

**Emergency Medical Evacuation**

The cost of transportation by air and/or surface transportation if the **plan participant** suffers a **serious medical condition** which warrants immediate transportation (due to inadequate medical facilities) by **our assistance company** from the place where the **plan participant** is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

**Epidemic**

A widespread occurrence of infectious disease in a community at a particular time.

**Expiration date**

Means the date stated in the **certificate of insurance** when the **coverage period** ends.

**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 or country 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.

**Geographic Location**

The country or region stated on the **certificate of insurance** that the **plan participant** is travelling to.



### **Hazardous Activities and Sports**

Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; motorcycle/motor scooter riding or any other two or three wheeled motorized vehicle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snowmobiling; skiing (except on piste or off-piste with a guide); snowboarding (except on piste or off-piste with a guide); water skiing; spelunking; parasailing; white water rafting.

### **HIV+**

Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

### **Home Country**

The country in which the **plan participant** permanent is a resident of and hold a passport for.

### **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 Country in which it operates; and operates primarily for the reception, care and treatment of **ill** 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 organised facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a 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.

### **Hospitalised or Hospitalisation**

Means admitted to a **hospital** and receiving treatment for a **medical condition** as an **inpatient**.

### **Host Country**

Means the country the **plan participant** is residing in whilst on a **trip**.

### **Illness/ill**

A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition that first manifests itself during the **coverage period** whilst on a **trip**. For the purposes of this insurance, **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**

**Bodily injury** resulting from an **accident**.

### **Inpatient**

When the **plan participant** is an overnight resident patient of a **hospital**, using and being charged for room and board.

### **Incidental Travel Days**

A related trip up to a maximum of 72 hours taken during and/or immediately after the **coverage period** for overnight stays outside the **plan participant's home country** or the **plan participant's host country**.

**Intensive Care Unit**

A cardiac care unit or other unit or area of a **hospital** that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**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.

**Legal Permanent Resident**

Means a person who has been granted full lawful permanent residence as defined by the immigration law in the United States of America.

**Loss of Limb(s)**

Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

**Loss of Sight**

Means the permanent and total loss of sight which must be irrecoverable by natural surgical or artificial means.

**Medical Condition**

Means any disease, **illness** or **injury** (including symptoms of undiagnosed condition).

**Medically Necessary**

A service or supply which is necessary and appropriate for the diagnosis or treatment of an **illness** or **accidental bodily injury** based on generally accepted current medical practice. A service or supply will not be considered **medically necessary** if it is provided only as a convenience to the **plan participant** and/or is not appropriate for the **plan participant's** diagnosed 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**.

**Mental Health Disorder**

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.

**Outpatient**

When the **plan participant** receives **medically necessary** treatment by a **physician** for **accidental bodily injury** or **illness** that does not require overnight stay in a **hospital**.

**Palliative Dental**

The emergency dental treatment for the relief of pain or discomfort.

**Pandemic**

A disease which is prevalent throughout a country or region and is declared as a **pandemic** by the World Health Organisation.

**Participating Organisation**

The organisation that organises the **trip** on the **plan participant's** behalf and pays the premium.

**Partner**

The **plan participant's** spouse or civil partner living at the same address as the **plan participant's** for the last 12 months and sharing financial living expenses and where applicable is also responsible for the **plan participants' dependents**.

**Permanent Total Disablement**

Disablement that has lasted for at least twelve months and which in the opinion of a **physician** is beyond hope of recovery and shall in all probability continue for the remainder of the **plan participant's** life and result in the **plan participant's** inability to perform or give attention to gainful occupation of any and every kind.

**Physician**

Means someone who is lawfully licensed to practice in the place where medical services are performed but this does not include the **plan participant** or a relative of the **plan participant**.

**Physiotherapy**

Means treatment by a **physician**, who is affiliated with a physical therapy practice, of **illness** or **injury** by physical method such as heat treatment, diathermy, ultra-sonic therapy or manipulation or massage.

**Plan Document**

Means this document and the **benefit table**, **certificate of insurance** and any endorsement(s) that will attach during the **coverage period**.

**Plan Participant**

Means the person who meets the eligibility requirement, is on a **trip** organised by the **participating organisation** and whose name appears on the **certificate of insurance**.

**Pre-existing Medical Condition**

Means an **Injury** or **illness** or other condition during the 36-month period immediately prior to the date the **plan participant's** coverage is effective for which the **plan participant** 1) received or received a recommendation for a test, examination, or Medical Treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine.

**Pregnancy**

Routine pre-natal care, child birth, and postnatal care false labour, edema, prolonged labour, prescribed rest during the period of **pregnancy**, morning sickness and conditions of comparable severity associated with the management of a difficult **pregnancy**, and not constituting a medically distinct condition, and all charges related to **pregnancy** other than for conditions constituting a medically distinct **complication of pregnancy** and only prior to the 26th week of **pregnancy** or abortions, except in connection with covered **complications of pregnancy**.

**Proof of Claim**

A completed and signed Claimant's Statement and Authorisation Form provided by **our claims handler**, together with any/all required attachments, original itemised bills from treating **physicians**, **hospitals** and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the **plan participant**, and any other documentation that is deemed necessary by **us**.

**Public Health Emergency of International Concern (PHEIC)**

A formal declaration by the World Health Organisation (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, Epidemic, Pandemic and potentially requires a coordinated international response.

**Registered Nurse**

A 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.

**Repatriation**

The **plan participant** transportation by air and/or surface transportation with a **registered nurse** in attendance to the **plan participant's home county** to obtain further medical treatment or to recover or both.

**Repatriation of Remains**

The ground or air transportation of the **plan participant's** bodily remains or ashes to the **plan participant's home country** including the costs of preparation of the remains necessary for transportation.

**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.

**Serious Medical Condition**

An **emergency medical condition** that in the opinion of **our claim's handler physician** requires immediate emergency medical treatment to avoid the **plan participant's** certain death or serious impairment to the **plan participant's** health and such emergency medical treatment is not available or is not adequate in the **plan participant's host country** to avoid death or serious impairment of health.

**Sporting or Athletic Activity**

A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games.

**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.

**Trip**

Means a scheduled trip undertaken outside the **plan participant's home country** organised by the **participating organisation** for which they have paid the premium.

**Us, We or Our**

Dale Underwriting Partners

**Usual, Reasonable and Customary or URC**

In relation to a charge, 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 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.

## General Exceptions

**We** will not pay any expenses resulting indirectly or directly from:

- 1 Any losses that are not directly covered by the terms and conditions of this **plan document**.
- 2 The **plan participants** failure to comply with the condition and provisions of the **plan document**.
- 3 Any **trip** undertaken after a **Public Health Emergency of International Concern, Epidemic, Pandemic or Natural Disaster** has been issued. This exclusion does not apply to COVID 19/ SARS -Co-V-2 or mutation of variance thereof.
- 4 Expenses incurred in the **plan participant's home country** unless incurred under the Continuing Medical Treatment in **home country** benefit.
- 5 **Expenses** for treatment incurred after the **expiration date** of the **plan document** or the **end date** of the **coverage period** on the **certificate of insurance** or the **plan participant** ceases to meet the **eligibility criteria**.
- 6 The **plan participant's** claim occurring from them committing or attempting to commit an assault, or felony or being engaged in any illegal occupation.
- 7 The **plan participant's** claim arising as a result of or in connection with intentionally self-inflicted **injury or illness**, suicide or attempted suicide.
- 8 The **plan participant's** claim arising from their intoxication, or use of illegal drugs, narcotic agents or substance abuse, other than drugs taken in accordance with treatment prescribed and directed by a **physician** but not for the treatment of drug, narcotic agents or substance abuse.
- 9 The **plan participant** claim sustained by reason of a motor vehicle or motorcycle accident.
  - a) to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits,
  - b) if the **plan participant** was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred,
  - c) if the **plan participant** was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or
  - d) if the **plan participant** was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
- 10 The **plan participant** traveling to a country against the advice of the **plan participant's appropriate authorities** unless this has been accepted by **us** and the appropriate additional premium has been paid by the **plan participant**.
- 11 The **plan participant's** claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military other than for Medical Expenses and Hospitalisation, Emergency Medical Evacuation or Repatriation, Repatriation of Remains, Emergency Reunion Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement or Security and Natural Disaster Evocation where the **plan participant** had no active involvement in such events.
- 12 The **plan participant** entering the service of any military, naval, air service, security or police force, national guard or reserve forces of any country. When they enter such service and **we** will return any un-earned portion of the premium paid.
- 13 The use of nuclear, chemical or biological weapons, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties or any nuclear assembly or nuclear component of such assembly.
- 14 The **plan participant's** claim sustained in practice for or participation in any intramural, intercollegiate, professional, or semiprofessional sporting, athletic, competition or contest or the **plan participant's** participation in any **Sporting or Athletic Activity, Hazardous activity**.
- 15 The **plan participant's** claim occurring out of them flying other than as a passenger in a licensed passenger carrying aircraft or charter company or any rotary wing aircraft.
- 16 The **plan participant's** claims once they have attained the age of 65

- 17 Injuries recoverable under any Workmen's compensation, Employers liability laws or similar occupational benefits or in any occupation for monetary gain from sources other than the **participating organisation**.

## What is Covered

### Medical Expenses and Hospitalisation

**We** will pay up to the amount stated in the **benefits table** if the **plan participant** sustains an **injury** or suffers from an **illness** which first manifests itself during the **coverage period** whilst on a **trip** which, results in the **plan participant** being charged by a **hospital** for **eligible expenses** services and relate to services and supplies that are **medically necessary** for:

- 1 A semi-private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a **hospital** for medical reasons.
- 2 **Surgery** at an **outpatient** surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are **medically necessary** and administered by or under the supervision of a **physician**.
- 3 Charges made by a **physician** for professional services, including **surgery** and reconstructive **surgery** when it is directly related to **surgery** which is covered hereunder.
- 4 Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
- 5 Prescription 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, for a maximum supply of 90 days per prescription.
- 6 Care in a licensed **extended care facility** upon direct transfer from an acute care **hospital**.
- 7 **Home nursing care** provided 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 hospitalisation**.
- 8 Emergency local ambulance transport necessarily incurred in connection with the **plan participant's injury** or **illness**.
- 9 **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.

### Additional Benefits (only applicable if shown in the benefit table)

#### Emergency Room Deductible (Co-pay Amounts)

There is an **emergency room deductible** of USD 350 co-pay for an emergency room for **injury** or **illness** if the **plan participant** is not admitted for treatment.

#### Acute Onset of a Pre-existing Medical Condition Exceptions

If a **pre-existing medical condition** is not covered under this **plan document** and during the **plan coverage period** whilst on a **trip** the **plan participant** suffers a sudden and unexpected occurrence of a **pre-existing medical condition** which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain, **we** will pay up to the amount shown in the **benefit table**.

**Acute onset of a pre-existing medical condition** will not be covered if the **plan participant** is travelling against the advice of their **physician**, suffering from a **medical condition** for which the **plan participant** is on an **inpatient** waiting list for, or for the purposes of obtaining medical treatment.

A **pre-existing medical condition** that is **chronic** or **congenital** or gradually becomes worse over time shall not be considered a sudden and unexpected occurrence.

#### Continuing Medical Treatment in Home Country

In the event the **plan participant** incurs **eligible expenses** whilst on a **trip** to their **host country** **we** will pay up to the amount stated in the **benefits table** for them to continue the treatment when they return to their **home country**.

If the plan participant holds dual citizenship for the host country and incurs eligible expenses:

- a) If the plan participant is eligible to any state or private medical care this is considered primary and the plan participant must seek treatment under these arrangements. The policy will only respond if the state or private medical care is inadequate.
- b) If in the opinion of On Call International the plan participant can be repatriated, the Right of Repatriation is at the sole discretion of On Call International as detailed in the General Conditions

### **Emergency Dental Treatment**

In the event the **plan participant** requires **palliative dental** treatment during the **coverage period** whilst on a **trip** we will pay up to the amounts stated in the **table of benefits**.

### **Home Country Injury and Illness Benefit**

In the event of the **plan participant** is on an **incidental trip** in their **home country** during the **coverage period** and sustains an **injury** we will pay up to the amount stated in the **benefits table** for the treatment and diagnoses of that **injury**.

### **Mental Health Disorder Treatment**

If the **plan participant** is **hospitalised** as an **inpatient** or receives **outpatient** treatment up to one visit per day, during the **coverage period** whilst on a **trip** as a result of a **mental health disorder**, we will pay for the **eligible expenses** incurred up to the amount shown in the **benefit table**.

### **Accidental Death Loss of Sight, Loss of Limbs or Permanent Total Disablement**

If as a result of an **accident** during the **trip** the **plan participant** suffers **accidental bodily injury** which results in their accidental death, **loss of sight**, **loss of limb(s)** or **permanent total disablement** we will pay them, or in the case of their accidental death their executors or administrators, the amount stated in the **benefit table**.

### **Payment of Benefit**

We will not pay a claim for more than one of the accidental death, **loss of sight**, **loss of limb(s)** or **permanent total disablement** benefits arising in conjunction with the same accident.

### **Disappearance**

If the **plan participant** has been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that their death has been caused by **accidental bodily injury**, they will be presumed to have died and the amount stated in the **benefit table** will be paid to their executors or administrators. However, they will repay any benefit if they are subsequently found to have been alive or are found alive.

### **Aggregate Limit accidental death, loss of sight, loss of limb(s) or permanent total disablement**

If the total amount of benefits to be paid for accidental death, **loss of sight**, **loss of limb(s)** or **permanent total disablement** under this **plan document** is more than the Aggregate Limit shown in the **table of benefits**, the benefit amount payable for the **plan participant's** loss will be determined as a proportionate share of the Aggregate Limit for all the **plan participants**.

### **Catastrophe Cover**

In the event that the **plan participant** is forced during their **trip** to move from their pre-booked accommodation as a result of any event caused by natural phenomenon including fire, earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption, local government directive or as a result of a **pandemic** declared by the World Health Organisation, which is confirmed in writing by local or national authority we will pay up to the amount stated in the **benefits table** for the irrecoverable accommodation costs necessarily incurred for the **plan participant** to continue with their **trip**.

We will not pay any expense arising directly or indirectly from:

- (a) Any costs incurred following the **plan participant's** decision not to remain in their booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
- (b) Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

### **Terrorist Disruption Benefit**

In the event of the **plan participant** having to delay their planned outward journey to their **host country** or their return journey to their **home country** due to an **act of terrorism** which closes

either their departure or arrival point, **we** will pay up to the amount stated in the **benefits table** for the additional cost they incur, that are not recoverable from any other source, for them to make alternative arrangements to reach their planned **trip** destination.



### **Trip Delay Benefit**

In the event of the **plan participant** having to delay their outward **trip** from their **home country** to their **host country** as a result of their or their **partner, close relative or dependent's** death, **injury** or serious **illness** we will pay up to the amount stated in the **benefits table** for the additional cost they incur that are not recoverable from any other source for them to make alternative arrangements to reach their planned **trip** destination in the **host country**.

### **Trip Interruption Benefit**

In the event of death of the **plan participant's partner, close relative or dependents** in their **home country** or the destruction of the **plan participant's** principal residence by fire or storm during their **trip** we will pay up to the amount stated in the **benefits table** for an economy return ticket back to their **home country**, subject to **our claims handler** organising and paying for such ticket.

For the purpose of **Trip Interruption Benefits**, **serious illness** of the **plan participant's partner, close relative or dependents** must require their hospitalisation for more than 5 days and deemed to be life threatening by their treating physician.

### **Emergency Medical Evacuation or Repatriation**

**Our claims handler** will arrange and pay for the **emergency medical evacuation or repatriation** of the **plan participant** up to the amount stated in the **benefits table**.

All **emergency medical evacuations and repatriations** must be arranged and approved by **our claims handler**.

### **Additional Repatriation Benefits**

#### **Emergency Reunion Benefit**

We will pay up to the amount stated in the **benefits table** if as a result of a medical emergency the **plan participant** is hospitalised.

- 1 The cost of an economy round-trip air or ground transportation ticket for one of the **plan participants' close relatives** to visit the them if they are or are to be hospitalised for more than 5 days.
- 2 Reasonable expenses for lodging and meals for that **close relative** to remain whilst the **plan participant** is hospitalised, for a period not to exceed 15 days.
- 3 The cost of any additional hotel charges the **plan participant** may incur following discharge but during any convalescence period with the **close relative** prior to the **plan participant's** return to their **home country**, for a period not exceeding 30 days.

#### **Repatriation of Remains or Burial Benefits**

Following the **plan participant's** death and with the agreement of the **plan participant's** executors or administrators we will pay up to the amount stated in the **benefits table** for the **repatriation** of the **plan participant's** remains following their death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing the **plan participant's** remains for cremation or burial and a burial plot in the **host country** where the **plan participant's** death occurred.

#### **Return of Children Benefit**

In the event of the **plan participant's dependant(s)** being left unattended in the **host country** as the result of the **plan participant's medical evacuation or repatriation** we will pay up to the amount stated in the **benefits table** for the airfare to send them back to the **plan participant's home country**. We will also arrange and pay for the services and transport of a qualified escort to accompany them back to their **home country**.

## Exceptions applicable to Medical Expenses and Hospitalisation Expenses and Emergency Medical Evacuation and Repatriation

The following exceptions apply to this section. Please also refer to the General Exceptions on page 19 of this **plan document**.

**We** will not be liable for any claims resulting from or (if applicable) attributable to:

- 1 Expenses incurred in the **plan participant's home country**.
- 2 Expenses for treatment incurred after the **expiration date** of the **plan document** or the **end date** of the **coverage period** on the **certificate of insurance** or the **plan participant** ceases to meet the **eligibility criteria**.
- 3 Expenses incurred for Emergency Medical Evacuation or Repatriation of a **plan participant** following COVID 19/SARS -Co-V-2 or mutation of variance if they did not receive a positive PCR test and have been hospitalised for treatment.
- 4 The **plan participant's pre-existing medical condition**, or complication thereof, unless specified under the Acute Onset of a Pre-existing condition benefit on the **certificate of insurance** ;
- 5 The **plan participant** travelling against the advice of their **physician**, suffering from a medical condition for which the **plan participant** is on an **inpatient** waiting list for the purposes of obtaining medical treatment or after receiving a terminal prognosis.
- 6 Any charges that does not have the prior approval of **our claims handler**.
- 7 The **plan participants complications of pregnancy, pregnancy** or childbirth.
- 8 Treatment for or related to any **congenital** condition.
- 9 Treatment for or related to **mental health and Nervous disorders** as defined herein.
- 10 **Surgeries**, treatment, services or supplies which are for **experimental or research purposes**, weight modification or **surgical** treatment of obesity, including wiring of teeth and all forms of intestinal bypass, or
- 11 **Surgical** modification of the physical body in order to improve the **plan participant's** psychological, mental or emotional wellbeing such as sex change **surgery**.
- 12 Cosmetic, plastic, reconstructive, or restorative surgery unless such are Eligible expenses incurred for repair of a disfigurement caused from:
  - a) A Covered Injury;
  - b) a birth defect of an insured Eligible Dependent born while the mother was insured under this Policy; or
  - c) a mastectomy (refer to the Post-Mastectomy Coverage provision);
- 13 Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
- 14 Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy;
- 15 Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any.
- 16 **Plan Participant** being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction
- 17 **Elective or cosmetic surgery and elective treatment** or treatment of **congenital**

anomalies except for reconstructive surgery following **injury**.

- 18 Birth control devices and surgical procedures, or any drug or treatment that promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, tubal ligation, vasectomy, sterilization or reversal thereof;
- 19 Hospice Care: Palliative and supportive services to terminally ill **Plan Participant's** and their families;
- 20 Over-the-Counter and Non-Prescription Drugs: Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following:
  - a) Tobacco dependency
  - b) Weight reduction or appetite suppressant,
  - c) Cosmetic drugs, even if ordered for non-cosmetic purposes
  - d) Acne and rosacea drugs (including hormones and Retin-A), except for cystic and pustular acne, Vitamins, supplements, or herbs.
- 21 Personal Comfort and Convenience Items: Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take-home supplies
- 22 Podiatric Care: Routine foot care, orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
- 23 Search and Rescue: Any expenses relating to search and rescue operations to find a **Plan Participant** in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
- 24 Sexual Dysfunction: Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions;
- 25 Sleep Studies: Sleep studies and other treatments relating to sleep apnea;
- 26 Smoking Cessation: Treatments whether or not recommended by a Physician
- 27 Weight Related Treatment: Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded.
- 28 Eyeglasses, contact lenses hearing aids, hearing implants, eye refraction, visual therapy and any examination or fitting related to these devices and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness farsightedness or astigmatism
- 29 Expenses for immunizations and **routine physical examination**.
- 30 Charges Reimbursable by Another Entity: Services, supplies, or treatment that are provided by or payment is available from: a.) Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; b). Another insurance company or government; c ) A government entity due to an epidemic or public emergency.
- 31 Treatment for **HIV+**, **AIDS** or **ARC** and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

## General Conditions

Each section of this **plan document** contains specific conditions. They must be read in conjunction with the following **plan document** conditions which apply to all sections unless otherwise stated.

Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time. **We** cannot rely on the breach of such term to exclude, limit or discharge their liability if the **plan participant** shows that their failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

### Benefit payments

All benefits will be paid directly to the **plan participant** unless **our claims handler** has guaranteed the **plan participant** expenses or charges and has made payment on **our** behalf. In the event of the **plan participant's** death any benefits payable will be made to the **plan participant** executors or administrators. In the event of the **plan participant** not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of the **plan participant's home country**.

### Currency

The monetary limits and premiums stated in the **plan document** and any **certificate of insurance** issued hereunder are in USD.

### Contribution

If at the time of an event giving rise to a claim there is any other insurance policy, reciprocal health arrangement or governmental health or workmen's compensation scheme in force in the **plan participant's** name which covers the **plan participant** for the same expense, loss or liability **we** will only pay **our** share of the claim determined by reference to the cover provided by each of the relevant policies.

### The Contracts Rights of Third Parties

Only **we** and the **plan participant** can enforce the terms of this insurance. No other party may benefit from this contract as of right.

### Measures outside our control

**We** and **our claims handler** will use **our** best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are

not within **our** or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts outside **our** control. **We** and **our claims handler** shall not be liable for any delays that are not within **our** or their direct and immediate control.

### Medical Advice

The **plan participant's** cannot undertake a **trip** from the **plan participant's home country** either against the advice of the **plan participant's physician** or after the **plan participant** has received a terminal prognosis or if the **plan participant** is travelling purely for the purpose of medical treatment. If the **plan participant** chooses to do so all **our** liability under this **plan document** shall cease.

### Reasonable Precautions

The **plan participant** must take all reasonable precautions to avoid accident, injury or illness and the **plan participant** must comply with all legal requirements and safety regulations and conduct themselves in a lawful manner. If in relation to any claim the **plan participant** has failed to fulfil any of these conditions, the **plan participants** will lose the **plan participant's** right to indemnity or payment for that claim.

### Recovery from third parties

In the event that a third party is held liable for all or part of any claim paid under this **plan document** **we** may exercise **our** legal right to pursue the third party to recover **our** outlay. The **plan participant** will upon **our** request agree to and permit **us** to do such acts and things as may

be necessary or reasonably required for the purpose of exercising this right. **We** will pay the costs and expenses involved in exercising the right against third parties.

### **Residency**

The **plan participant** must be resident in their **home country** or within 14 days of arrival in the **host country** when applying for this **plan document**. The **plan participant** cannot be a Legal Permanent Resident of the **host country**. Cover under this **plan document** will cease immediately once the **plan participant** becomes a Legal Permanent Resident or citizen of the **host country**.

### **Right of Recovery**

If any benefit paid to the **plan participant** or on the **plan participant's** behalf under this **plan document** is in excess of the amount allowed in the **benefit table**, or if a payment is made to the **plan participant** due to clerical or administrative error, then **we** reserve the right to recover such payment from the **plan participant** or any institution, insurer or other organisation or party to whom such payment has been made.

### **Right of Repatriation**

In the event of the **plan participant** requiring any medical treatment or **hospital** or medical services, **we** may at **our** sole discretion arrange the **plan participant's repatriation** to the **plan participant's home country** either before or after the **plan participant** receives medical treatment or **hospital**

or medical services, if in the opinion of **our claims handler** and the **plan participant's** treating **physician**, the **plan participant** is medically fit to travel and it is safe for the **plan participant** to do so. If the **plan participant** refuses to return when declared medically fit to do so **we** will not pay for any continuing medical treatment or **hospital** or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

### **Subrogation**

Under the law applicable to this insurance policy, **we** have the legal right to stand in the **plan participant's** shoes in the event that the **plan participant** makes a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. **We** will be entitled to pursue **our** rights of Subrogation in the **plan participant's** name and in doing so the **plan participant** will give **us** reasonable information, documentation, co-operation and assistance to allow **us** to do so. The **plan participant** agrees not to make any payment, admit liability, offer or promise to make any payment without written consent from **us**.