



# Certificate of Insurance

High School Students (In US)

Plan

CETUSA High School

Inbound 2026

CETN-HSA26

## CERTIFICATE DECLARATION

### Name and address of Participating Organization

Educatus Group, AB  
50 Congress Street #730  
Boston, MA 02109

### Name and address of Plan Administrator

Point Comfort Group  
306 Prospect Street  
Indianapolis, IN 46225  
Tel: 317-210-2010  
Email: [service@pointcomfort.com](mailto:service@pointcomfort.com)

### Name and address of Assured:

International Travel Care Trust  
c/o International Management Services, Ltd.  
Solely in its capacity as trustee of International Travel Care Trust at Harbour Centre, PO Box 61  
Georgetown, Grand Cayman, KY 11102  
Cayman Islands

### Insured Persons: Eligible members of the Participating Organization

Note: Words and terms that are bold have the meanings set forth in PART XII - DEFINITIONS.

Note: Any communication, including notices required hereunder, between the **Plan Administrator** or Underwriters and the **Insured Person** shall be transmitted electronically (email or fax) unless otherwise required by either party. Communications from the **Plan Administrator** or Underwriters to the **Insured Person** shall be transmitted to the **Insured Person's** last known email address on file with the **Plan Administrator**.

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

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### Certificate Preamble

This Certificate is a summary of the Master Policy. You should carefully review this Certificate and contact Point Comfort at the address indicated above if you have any questions or concerns. In the event of any conflict between this Certificate and the Master Policy, the Master Policy shall prevail. You may obtain a copy of the Master Policy by contacting the **Plan Administrator** at the address above.

## PART I - MASTER POLICY PERIOD, RENEWAL AND TERMINATION

- A. **Master Policy Period:** The **Master Policy Period** is the period of time beginning on the Effective Date and ending on the Termination Date indicated on the **Master Policy Declaration** attached hereto.
- B. **Renewal:** This Master Policy may be renewed for subsequent periods, subject to agreement of Underwriters and the **Assured**.
- C. **Termination:** This Master Policy may be terminated by either the **Assured**, or Underwriters by giving not less than thirty (30) days advance written notice to the other party. In the event this Master Policy is terminated at any time, or is not renewed at any anniversary, coverage with respect to **Participating Organizations** attaching prior to termination shall remain in full force and effect until their natural expirations, which shall not be longer than eighteen (18) months following the date termination or non-renewal of this Master Policy takes effect, subject always to payment of premium in accordance with the terms contained herein.

## PART II – ELIGIBLE PARTICIPATING ORGANIZATION(S)

To become a **Participating Organization** under this Master Policy, the organization must meet all of the following requirements:

- A. Be legally organized and engaged in international volunteer, cultural, educational or similar activities.
- B. Apply for and be accepted as a **Participating Organization** of the **Assured**.
- C. Make insurance under this Master Policy available to all of its employees/members/sponsored volunteers/other affiliated participants who meet the Eligibility Requirements set forth in PART III - COVERAGE PROVISIONS.
- D. Provide complete enrollment details (specified by the **Plan Administrator**) for each participant enrolled or to be enrolled for coverage to the **Plan Administrator** on or prior to the **Certificate Effective Date** applicable to each **Insured Person**.
- E. Provide all **Insured Persons** with a **Certificate**, as provided by Underwriters.
- F. Remit all premium due for all **Insured Persons**, on or before the **Due Dates** specified and calculated based on the rates indicated in Exhibit A attached to the **Participating Organization** Membership Application and Agreement.

## PART III - COVERAGE PROVISIONS

- A. **Eligibility Requirements** – In order to be eligible for coverage under this Master Policy a person must meet all of the following requirements:

1. Be an employee, member, sponsored volunteer or other affiliated participant of the **Participating Organization** attaching to and designated in the **Master Policy Declaration**.
  2. Be at least fourteen (14) days old and not yet seventy (70) years of age for **Insured Persons** covered under any non-High School plan, and be at least twelve (12) years of age and not yet twenty (20) years of age for **Insured Persons** covered under any High School plan.
  3. Complete, sign and submit an application as the **Insured Person** (or be listed thereon by proxy).
  4. Pay the required premium on or before the **Certificate Effective Date** and any subsequent premium **Due Date**.
  5. Receive written acceptance of their application.
  6. As of the **Certificate Effective Date**, have legally departed their **Home Country**.
  7. Must not have established a permanent residency in the **Host Country**.
  8. If an **Insured Person** does not in reality meet the Eligibility Requirements set forth in this provision, all coverage under the Master Policy is void ab initio and all premiums paid will be refunded.
- B. **Certificate Period** - The **Certificate Period** is the period of time beginning on the **Certificate Effective Date** and ending on the **Certificate Termination Date**.
- C. **Certificate Effective Date** - Coverage under this insurance begins on the latest of the following (provided always that premium is paid):
1. 12:01 AM Eastern Standard Time on the date indicated on the **Certificate** issued to the **Insured Person**; or
  2. the moment the **Insured Person** departs from his or her **Home Country**.
- D. **Certificate Termination Date** – Coverage under this insurance ends on the earlier of the following:
1. the **Certificate Termination Date** indicated on the **Certificate**; or
  2. the moment the **Insured Person** returns to his/her **Home Country** unless:
    - a. the **Insured Person** has returned to his/her **Home Country** for a visit of fourteen (14) days or less, all of which occur during the **Insured Person's Certificate Period**; and
    - b. the **Insured Person** subsequently returns to the **Host Country** for continued participation in a covered program during his/her **Certificate Period**.
    - c. Claims incurred in the **Insured Person's Home Country** are not covered hereunder.
    - d. Coverage resumes the moment the **Insured Person** has returned to his/her **Host Country** during his/her **Certificate Period**; or
  2. 11:59 pm Eastern Standard Time on the last day for which premium is fully paid; or
  3. 11:59 pm Eastern Standard Time on the date the **Participating Organization** first fails to meet the requirements set forth in PART II – ELIGIBLE PARTICIPATING ORGANIZATIONS; or
  4. 12:01 am Eastern Standard Time on the date the **Insured Person** first fails to meet Eligibility Requirements set forth in section A. of this provision; or

5. 11:59 Local Standard Time (location of **Insured Person**) on the 14th day **the Insured Person** is in his/her **Home Country** and has not departed for return to the **Host Country**; or
6. the date specified by Underwriters in accordance with any of the following provisions of this Master Policy:
  - a. PART I – MASTER POLICY PERIOD, RENEWAL AND TERMINATION, C. Termination.
  - b. PART VI – ELIGIBLE TRANSPORTATION EXPENSES, G. Medical Repatriation
  - c. PART XI – GENERAL CONDITIONS AND CONDITIONS PRECEDENT, A. Premium, #3
  - d. PART XI – GENERAL CONDITIONS AND CONDITIONS PRECEDENT, P. Right of Recovery, Q. Duty of Fair Presentation or R. Fraudulent Claims.

## PART IV - SCHEDULE OF BENEFITS AND LIMITS

| ELIGIBLE EXPENSES<br>(Pre-certification required for certain services. See <b>Certificate</b> for further details.)                                                                                                                       |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Maximum Benefit per <b>Injury</b> or <b>Illness</b>                                                                                                                                                                                       | \$2,000,000                                                                                     |
| <b>Deductible</b> per <b>Injury</b> or <b>Illness</b>                                                                                                                                                                                     | \$0                                                                                             |
| Co-pays<br>(Co-pays do not apply toward satisfaction of <b>Deductible</b> )                                                                                                                                                               |                                                                                                 |
| <b>Virtual Medicine Consultation</b>                                                                                                                                                                                                      | \$10                                                                                            |
| <b>Virtual Mental Health Counseling</b> (ages $\geq 18$ )                                                                                                                                                                                 | \$10                                                                                            |
| <b>Outpatient</b> Prescription Drugs                                                                                                                                                                                                      | \$10                                                                                            |
| <b>Emergency Room</b>                                                                                                                                                                                                                     | \$350 (waived if admitted for treatment of <b>Illness</b> or <b>Injury</b> )                    |
| Professional Services<br>(subject to <b>Deductible</b> , <b>Medical Necessity</b> , and <b>Usual, Reasonable and Customary</b> charges)                                                                                                   |                                                                                                 |
| <b>Physician</b> Office Visit, <b>Urgent Care Clinic</b> or <b>Walk-in Clinic</b>                                                                                                                                                         | 100%                                                                                            |
| <b>Physician Hospital</b> Visits/Services                                                                                                                                                                                                 | 100%                                                                                            |
| <b>Surgeon</b> /Anesthesiologist/Anesthesia                                                                                                                                                                                               | 100%                                                                                            |
| Assistant <b>Surgeon</b>                                                                                                                                                                                                                  | Limit 20% of covered primary <b>Surgeon</b> fees                                                |
| Physical Therapy / Chiropractic Care                                                                                                                                                                                                      | Limit \$2,500 (Pre-certification, <b>Physician</b> order, and approved treatment plan required) |
| All other <b>Inpatient</b> and <b>Outpatient</b> Services including Mental Health and Dental<br>(Subject to <b>Deductible</b> , <b>Medical Necessity</b> , and <b>Usual, Reasonable and Customary</b> charges unless otherwise indicated) |                                                                                                 |
| <b>Outpatient</b> Facility                                                                                                                                                                                                                | 100%                                                                                            |
| <b>Hospital</b> Room and Board, including nursing, miscellaneous and <b>Ancillary Services</b>                                                                                                                                            | 100% (subject to average semi-private room rate)                                                |
| <b>Intensive Care Unit</b>                                                                                                                                                                                                                | 100%                                                                                            |
| Operating room, treatment room and/or recovery room                                                                                                                                                                                       | 100%                                                                                            |

|                                                                                                                                                                              |                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Outpatient Laboratory</b>                                                                                                                                                 | 100%                                                                      |
| <b>Outpatient Radiology/x-rays</b>                                                                                                                                           | 100%                                                                      |
| <b>Durable Medical Equipment</b>                                                                                                                                             | 100% (includes standard wheelchair and standard <b>Hospital</b> bed only) |
| Reconstructive <b>Surgery</b> if incidental to or following a covered <b>Surgery</b>                                                                                         | 100%                                                                      |
| Pre-admission Testing                                                                                                                                                        | 100%                                                                      |
| Treatment of an <b>Emergency Illness or Injury</b> in an <b>Emergency Room</b>                                                                                               | 100%                                                                      |
| <b>Extended Care Facility</b>                                                                                                                                                | 100%                                                                      |
| <b>Home Nursing Care</b>                                                                                                                                                     | 100%                                                                      |
| <b>Mental Health</b>                                                                                                                                                         |                                                                           |
| <b>Outpatient</b> (including prescription drugs)                                                                                                                             | Plan pays 80% of covered expenses subject to a limit of \$5,000           |
| <b>Inpatient</b>                                                                                                                                                             | Plan pays 80% of covered expenses subject to a limit of \$25,000          |
| <b>Dental Treatment</b>                                                                                                                                                      |                                                                           |
| <b>Acute Onset of Dental Pain</b> – Palliative care                                                                                                                          | \$200                                                                     |
| Covered <b>Accident</b> involving associated face, skull, neck or jaw <b>Injury</b>                                                                                          | 100%                                                                      |
| <b>Other Benefits and Features</b>                                                                                                                                           |                                                                           |
| <b>Pre-existing Conditions</b>                                                                                                                                               | Not covered                                                               |
| <b>Acute Onset of Pre-existing Conditions</b>                                                                                                                                | \$5,000                                                                   |
| <b>Contact</b> and Non-contact <b>Sanctioned High School Sports</b>                                                                                                          | 100%                                                                      |
| <b>Contact</b> and non- <b>Contact Amateur Athletics</b>                                                                                                                     | 100%                                                                      |
| <b>Combat Sports</b>                                                                                                                                                         | Not covered except as <b>Sanctioned High School Sport</b>                 |
| <b>Professional Athletics</b>                                                                                                                                                | Not covered                                                               |
| <b>Extreme Sports</b>                                                                                                                                                        | Not covered                                                               |
| <b>Adventure Sports</b>                                                                                                                                                      | Not covered                                                               |
| Non-contact leisure and <b>Recreational Sports</b>                                                                                                                           | 100%                                                                      |
| <b>ELIGIBLE TRANSPORTATION EXPENSES</b><br>(Subject to <b>Deductible, Medical Necessity</b> , and <b>Usual, Reasonable and Customary</b> charges unless otherwise indicated) |                                                                           |
| <b>Local Ambulance</b>                                                                                                                                                       | 100%                                                                      |
| <b>Interfacility Ambulance Transfer</b>                                                                                                                                      | 100%                                                                      |
| Emergency Medical Evacuation                                                                                                                                                 | Limit \$250,000                                                           |
| Repatriation of Mortal Remains                                                                                                                                               | \$100,000                                                                 |
| Local Burial/Cremation                                                                                                                                                       | \$5,000 in lieu of Repatriation of Mortal Remains                         |
| Emergency Reunion                                                                                                                                                            | Limit \$2,500                                                             |

|                                                   |                                                  |                                               |
|---------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| Trip Interruption                                 | Limit \$5,000                                    |                                               |
| Medical Repatriation                              | Limit \$50,000                                   |                                               |
| Personal Property                                 |                                                  |                                               |
| Lost Checked Luggage                              | \$50 any one item, subject to a maximum of \$500 |                                               |
| Additional Benefits                               |                                                  |                                               |
| Accidental Death                                  | Age                                              | Principal Sum                                 |
|                                                   | 14 days through 17                               | \$7,500                                       |
|                                                   | Age 18 through 50                                | \$15,000                                      |
|                                                   | Age 51 through 69                                | Not covered                                   |
| Accidental Dismemberment                          | Loss of 1 limb or eye                            | 50% of <b>Accidental Death</b> Principal Sum  |
|                                                   | Loss of more than 1 limb or eye                  | 100% of <b>Accidental Death</b> Principal Sum |
| Accidental Death and Dismemberment Family Maximum | \$100,000                                        |                                               |
| Personal Liability                                | \$50,000                                         |                                               |

## PART V – ELIGIBLE MEDICAL EXPENSES

- A. Subject to the **Deductible, Co-pays, Coinsurance** and limits set forth in PART IV – SCHEDULE OF BENEFITS AND LIMITS, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following expenses incurred by an **Insured Person**:
1. Charges made by a **Hospital** for:
    - a. daily room and board and nursing services not to exceed the **Hospital's** average semi-private room rate; a private room will be covered when no semi-private room is available or if **Medically Necessary** subject to the average semi-private room rate.
    - b. **Hospital Ancillary Services**
    - c. daily room and board and nursing services in an **Intensive Care Unit**;
    - d. use of operating, treatment and/or recovery rooms;
    - e. services and supplies which are routinely provided by the **Hospital** to persons for use while **Inpatient**, with the exception of personal services and supplies of a non-medical nature; and
    - f. treatment of an **Injury** and/or **Illness** which requires **Emergency** treatment in an **Emergency Room (Emergency Room Co-pay** may apply if indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS).
  2. **Surgery** at an **Outpatient** surgical facility, including services and supplies.
  3. **Virtual Medicine Consultations** through a telemedicine protocol system approved by the **Plan Administrator**; subject to a **Co-Pay** as specified in PART IV, SCHEDULE OF BENEFITS AND LIMITS. The **Co-Pay** does not apply toward satisfaction of the **Insured Person's Deductible**.

4. Charges made by a **Physician** for professional services, including **Surgery**. Charges for an assistant surgeon are covered up to a maximum of 20% of the covered charge of the primary surgeon. Standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
5. Dressings, sutures, casts or other supplies which are administered by or under the supervision of a **Physician**, but excluding nebulizers, oxygen tanks, diabetic supplies and other supplies for use, application and/or for repeat use at home, except **Durable Medical Equipment**.
6. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included). Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services.
7. Basic functional artificial limbs, eyes, larynx or breast prosthesis, but not the replacement or repair thereof.
8. Reconstructive **Surgery** when the reconstructive **Surgery** is directly related to a covered **Surgery**.
9. Hemodialysis for the treatment of acute renal failure only, and charges by the **Hospital** for processing and administration of blood or blood components, but not the cost of the actual blood or blood components.
10. Oxygen and other gasses and their administration by or under the supervision of a **Physician**.
11. Anesthetics and their administration by a **Physician**.
12. Drugs which require prescription by a **Physician** for treatment of a covered **Injury** or **Illness** but excluding: drugs prescribed for the treatment of diabetes, oral contraceptives and costs for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of thirty (30) days per prescription. Brand name drugs are covered only in the event a suitable generic drug is not available.
13. Care in a licensed **Extended Care Facility** upon direct transfer from an acute care **Hospital**.
14. **Home Nursing Care** in bed by a qualified licensed professional, provided by a **Home Health Care Agency** upon direct transfer from an acute care **Hospital** and only in lieu of **Medically Necessary Inpatient Hospitalization**.
15. Professional services provided by a **Physician** in office, **Urgent Care Center** or **Walk-in Clinic**.
16. Treatment of an **Injury** to the foot due to a covered **Accident**.
17. Treatment of an **Illness** for which foot **Surgery** is **Medically Necessary** and determined to be the only appropriate method of treatment.
18. **Dental Treatment** necessary to restore sound, natural teeth lost or damaged in a covered **Accident** involving associated face, skull, neck, and/or jaw **Injury**, if indicated in PART

IV, SCHEDULE OF BENEFITS AND LIMITS. Loss or damage to sound natural teeth while eating or biting into hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies, are not covered.

19. **Dental Treatment** necessary to resolve **Acute Onset of Dental Pain** in sound, natural teeth, incurred within twenty-four (24) hours of the **Acute Onset of Dental Pain** if indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS.
20. Rental of **Durable Medical Equipment** (consisting of a standard basic **Hospital** bed and or a standard basic wheelchair) up to the purchase price.
21. Physical therapy by a licensed physiotherapist necessarily incurred to continue recovery from a covered **Injury** or **Illness**, and subject to the maximum amounts specified in PART IV, SCHEDULE OF BENEFITS AND LIMITS. Such physical therapy must be prescribed by a **Physician** who is not affiliated with the physiotherapy practice performing the physical therapy
22. Chiropractic care provided by a licensed chiropractor necessarily incurred to continue recovery from a covered **Injury** or **Illness**, and subject to the maximum amounts specified in PART IV, SCHEDULE OF BENEFITS AND LIMITS. Such chiropractic care must be prescribed by a **Physician** who is not affiliated with the chiropractic practice or individual performing the chiropractic care.
23. Charges for Value Added Tax (VAT) or like tax on **Eligible Medical Expenses**.
24. **Eligible Medical Expenses** for treatment of **Injury** resulting from participation in **Sanctioned High School Sports** and **Amateur Athletics** if indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS.
25. **Eligible Medical Expenses** for treatment of an **Injury** resulting from participating in non-contact and/or **Recreational Sports**.
26. Professional services provided by a Doctor of Psychology (Ph.D.), or a Doctor of Psychiatry (Psy.D) for **Outpatient** treatment of a covered **Mental Health Disorder** if indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS.
27. **Virtual Mental Health Counseling** through a telemedicine protocol system approved by the **Plan Administrator**; subject to a **Co-Pay** as specified in the PART IV, SCHEDULE OF BENEFITS AND LIMITS, for treatment of a covered **Mental Health Disorder**. The **Co-Pay** does not apply toward satisfaction of the **Insured Person's Deductible**.
28. For treatment of a **Mental Health Disorder** as an **Inpatient** in a Mental Health Facility if indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS.

**B. Acute Onset of Pre-existing Condition(s)** (if coverage indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS)

Subject to the **Deductible**, **Co-Pays**, **Coinsurance** and limits set forth in the Schedule of Benefits and Limits, Underwriters will provide coverage of **Eligible Medical Expenses** and **Emergency Medical Evacuation** expenses only, that are attributable to and relate directly to an **Acute Onset of Pre-existing Condition** subject always to the following:

1. Essential and necessary treatment must be obtained immediately, no more than twenty-four (24) hours from the sudden and unexpected outbreak or recurrence of the **Pre-Existing Condition**.
2. Coverage for treatment in the US is provided only for non-US citizens and/or **Residents**
3. The **Insured Person** must not be traveling against or in disregard of the recommendations, established treatment plans or medical advice of a **Physician** or other **Medical Provider**.
4. The **Insured Person** must not be traveling with the intent or purpose of seeking or obtaining treatment for the **Pre-Existing Condition**.
5. The **Insured Person** must not be traveling during a period of time when they are preparing or waiting for, involved in, or undertaking a new, changed or modified treatment program with respect to the **Pre-Existing Condition** and is not traveling subsequent to any such new, changed or modified treatment plan having been advised or recommended.
6. The **Pre-Existing Condition** must have been stabilized for at least thirty (30) days prior to the **Insured Person's Certificate Effective Date**, with no change in treatment or medication.
7. The **Pre-Existing Condition** must not be a **Chronic** or congenital condition or one that gradually becomes worse over time.
8. **Emergency Medical Evacuation** must meet all of the requirements set forth in PART VI, ELIGIBLE TRANSPORTATION EXPENSES.
9. Coverage of the **Acute Onset of Pre-Existing Condition** ends on the earliest of:
  - a. The date the condition is no longer considered acute; or
  - b. If **Hospitalized**, Ninety-six (96) hours beginning at the time the **Insured Person** enters the **Hospital** (including time spent in **Emergency Room** if applicable); or
  - c. Ninety-six (96) hours beginning at the time the **Insured Person** qualifies for **Emergency Medical Evacuation**; or
  - d. The date and time the **Insured Person** is discharged from the **Hospital**.

C. Other Coverage

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

insurance shall be primary to any applicable Homeowners insurance for the first \$1,000 of a covered loss.

D. Pre-certification

Pre-certification is a general determination of **Medical Necessity** only, and all such determinations are made by Underwriters (acting through the **Plan Administrator**) in reliance and based upon the completeness and accuracy of the information provided by the **Insured Person** and/or their **Relatives**, guardian and/or medical service and/or supply providers at the time of Pre-certification. Underwriters reserve the right to challenge, dispute and/or revoke a prior determination of **Medical Necessity** based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, verification of coverage, verification of benefits, or a guarantee of payment. The fact that services or supplies are Pre-certified does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. Underwriters' consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the terms, conditions, provisions and exclusions of this insurance. Any consideration or determination of a Pre-certification request shall not be deemed or considered as Underwriters approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of treatment. Neither Underwriters nor the **Plan Administrator** (nor anyone acting on their respective behalves) has any authority or obligation to select **Physicians, Hospitals** or other **Medical Providers** for the **Insured Person**, or to make any diagnosis or medical treatment decisions on behalf of the **Insured Person** and all such decisions must be made solely and exclusively by the **Insured Person** and/or his/her **Family** members or guardians, treating **Physicians** and **Medical Providers**. If the **Insured Person** and their **Physician(s)** and **Medical Providers** comply with the Pre-certification Requirements contained in this provision, and the treatment or supplies are Pre-certified as **Medically Necessary**, Underwriters will reimburse the **Insured Person** for **Eligible Medical Expenses** up to the amount shown in this Master Policy.

1. Pre-certification Requirements

- a. While the **Medical Provider** may assist with Pre-certification, it is the sole responsibility of the **Insured Person** to assure that all Pre-certification Requirements are met.
- b. The following medical expenses must always be Pre-certified before admission or receiving services and/or supplies:
  - i. **Inpatient care**
  - ii. **Any Surgery or Surgical Procedure**
  - iii. **Care in an Extended Care Facility**
  - iv. **Home Nursing Care**
  - v. **Durable Medical Equipment**
  - vi. **Computerized Tomography (CAT Scan)**
  - vii. **Magnetic Resonance Imaging (MRI)**
  - viii. **Ultrasound**
  - ix. **Positron emission tomography (PET)**
  - x. **Chemotherapy/Radiation Therapy**
  - xi. **Interfacility Ambulance Transfer**
  - xii. **Inpatient treatment of Mental Health Disorders**

**xiii. Specialty Medications**

**xiv. Physical Therapy**

**2. Compliance**

To comply with the Pre-certification Requirements, the **Insured Person** must:

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

**3. Non-compliance**

If the **Insured Person** and/or their **Medical Providers** do not comply with the Pre-certification Requirements or the expenses are not Pre-certified, **Eligible Medical Expenses** will be reduced by 50%; and the **Deductible** and/or **Co-pay** and/or **Coinsurance** if applicable, will be subtracted from the remaining amount.

**4. Emergency Pre-certification**

In the event of an **Emergency**, Pre-certification must be made within forty-eight (48) hours after the **Insured Person** is admitted to a **Hospital** or first receives **Emergency** care, or as soon as is reasonably possible but no later than one week thereafter.

5. For **Inpatient** stays of any kind, Underwriters will Pre-certify a limited number of days of confinement. Additional days of **Inpatient** confinement may later be Pre-certified based on **Physician** recommendations and **Medical Necessity**
6. The **Insured Person** shall have thirty (30) days from the date a Pre-certification is made, to appeal the Pre-certification decision. Such appeal must be made in writing through the **Plan Administrator**. The **Insured Person** may submit any additional documentation or new information to support their appeal. Underwriters may reconsider their decision based on review of the additional documentation or new information, if any. Underwriters will advise the **Insured Person** of their decision within a reasonable time frame following receipt of written appeal from the **Insured Person**.

**E. US Preferred Medical Provider Network**

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

F. Freedom of Choice

Nothing contained in this insurance restricts or interferes with the **Insured Person's** right to select the **Hospital, Physician** or other **Medical Provider** of their choice. Nothing contained in this insurance restricts or interferes with the relationship between the **Insured Person** and the **Hospital, Physician** or other **Medical Providers** with respect to treatment of any condition, or the right of any **Insured Person** to receive, at their own expense, services and/or supplies that are not covered under this insurance.

G. Patient Advocacy

Neither Underwriters nor the **Plan Administrator** shall have any right, obligation or authority of any kind to ultimately select **Physicians, Hospitals, Medical Providers** or other providers of services and/or supplies for the **Insured Person**, or to make any medical treatment decisions for or on behalf of the **Insured Person**, and all such decisions shall be made solely and exclusively by the **Insured Person** and/or their guardians, **Relatives, Physicians** and other **Medical Providers**. Subject to the foregoing, Underwriters may determine that a particular claim or diagnosis occurring under this insurance may be placed under the Patient Advocacy program to ensure that **Medically Necessary** services and supplies are provided in the most cost-effective manner. In the event Underwriters determine that a claim or diagnosis meets the Patient Advocacy program guidelines, they will notify the **Insured Person**, and a Patient Advocate will be assigned to the **Insured Person**. Thereafter, the Patient Advocate may make recommendations of alternative treatment settings and/or procedures and/or supplies, that may be more cost-effective for the Underwriters and/or the **Insured Person**. Such recommendations will be made with input from the **Insured Person** and/or the **Insured Person's** guardian(s), **Relative(s), Physician(s)** and/or other **Medical Providers** and will be made only when it can be reasonably demonstrated that the **Medically Necessary** services and supplies can be provided in a more cost-effective manner to Underwriters and/or the **Insured Person**. Underwriters will use best efforts to evaluate and recommend alternative treatment settings and/or procedures and/or supplies, which can reasonably be expected to result in the same or better care of the **Insured Person**. The **Insured Person** is under no obligation to accept or follow any of the Patient Advocate's recommendations. However, if the **Insured Person** accepts and follows any of the Patient Advocate's recommendations, the **Insured Person** agrees to hold Underwriters, the **Plan Administrator**, and their agents and representatives, including without limitation the Patient Advocate, harmless, and Underwriters shall not be held liable or otherwise responsible for any treatment, service or supply provided to the **Insured Person** except for the payment of claims eligible for coverage under this insurance. After the **Insured Person** has been notified that the claim or diagnosis meets the Patient Advocacy program guidelines, Underwriters reserve the right, at their option and sole discretion without liability to:

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

## PART VI - ELIGIBLE TRANSPORTATION EXPENSES

Subject to the **Deductible**, and limits set forth PART IV, SCHEDULE OF BENEFITS AND LIMITS, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following transportation expenses incurred by an **Insured Person**:

### A. Local Ambulance

1. Transportation and accompanying treatment provided by licensed, qualified, professional emergency personnel, from the location of a covered **Accident** resulting in **Injury** requiring **Emergency** care for the **Insured Person**, to a local **Hospital** or other appropriate health care facility; and
2. transportation and accompanying treatment provided by licensed, qualified, professional emergency personnel, from the location of a covered **Emergency Illness** requiring **Emergency** care for the **Insured Person**, to a local **Hospital** or other appropriate health care facility.
3. If indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS, coverage under #2 of this provision will only be provided if the **Insured Person** is admitted to a **Hospital** or other health care facility as an **Inpatient** for further treatment of the **Illness**.
4. **Interfacility Ambulance Transfer.**
5. Transportation and accompanying treatment provided by licensed, qualified, professional personnel from the **Hospital** where the **Insured Person** is confined as an **Inpatient** for treatment of a covered **Illness** or **Injury**, to another **Hospital** or appropriate health care facility via land or ground ambulance, provided such transfer is **Medically Necessary**.

### B. Emergency Medical Evacuation

1. **Emergency** air transportation to a suitable airport nearest to the nearest **Hospital** which is qualified to provide the **Medically Necessary** treatment to prevent the **Insured Person's** loss of life or limb; and
2. **Emergency** ground transportation necessarily preceding **Emergency** air transportation, and from the destination airport to the **Hospital** where the **Insured Person** will receive treatment; and
3. the cost of an economy one-way commercial air and/or ground transportation ticket for the **Insured Person** from the area where the **Insured Person** was **Hospitalized** following an Emergency Medical Evacuation, to the area where the **Insured Person** was initially evacuated from, or to the terminal serving the area of the **Insured Person's Principal Residence**. The value of the **Insured Person's** unused return ticket shall be deducted from the amount paid by Underwriters if the **Insured Person** is evacuated to the area of his/her **Principal Residence**.
4. Conditions and Restrictions  
Underwriters will provide **Emergency Medical Evacuation** benefits only when all of the following conditions are met:
  - a. the **Illness** or **Injury** giving rise to the Emergency Medical Evacuation is covered under this insurance, is a **Pre-existing Condition** or is the result of attempted suicide
  - b. **Medically Necessary** treatment, services and supplies cannot be provided locally.

- c. Transportation by any other method would result in loss of **Insured Person's** life or limb within twenty-four (24) hours, based upon reasonable medical certainty.
- d. Emergency Medical Evacuation is recommended by the attending **Physician** who certifies to (b) and (c) above.
- e. Emergency Medical Evacuation is agreed upon by the **Insured Person** or a **Relative** of the **Insured Person**.
- f. The condition giving rise to the Emergency Medical Evacuation occurred outside the **Insured Person's Home Country**.
- g. The condition giving rise to the Emergency Medical Evacuation arose unexpectedly, spontaneously and without advance warning, or advance treatment, diagnosis or recommendation for treatment by a **Physician**, or prior manifestation in the form of symptoms which would have caused a reasonably prudent person to seek medical attention prior to the onset of the **Emergency**.
- h. The Emergency Medical Evacuation must be arranged and coordinated by the Underwriters (acting through the **Plan Administrator**).
- i. By acceptance of the **Certificate** and request for Emergency Medical Evacuation benefits hereunder, the **Insured Person** understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of an Emergency Medical Evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the **Plan Administrator**, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The **Insured Person** agrees to release and to hold Underwriters, the **Plan Administrator** and their authorized agents and representatives harmless from, and agrees that the Underwriters, the **Plan Administrator** and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, further **Injuries** or **Illnesses**, or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the **Plan Administrator** and/or their authorized agents and representatives.
- j. The **Insured Person** further agrees that upon seeking an Emergency Medical Evacuation, he or she will cooperate fully as required under PART XI, N. Claims Cooperation contained herein. Failure to so cooperate and/or failure to use or accept Emergency Medical Evacuation once it has been arranged by the Underwriters or the **Plan Administrator** will require the **Insured Person** to reimburse the Underwriters for costs incurred for any Emergency Medical Evacuation that was arranged for, but not used by, the **Insured Person**.

#### C. Emergency Reunion

1. The cost of a round-trip economy commercial air or ground transportation ticket for one **Relative** or friend of the **Insured Person** for transportation to the terminal serving the area where the **Insured Person** is **Hospitalized** or is to be **Hospitalized** following a covered Emergency Medical Evacuation; and
2. reasonable expenses for lodging and meals for the **Relative** or friend, which are incurred in the area where the **Insured Person** is **Hospitalized** for a period not to exceed fifteen (15) days, including travel days.
3. Conditions and Restrictions:  
Underwriters will provide Emergency Reunion benefits only when all of the following conditions are met:
  - a. The Emergency Reunion must take place after or during the course of a covered Emergency Medical Evacuation, or during the course of the **Insured Person's Hospitalization** in an **Intensive Care Unit** expected to last more than three (3) days.
  - b. The **Insured Person** must be so seriously ill that the attending **Physician** deems it necessary and recommends the presence of a **Relative** or friend at the destination of the Emergency Medical Evacuation.
  - c. All Emergency Reunion travel, transportation and accommodation arrangements must be approved in advance by Underwriters (acting through the **Plan Administrator**).
  - d. The **Insured Person, Relative** or friend must submit to the **Plan Administrator** legible and verifiable copies of all paid receipts for the travel, transportation and accommodation costs and expenses for which reimbursement is sought.

**D. Repatriation of Mortal Remains or Local Burial or Local Cremation**

1. Air or ground transportation of bodily remains or ashes of the deceased **Insured Person** to the airport or ground transportation terminal nearest to the **Principal Residence** of the deceased **Insured Person**; and
2. reasonable costs of preparation of the bodily remains necessary for transportation; or
3. reasonable costs of preparation of the bodily remains necessary for local burial or cremation at the place of death, in accordance with the commonly accepted cultural and religious beliefs practiced by the **Insured Person**, but excluding costs for religious practitioners, flowers, music, food or beverages.
4. Conditions and Restrictions:  
Underwriters will provide Repatriation of Mortal Remains or Local Burial or Cremation benefits only when all of the following conditions are met:
  - a. The death of the **Insured Person** must occur as a result of an **Injury** or **Illness** that is covered under this insurance, a **Pre-existing Condition** or the **Insured Person's** suicide.
  - b. The death of the **Insured Person** must occur outside the **Insured Person's Home Country**, and during the **Certificate Period**.
  - c. All Repatriation of Remains or Local Burial or Cremation expenses must be approved in advance by Underwriters (acting through the **Plan Administrator**).
  - d. By acceptance of the **Certificate** and request for Repatriation of Remains benefits hereunder, the **Insured Person**, and all heirs and representatives of the **Insured Person's** estate, understands, acknowledges and agrees that the timeliness, duration and occurrences during, and outcome of a Repatriation of Remains can be directly and indirectly affected by events and/or circumstances which are not within the

supervision or control of Underwriters including, without limitation, the availability of trained personnel and equipment necessary for preparation of bodily remains, availability of competent transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The **Insured Person**, and all heirs and representatives of the **Insured Person's** estate, agrees to release and to hold Underwriters, the **Plan Administrator** and their authorized agents and representatives harmless from, and agrees that the Underwriters, the **Plan Administrator** and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the **Plan Administrator** and/or their authorized agents and representatives.

E. Trip Interruption

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

F. Medical Repatriation

1. The cost of one-way commercial air or ground transportation for the **Insured Person**, for transportation to the terminal where nearest to his/her **Principal Residence** (Note: if a higher-class ticket is **Medically Necessary**, Underwriters will consider the additional expense, subject to the Patient Advocacy provision contained herein); and
2. Services and supplies necessitated by the **Insured Person's** medical condition and recommended by the **Insured Person's** attending **Physician** for use during the **Insured Person's** transportation.
3. Conditions and Restrictions:  
Underwriters will provide Medical Repatriation only when all of the following conditions are met:

- a. Ongoing medical care must be needed by the **Insured Person**, and confirmed by the **Insured Person's** attending **Physician**; and
- b. Medical Repatriation must be recommended by and agreed by Underwriters, and
- c. The **Insured Person's** attending **Physician** must confirm the **Insured Person** is fit for travel; and
- d. Underwriters must notify the **Insured Person**, in writing, of the Medical Repatriation recommendation at least seven (7) days in advance of the Medical Repatriation.
- e. In the event the **Insured Person** declines Medical Repatriation, all coverage hereunder shall terminate as of the date the Medical Repatriation would have taken place.

G. Other Coverage

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

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| <b>PART VII – PERSONAL PROPERTY</b> |
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If coverage is indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following benefits incurred by an **Insured Person**:

A. Lost Checked Luggage

- 1. Underwriters will reimburse the **Insured Person** for the cost of contents of Lost Checked Luggage when such luggage was permanently lost in transit by a **Common Carrier**.
- 2. Conditions and Restrictions – Underwriters will provide Lost Checked Luggage benefits only when all of the following conditions are met:
  - a. The **Insured Person** must submit a copy of the **Common Carrier's** claim form and such other documentation as Underwriters may reasonably require as proof that the **Insured Person's** luggage was permanently lost.
  - b. The **Common Carrier** must first reimburse the **Insured Person** the full amount that it is legally required to pay for Lost Checked Luggage, and proof of such reimbursement must be provided to the **Plan Administrator** by the **Insured Person**.

- c. Lost Checked Luggage reimbursements under this insurance will be provided only if and to the extent the amount of the **Insured Person's** loss suffered as a result of the Lost Checked Luggage exceeds the reimbursement by the **Common Carrier**.

## PART VIII - LUMP SUM BENEFITS

Subject to the Limits set forth in PART IV, SCHEDULE OF BENEFITS AND LIMITS, and subject to all other terms, clauses, conditions, provisions and exclusions contained herein, Underwriters will pay the following benefits incurred by an **Insured Person**:

### A. Accidental Death

Underwriters will pay the **Accidental Death** Principal Sum indicated in PART IV, SCHEDULE OF BENEFITS AND LIMITS, to the **Insured Person's Beneficiary**.

#### 1. Conditions and Restrictions

Underwriters will provide the **Accidental Death** Principal Sum only when all of the following conditions are met:

- a. The death of the **Insured Person** must result from an **Accident** which occurs during the **Certificate Period**.
- b. The death of the **Insured Person** must occur within sixty (60) days of the **Accident**.
- c. The **Injury** giving rise to the **Accidental Death** must be evidenced by a visible contusion or wound, except in the case of **Accidental** drowning.
- d. The **Accidental Death** must result directly and independently of all other causes, from an **Accidental Injury** which is unintended, unexpected and unforeseen, and the **Injury** must be the sole cause of death.

### B. Accidental Dismemberment

Underwriters will pay the **Accidental Dismemberment** Principal Sum indicated in PART IV - SCHEDULE OF BENEFITS AND LIMITS to the **Insured Person**.

#### 1. Conditions and Restrictions

Underwriters will provide the **Accidental Dismemberment** Principal Sum only when all of the following conditions are met:

- a. The **Accidental Dismemberment** of the **Insured Person** must result from an **Accident** which occurs during the **Certificate Period**.
- b. The **Accidental Dismemberment** of the **Insured Person** must occur within sixty (60) days of the **Accident**.
- c. The **Accidental Dismemberment** must result, directly and independently of all other causes, from an **Injury** which is unintended, unexpected and unforeseen, and the **Injury** must be the sole cause of the **Accidental Dismemberment**.
- d. The loss of a hand or foot must be complete severance from the body at or above the wrist or ankle joint. The loss an eye or eyes means the entire and irrecoverable loss of sight.

## PART IX - PERSONAL LIABILITY

Subject to the limits set forth in PART IV – SCHEDULE OF BENEFITS AND LIMITS, and subject to all other terms, clauses, conditions, provisions and exclusions contained in the Master Policy, Underwriters will pay or reimburse the **Insured Person** for:

- A. Eligible court-entered judgements or settlements approved by Underwriters; and
- B. reasonable legal fees; and
- C. reasonable out of pocket expenses incurred by the **Insured Person** with respect to the determination and/or settlement of such legal liability.
  - 1. Conditions and Restrictions  
Underwriters will provide Personal Liability coverage only when all of the following conditions are met:
    - a. All court-entered judgements or settlements, legal fees and out of pocket expenses must result from or in connection with the Personal Liability of the **Insured Person** incurred for acts, omissions and other occurrences covered under this insurance for losses or damages solely, directly and proximately caused by the negligent acts or omissions of the **Insured Person** during the **Certificate Period** that result in the following:
    - b. **Injury** to a **Third Person** occurring during the **Certificate Period**; and/or
    - c. damage or loss to a **Third Person**'s personal property during the **Certificate Period**; and/or
    - d. damage or loss to a **Related Third Person**'s personal property during the **Certificate Period**.
    - e. The **Insured Person** must notify Underwriters within five (5) days of any act, omission or occurrence that may create or impose any Personal Liability upon the **Insured Person** and also within five (5) days of the initiation or receipt of service of any actual or threatened lawsuit, notice of claim, or proceeding filed or threatened to be filed against the **Insured Person** with respect to the same. In addition, such notification(s) to Underwriters shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage, and a description of the nature and approximate amount of any damages suffered by any **Third Person** or **Related Third Person**. In addition, immediately upon receipt thereof the **Insured Person** shall provide to Underwriters copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other document or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon the **Insured Person** or his/her counsel. Any failure to so notify or provide papers or documents to Underwriters in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims or coverages otherwise provided by this insurance.
    - f. Underwriters shall have the absolute right and authority without further consent or approval of the **Insured Person** to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action or other proceeding in which the **Insured Person** is involved and for which Underwriters may have exposure for coverage or benefits under this insurance, and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with

- respect to all issues, controversies and other proceedings or hearings of any kind. With respect to any Personal Liability of the **Insured Person** for which they are or may be jointly or jointly and severally liable with other **Third Persons** or **Related Third Persons**, Underwriters shall be fully subrogated to all rights of contribution, indemnity, recoupment and recovery of proportional shares from other joint tortfeasors whose negligence contributed in whole or in part to the subject **Injury** or loss and who are or may also be liable to the **Insured Person** or the injured/damaged person.
- g. As a condition precedent to any liability or obligation of Underwriters to provide coverages or benefits for Personal Liability under this insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgement, waiver, release, indemnity, hold harmless or other concession of any kind shall be given, made, committed, allowed, granted or agreed to by or on behalf of the **Insured Person** to any **Third Person** or **Related Third Person** without the prior express written approval and consent of Underwriters, and any failure to comply with this condition precedent shall void, waive and forfeit all benefits and coverages for legal assistance, or coverage for Personal Liability under this insurance.
  - h. Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage or loss under this insurance for, and no coverage or benefits shall be eligible or available under this insurance with respect to, any legal fees, legal costs or expenses, advancements of bail, or for any personal **Injury** or property damage claims, liability awards or judgements in the event there exists any other insurance fund, membership benefits, workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage or loss, except in respect of any excess beyond the amount payable or provided under such Primary Coverage had this insurance not been effected. Further, Underwriters shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for **Injury**, loss or damage to the extent coverage for same is furnished or provided by any program, or agency funded or controlled by any government or government authority. This provision may be waived by Underwriters with respect to payments or advancements made in accordance with section j. herein.
  - i. No **Third Person** or **Related Third Person** is intended to have, shall be deemed or construed to have or shall have any rights or interest as a "third-party beneficiary" under this insurance, and any allegation or assertion of any such status, or any direct claim or other attempt to legally enforce alleged rights by such **Third Person** or **Related Third Person** against Underwriters, the **Plan Administrator**, or the **Participating Organization** based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any **Insured Person**, **Third Person** or **Related Third Person** or the situs of any alleged personal **Injury**, property damage or other loss, no transfer or assignment of any of the **Participating Organization's** rights, benefits or interests under this insurance, and no transfer or assignment of any **Insured**

**Person's** rights, benefits or interests under this insurance as a **Beneficiary** thereof, shall be valid, binding on or enforceable against Underwriters (or the **Plan Administrator**) unless first expressly agreed and consented to in writing by Underwriters, which agreement and/or consent may be refused and/or withheld for any or no reason at the sole discretion of Underwriters. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this section shall be void ab initio and without effect against Underwriters (and the **Plan Administrator**) and any assertion or claim of same shall be subject to summary dismissal, and Underwriters (and the **Plan Administrator**) shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto.

- j. Underwriters will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$5,000 to for the benefit of the **Insured Person** to settle and compromise an asserted claim against the **Insured Person** arising from personal **Injury** or property damage so long as:
  - i. The asserted claim is one that may be eligible for coverage under this insurance and is not expressly excluded; and
  - ii. A lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto; and
  - iii. the **Insured Person** obtains a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to Underwriters in their sole discretion; and
  - iv. A full **Proof of Claim**, medical bills, **Accident** form and such other documentation and/or proof of loss is provided to Underwriters in form and substance satisfactory to Underwriters; and
  - v. the **Insured Person** first pays the **Deductible**, as stated in PART IV, SCHEDULE OF BENEFITS AND LIMITS, for such **Injury** or loss.

## PART X – EXCLUSIONS

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

### A. War and Terrorism

- 1. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, traceable to or arising in connection with the following:
  - a. The **Insured Person's** active and voluntary planning or coordination of or participation in any **Act of Terrorism**.
  - b. Any **Act of Terrorism** that takes place in a location, post, area, territory or country for which a **Travel Warning** or **Emergency Travel Advisory** was issued or in effect within the six (6) months prior to the **Insured Person's** date of arrival in said location, post, area, territory or country.
  - c. Any **Act of Terrorism** that takes place in a location, post, area, territory or country for which a **Travel Warning** or **Emergency Travel Advisory** becomes effective or

is in effect on or after the **Insured Person's** date of arrival in said location, post, area, territory or country, and the **Insured Person** fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.

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

B. **Pre-existing Condition(s)** - resulting from or relating, directly or indirectly, to any Pre-existing Condition(s), except as expressly provided for in the Acute Onset of Pre-existing Condition provision of this insurance (if indicated in PART IV - SCHEDULE OF BENEFITS AND LIMITS), and for benefits set forth in PART VI - ELIGIBLE TRANSPORTATION EXPENSES, B. Emergency Medical Evacuation and D. Repatriation of Mortal Remains or Local Burial or Local Cremation.

C. **General Exclusions**

1. If notice of claim is not presented to the **Plan Administrator** within ninety (90) days of the date the claim is incurred, or shorter period if required by the **Medical Provider's** affiliation with the Preferred Provider Network.
2. If **Proof of Claim** is not provided to the **Plan Administrator** within one hundred eighty (180) days of the date the claim is incurred.
3. Claims of any nature that would expose the Underwriter and/or the **Plan Administrator** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or **United States**.

4. Incurred more than sixty (60) days following the date of onset of **Illness** or date of **Injury**, unless covered services are incurred for treatment of the **Illness** or **Injury** within sixty (60) days following the date of onset of **Illness** or date of **Injury**.
5. Incurred prior to the **Certificate Effective Date** or after the **Certificate Termination Date**, unless expressly provided for under the provisions of this insurance.
6. For treatment of any **Illness** or **Injury** when the purpose of traveling to the **Host Country** was to obtain treatment.
7. For any services performed or supplies provided by a **Relative** of the **Insured Person** or any person who ordinarily resides with the **Insured Person**.
8. For services or supplies provided at no cost to the **Insured Person** and/or for which the **Insured Person** is not otherwise liable.
9. Charges for expenses for which advance approval from Underwriters was not obtained by the **Insured Person** in accordance with the provisions of this insurance.
10. For services not arranged by the **Plan Administrator** when required by the provisions of this insurance.
11. **Injury** and/or **Illness** sustained while under the influence of, or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs, other than drugs prescribed by a **Physician** and taken in accordance with the **Physician's** instructions
12. For treatment of an **Illness** or **Injury** for which payment is made or available through a workers' compensation law or similar law.
13. Charges which exceed the **Usual, Reasonable and Customary** charge for the service or supply provided.
14. For exposure to any non-medical nuclear or atomic radiation and/or radioactive material(s).

**D. Diagnosis-oriented Exclusions**

1. Related in any way to birth defects, hereditary conditions and **Congenital Disorder(s)**, including any conditions arising out of or resulting therefrom.
2. Related in any way to **Chronic Condition(s)**
3. For any service, supply, drug, treatment or procedure, that either diagnoses, promotes or prevents conception, insemination or birth, including without limitation, artificial insemination, contraceptives, treatment for infertility or impotency, vasectomy or reversal of vasectomy, sterilization or reversal of sterilization, surrogacy or abortion.
4. For any service, supply, drug, treatment or procedure that either diagnoses, promotes, enhances or corrects or attempts to diagnose, promote, enhance or correct impotency or sexual dysfunction.
5. Resulting from or relating, directly or indirectly, to pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of **Newborns**, complications of pregnancy, miscarriage, complications of delivery and/or complications and/or routine care related to **Newborns**.
6. For orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia, bone spurs, hammer toes or bunions, corns, calluses or toenails, and diagnosis, treatment or supplies related to the foot, unless expressly provided for herein.
7. For diagnosis and/or treatment of **Mental Health Disorders** except as specified in PART IV, SCHEDULE OF BENEFITS AND LIMITS.

8. For **Accidental Death** and/or **Accidental Dismemberment** resulting from or relating, directly or indirectly, or where there is a contribution from any of the following: (a) bodily or mental infirmity, **Illness** or disease; or (b) infection, other than infection occurring simultaneously with and as a direct result of the **Accidental Injury**.
9. For weight modification or any **Inpatient, Outpatient, Surgical Procedure** or other treatment of obesity (including without limitation, morbid obesity), including without limitation, prescription drugs, diagnostic tests and procedures, wiring of the teeth, all forms or procedures of bariatric **Surgery**, by whatever name called, or reversal thereof, including without limitation, intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch or stomach reduction or stapling.
10. For modifications of the physical body in order to change or improve or attempt to change or improve the psychological, mental or emotional well-being of the **Insured Person**, including without limitation, sex-change **Surgery** and **Surgery** relating to sexual performance or enhancement thereof
11. For eyeglasses, contact lenses, hearing aids or hearing implants and for any diagnostic test or procedure, treatment, service or supply, or examination or fitting related to these devices or for eye refraction for any reason.
12. For orthoptics, visual eye training and eye **Surgery**, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
13. For diagnosis and/or treatment of the temporomandibular joint, including without limitation, TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic **Surgery**, Le-Fort **Surgery** or splint.
14. For diagnosis and/or treatment of venereal disease, including all **Sexually Transmitted Diseases** and conditions.
15. For **Routine Physical Exams** and treatment, including without limitation, vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to suitability for employment or travel.
16. For diagnosis and/or treatment of **Substance Abuse** or addiction or conditions that may be attributed to **Substance Abuse** or addiction and direct consequences thereof.
17. For diagnosis and/or treatment of the following: **HIV** seropositivity to the **AIDS** virus, **AIDS** related **Illnesses**, **ARC Syndrome** and/or **AIDS**.
18. For diagnostic tests and/or procedures, treatment, services or supplies that are not **Medically Necessary**, whether or not administered by or under the supervision of a **Physician**, and products that can be purchased without a **Physician's** prescription.
19. For **Surgeries**, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive **Surgery** when such **Surgery** is **Medically Necessary** and directly related to and/or follows **Surgery** which was covered hereunder, and including without limitation treatment of acne, rosacea, eczema, psoriasis, fungal, bacterial or viral infection, moles, warts, skin tags, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
20. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
21. **Elective Treatment** and **Elective Surgical Procedures** and related diagnostic testing and procedures.

E. Provider-oriented Exclusions

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

F. Geographic Exclusions

1. Sustained and/or incurred in a location, post, area, territory or country for which a **US** Department of State Level 4 (Do Not Travel) warning was issued or was in effect within the thirty (30) days prior to the **Insured Person's** arrival in said location, post, area, territory or country.

2. Sustained and/or incurred in a location, post, area, territory or country for which a US Department of State Level 4 (Do Not Travel) warning becomes effective or is in effect on or after the **Insured Person's** arrival to said location, post, area, territory or country, and the **Insured Person** fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in said location, post area, territory or country.
3. Notwithstanding items 1. and 2. above, Underwriters may at their sole discretion and with no less than 15 days advance written notice to the **Participating Organization** and the **Insured Person**, require the **Insured Person** depart the location of a US Department of State Level 4 (do not travel) warning in the event the Underwriter determines that as a result of the epidemic, pandemic, public health emergency, **Natural Disaster** or other disease outbreak conditions, the medical facilities available to **Insured Persons** are no longer able to provide routine medical services and supplies to its patients.
4. Incurred in the **Insured Person's Home Country**.

G. Activity-oriented Exclusions

1. Resulting from or occurring during the commission of a violation of law by the **Insured Person**, including without limitation, the engaging in an illegal occupation or act, and including operating a motor vehicle when the motor vehicle and/or operator are not in compliance with the laws, rules and regulations applicable to the motor vehicle and motor vehicle operators in the jurisdiction where the motor vehicle is operated, but excluding minor traffic violations.
2. Resulting or relating, directly or indirectly, from willfully self-inflicted **Injury** or **Illness** and/or suicide or attempted suicide whether sane or insane.
3. Resulting or relating, directly or indirectly, from an **Insured Person's** operation of any vehicle, whether or not motorized, after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol limit, other than drugs taken in accordance with a prescription and as directed by a **Physician**. For purposes of this Exclusion, "vehicle" shall include without limitation, motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non- motorized bicycles and scooters for which no permit or license is required.
4. For travel, meals, transportation and/or accommodations except as expressly provided herein.
5. Resulting or relating, directly or indirectly, from the **Insured Person's** participation in **Contact Sports**, except for **Sanctioned High School Sports** and **Amateur Athletics** if specified in PART IV – SCHEDULE OF BENEFITS AND LIMITS.
6. Resulting or relating, directly or indirectly, from the **Insured Person's** participation in **Combat Sports**. This exclusion does not apply to **Sanctioned High School Sports** if specified in PART IV - SCHEDULE OF BENEFITS AND LIMITS.
7. Resulting or relating, directly or indirectly, from the **Insured Person's** participation in **Professional Athletics**.
8. Resulting or relating, directly or indirectly, from the **Insured Person's** participation in **Extreme Sports**.
9. Resulting or relating, directly or indirectly, from the **Insured Person's** participation in **Adventure Sports**, except for recreational snow-skiing or snowboarding provided that

such activity is not in violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or authoritative body.

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

#### H. Dental Exclusions

1. For **Dental treatment**, except as expressly provided for herein.
2. Resulting or relating, directly or indirectly, from wear and tear of teeth due to cavities and/or chewing or biting down on hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies.
3. For treatment of a dental **Injury** without associated face, skull, neck and/or jaw **Injury** or that can be evaluated and treated in a dental office.
4. For relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removal and x- rays.

#### I. Personal Liability Exclusions

The **Insured Person** shall have no benefits or coverages for, and Underwriters shall have no liability or obligation of any kind to pay or reimburse the **Insured Person** or any Third Person or **Related Third Person** for, any changes, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against an **Insured Person** or any **Third Person** or **Related Third Person**, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this insurance and all of which Underwriters will provide no benefits or coverages for and shall have no liability or obligation for same, and Underwriters will not pay or reimburse the **Insured Person** or any **Third Person** or **Related Third Person** for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

1. Any damages, losses or claims caused in whole or in part by the **Insured Person** during any hunt or as a result of hunting.
2. Any criminal, fraudulent, deceptive, willful, reckless, malicious or other unlawful acts or omissions committed by the **Insured Person**, or any acts or omissions committed by the **Insured Person** in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which the **Insured Person** is subject or by which the **Insured Person** is bound.
3. Any loss, damage or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons or hazardous implements.
4. The pursuit of any trade, business, profession or employment activity.
5. Ownership, possession, control or occupation of any land or building.

6. Ownership, possession, control or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind.
7. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion or other catastrophe or loss occurring in or about the residence or premises of any **Related Third Person**, or in or about the residence or any other premises of which the **Insured Person** is the owner, lessee, invitee, licensee, occupant or resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
8. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations of the **Insured Person**, whether verbal or in writing.
9. Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
10. Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal **Injury** or destruction of property.
11. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
12. Any collusion, conspiracy, deceit or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
13. Fines, penalties, assessments or claims by any governmental authorities or regulatory bodies, including traffic fines or traffic violations or parking tickets, and the costs, fees or expenses incurred by the **Insured Person** as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other non-party legal or administrative proceeding or activity.
14. All non-compensatory damages, including without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
15. Contractual or employer's liability or workers compensation claims.
16. Animals or pets belonging to the **Insured Person** or any **Related Third Person**, or in the care, custody or control of the **Insured Person** or any **Home Nursing Care**.
17. Intentionally committed acts caused or brought about by the **Insured Person**.
18. Arising or occurring while the **Insured Person** is to any extent under the influence of alcohol or drugs, or due to the **Insured Person's** use of drugs, prescription medicines, narcotics or tranquilizers not medically prescribed for the **Insured Person** by a licensed **Physician**.
19. Caused by suicide or attempted suicide of the **Insured Person**.
20. Participation of the **Insured Person** in gambling, gaming, or betting of any kind.
21. Participation of the **Insured Person** in any fights, brawls, criminal activity or other unlawful activity.

22. During the practice or participation of sports, recreational endeavors, or athletic activities either as a professional, amateur or novice, unless performed solely for recreational purposes or during participation in any high school sport including **Sanctioned High School Sports**.
23. Hazardous sports of any kind, including but not limited to, American football, boxing, bungee jumping, mountaineering, martial arts, skiing beyond one's abilities, outside of marked boundaries, in violation of rules or regulations, or on unmarked slopes, sky diving, scuba diving, hang gliding, ski jumping, bobsledding, offshore boating, caving and spelunking, polo, fighting sports, parachuting, hunting, piloting an aircraft, wind- surfing, professional sporting activities of any kind, racing activity of any kind, and any attempt to make or set sporting records.
24. Occurring when the **Insured Person** is a passenger in an aircraft other than a commercial aircraft.
25. War, military action or any **Act of Terrorism** as defined herein.
26. Thermal, mechanic, radioactive and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radio-isotopes, or the use of nuclear or chemical materials.
27. **Mental Health Disorders** of the **Insured Person**.
28. Judgments or damage awards that have not been ordered, declared or entered within twelve (12) months from the date of the act, omission, occurrence or event causing personal **Injury** or property damage, or within twelve (12) months from the date of termination of coverage under the Master Policy, whichever is earlier.
29. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of the **Insured Person** or any **Third Person** or **Related Third Person** against Underwriters, the **Plan Administrator**, and/or the **Participating Organization**, including without limitation any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this insurance.
30. Any loss, personal **Injury**, property damage or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the **Certificate Period**.
31. Any personal **Injury**, medical expense, damage or other loss suffered by a **Related Third Person** except for damage to a **Related Third Person's** personal property which shall be limited to a maximum of \$5,000 and subject to the per **Deductible** per **Injury** or **Illness** set forth in PART IV, SCHEDULE OF BENEFITS AND LIMITS.

## **PART XI - GENERAL CONDITIONS AND CONDITIONS PRECEDENT**

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

### **A. Premium**

1. Rate - The initial rates for this insurance shall be as set forth in Exhibit A attached to the **Participating Organization** Membership Application and Agreement.
2. Payment - Payment of the required premium shall be remitted to Underwriters on or before the **Due Dates** and in accordance with the terms set forth in Exhibit A attached to the **Participating Organization** Membership Application and Agreement.

3. A grace period of ten (10) days (notwithstanding Saturdays, Sundays or legal holidays) will be allowed for the payment of each premium.
4. In the event any premium remains unpaid as of any **Due Date** specified in the **Participating Organization** Membership Application and Agreement, all insurance hereunder shall terminate as of the **Due Date** of the unpaid premium and Underwriters shall have no liability to the **Participating Organization** or any **Insured Person** for any claims incurred on or after such date. Premium is considered paid on the date it is received by the **Plan Administrator**.
5. In the event this insurance is terminated in accordance with #4. of this provision, Underwriters may, at their sole discretion, agree to reinstate coverage hereunder as of the termination date or any subsequent date, upon receipt of all unpaid premium along with any other information or documentation Underwriters at their sole discretion may require.

B. Currency

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

C. Claim Notification

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

D. Proof of Claim

All of the following items must be submitted by or on behalf of the **Insured Person** to be considered a complete **Proof of Claim** eligible for consideration of coverage under this insurance. **Proof of Claim** will not be effective and will not satisfy the requirements of this insurance unless it includes the following:

1. complete, legible, timely submitted and signed Claimant's Statement and Authorization form for each new diagnosis, **Illness or Injury**, unless Underwriters waive this requirement in writing. Incomplete, illegible or unsigned forms will not satisfy this requirement.
2. All original itemized bills and statements for services rendered by **Physicians, Hospitals, Medical Providers** and all other providers of services and/or supplies involved with any claim.
3. All original receipts for any costs, fees or expenses that have been paid by or on behalf of the **Insured Person**, including without limitation, all original receipts for any cash and/or credit card payments. Such receipts must include full name, address and telephone number of the provider, date of service or purchase, description of service or purchase, and diagnosis, if applicable.
4. Any other documents or information the **Plan Administrator** may reasonably require, including without limitation, medical records, copies of visas, passports and other travel documents, needed to validate any claim and the amount of such claim.
5. The **Insured Person** shall have one hundred eighty (180) days from the first date a claim is incurred to submit a complete **Proof of Claim** to the **Plan Administrator**. Underwriters

may, at their sole option, suspend adjudication and/or resolution of submitted claims and may deny coverage of any claim due to any of the following:

- a. An incomplete **Proof of Claim**; and/or
  - b. Failure to submit a **Proof of Claim**; and/or
  - c. Failure to submit a **Proof of Claim** within the required time frame indicated above.
6. If the **Plan Administrator** is unable to make a benefit determination or payment based on the above items, they may require additional information or documentation from the **Insured Person** and/or their **Physician, Hospital, Medical Provider** and other service providers. The **Insured Person** and/or their **Physician, Hospital, Medical Provider** and other medical service providers shall have ninety (90) days from the date the Plan Administrator makes such request, to submit the requested information or documentation, even if such 90-day period extends beyond the initial one hundred eighty (180) days.
7. Underwriters, at their sole option, may waive the requirements regarding submission of a new Claimant's Statement and Authorization form for subsequent claims incurred by an **Insured Person** relating to a continuing **Illness, Injury** or other condition or circumstance for which a properly completed Claimant's Statement and Authorization form was previously submitted and received.

E. Claim Assistance

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

F. Appealing a Claim

1. Time Limit - In the event Underwriters deny all or part of a claim under this insurance, the **Insured Person** shall have ninety (90) days from the date the notice of denial was issued/sent to the **Insured Person's** last known address, to file a written appeal with Underwriters. The **Insured Person** must file an appeal prior to bringing any legal action hereunder with respect to any claim. The written appeal must include sufficient information to identify the claim under appeal and must specify the reason(s) for the appeal with supporting documentation, if applicable
2. Procedure - Underwriters' will review the claim, taking into account all comments, documents, records and other information submitted by the **Insured Person** relating to the claim, without regard to whether such information was submitted or considered in the initial claim determination. Upon receipt of a written appeal, Underwriters shall have an opportunity for further reasonable investigation and/or review of the claim and related circumstances. Underwriters will respond in writing as soon as reasonably practicable, and in any event within ninety (90) days from receipt of the written appeal.

G. Notice

Any communication, including notices required hereunder, between the **Plan Administrator** or Underwriters and the **Insured Person** shall be transmitted electronically (email or fax) unless otherwise requested by either party in writing to the other. Communications from the **Plan Administrator** or Underwriters to the **Insured Person** shall be transmitted to the **Insured Person's** last known email address on file with the **Plan Administrator**. It is the responsibility of the **Assured**, the **Plan Administrator**, **Participating Organization**, Underwriters and each **Insured Person** to advise each other of any change in mailing address or electronic address.

H. Complaints Procedure

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

I. Assignment of Benefits

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

J. Entire Agreement

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

K. Law and Jurisdiction

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

1. the expiration of sixty (60) days after written **Proof of Claim** has been furnished in accordance with the requirements for **Proof of Claim** contained herein; or
2. after exhaustion of one (1) appeal in accordance with the requirements set forth in section F. of this provision.
3. No action at law or in equity can be brought by an **Insured Person** after the expiration of three (3) years after the time written **Proof of Claim** is required to be furnished in accordance with section F. of this provision.
4. This Master Policy and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales, and in accepting this insurance the **Participating Organization** and **Insured Person** expressly consent to same.
5. The courts of England and Wales shall have exclusive jurisdiction over any dispute or claim arising out of or in connection with this Master Policy or its subject matter or formation (including non-contractual disputes or claims), and in accepting this insurance the **Participating Organization** and **Insured Person** expressly consent to same.

L. Arbitration

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

M. Waiver of Rights

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

N. Claims Cooperation

**Insured Person** and his/her **Physician(s)**, **Hospital(s)**, other **Medical Providers** and all other providers of services and/or supplies shall cooperate fully with Underwriters and the **Plan Administrator** in reviewing, investigating, adjudicating, considering an appeal of and/or administering any claim under this insurance, including granting full right of access to all related records, medical documentation, medical histories, reports, laboratory or test results, x-

rays and all other available evidence relating to or affecting the claim. Underwriters, at their option, may suspend or pend adjudication of a claim and/or may deny a claim or coverage for a claim when any of the following has occurred:

1. a refusal to so cooperate
2. an unreasonable delay in such cooperation
3. any other act or omission on the part of the **Insured Person** and/or their **Physician(s), Hospital(s), other Medical Providers** and/or other providers of services and/or supplies which hinders, delays, impairs or otherwise prejudices the performance of the Underwriters obligations hereunder.

O. Subrogation

The **Participating Organization** and the **Insured Person** shall undertake to pursue in his/her own name and stead, and to fully cooperate with Underwriters in the pursuit and prosecution of any and all valid claims he/she may have against any third parties arising out of any occurrence which results or may result in a claim payment by Underwriters, and to fully account to Underwriters for any amounts recovered or recoverable in connection therewith, on the basis that Underwriters shall be entitled to recover first in full any sums paid or to be paid by them before the **Assured, the Participating Organization or Insured Person** shares in any amount so recovered. Should the **Assured, Participating Organization or Insured Person** fail to prosecute any valid claims against any such third party(ies) and Underwriters thereupon become liable to make payment under this insurance, then Underwriters shall be fully subrogated to all rights and interests of the **Assured, Participating Organization and Insured Person**. The **Assured, Participating Organization and Insured Person** agree to include Underwriters as co-payee on any settlement check or check from any third party or insurer. The **Assured, Participating Organization and Insured Person** agree that he/she will not release any party or their insured without prior written approval from Underwriters and will take no action which prejudices Underwriters' rights. Any amount recovered by Underwriters in accordance with this provision shall be used to pay the expenses of collection and reimbursement of Underwriters for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the **Participating Organization and/or Insured Person**. In the event the **Assured, Participating Organization or Insured Person** receives any form or type of settlement and either fails or refuses to abide by the terms of this provision, in addition to any other remedies Underwriters may have, Underwriters retain a right of equitable offset against future claims.

P. Right of Recovery

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

1. All or some of the expenses were not paid for by or on behalf of the **Insured Person** or were subsequently recovered by, or determined to be recoverable by or on behalf of the **Insured Person**.
2. The **Insured Person** and/or any **Relative** of the **Insured Person**, whether or not that **Relative** is or was an **Insured Person**, is repaid or is entitled to be repaid for all or some of any claim paid by Underwriters, or for defective equipment or medical devices covered under a warranty, or by or from a source other than Underwriters.

3. All or some of the expenses were not eligible for coverage hereunder.
4. All or some of the expenses were paid or reimbursed based on incorrect or mistaken application of the terms of this insurance.
5. All or some of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider.
6. The **Insured Person** is not liable or responsible as a matter of law for all or part of the claim.
7. The amount of the recovery shall be the difference between:
  - a. the amount actually paid by Underwriters; and
  - b. the amount, if any, which should have been paid by Underwriters.
8. If the **Insured Person** or the **Hospital, Physician, Medical Provider** or other provider of services or supplies does not promptly make any such refund to Underwriters, Underwriters may, in addition to any other rights or remedies available to them (all of which are reserved), either:
  - a. reduce or deduct from the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due Underwriters; and/or
  - b. cancel the **Certificate** issued to the **Insured Person** by giving thirty (30) days advance written notice and offset against the amount of any refund of premium due the **Insured Person** to the full extent of the refund due to Underwriters.

**Q. Duty of Fair Presentation**

In accordance with the Insurance Act 2015, the **Assured**, the **Participating Organization**, and each **Insured Person** has a duty to make a fair presentation of all material facts and circumstances known to them regarding insurance hereunder to Underwriters. If, prior to the Master Policy Effective Date or any **Certificate Effective Date**, the **Assured**, the **Participating Organization**, or **Insured Person** breaches their duty of fair presentation, the remedies available to Underwriters are as follows:

1. If the breach of the duty of fair presentation is deliberate or reckless, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to either the **Participating Organization**, the **Insured Person**, or both, and refuse to pay any claims or all claims by or on behalf of the **Participating Organization** or **Insured Person** or both; they need not return any of the premiums paid.
2. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters' remedy depends upon what Underwriters would have done if the **Assured**, the **Participating Organization** and/or **Insured Person** had complied with the duty of fair presentation, as follows:
  - a. If Underwriters would not have entered into the Master Policy or would not have accepted either the **Participating Organization** Application and/or the **Insured Person's** application at all, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to either the **Participating Organization**, the **Insured Person**, or both, and refuse to pay any claim or all claims by or on behalf of the **Participating Organization** or **Insured Person**; Underwriters must return the premiums paid. If Underwriters would have entered into the Master Policy or accepted the **Participating Organization** Application or **Insured Person's** application but on different terms (other than terms relating to the premium), the Master Policy or, at Underwriters discretion, only coverage with respect to either the

- Participating Organization**, the **Insured Person**, or both, will be treated as if it had been entered into on those different terms from the outset, if Underwriters so require.
- b. In addition, if Underwriters would have entered into the Master Policy or accepted either the **Participating Organization** Application or the **Insured Person's** application, but would have charged a higher premium, Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims) made by or on behalf of the **Participating Organization** and/or **Insured Person**. In those circumstances, Underwriters shall pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/higher premium}) \times 100$ .
  3. If, prior to entering into a variation to this Master Policy, the **Assured, Participating Organization** or **Insured Person** breaches their duty of fair presentation, the remedies available Underwriters are as follows:
    - a. If the breach of the duty of fair presentation is deliberate or reckless, Underwriters may, by notice to the **Assured, Participating Organization** or **Insured Person**, treat the Master Policy altogether or, at Underwriters' discretion, only with respect to either the **Participating Organization**, the **Insured Person**, or both, as having been terminated as of the time when the variation was concluded; Underwriters need not return any of the premiums paid.
    - b. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters' remedy depends upon what Underwriters would have done if the **Assured, Participating Organization** or **Insured Person** had complied with the duty of fair presentation:
    - c. If Underwriters would not have agreed to the variation at all, Underwriters may treat the Master Policy, either altogether or, at Underwriters' discretion, only with respect to either the **Participating Organization**, the **Insured Person**, or both, as if the variation was never made, but must in that event return any extra premium paid as a result of said variation.
    - d. If Underwriters would have agreed to the variation to the Master Policy, but on different terms (other than terms relating to the premium), the variation is to be treated as if it had been entered into on those different terms, if Underwriters so require.
    - e. If Underwriters would have increased the premium by more than it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events which occur after the variation. In those circumstances, the Underwriters shall pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/higher premium}) \times 100$ .
    - f. If Underwriters would not have reduced the premium as much as it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the Underwriters shall pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/reduced total premium}) \times 100$ .
    - g. Nothing in provision is intended to vary the applicable provisions of the Insurance Act 2015.

#### R. Fraudulent Claims

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

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

#### S. Sanctions

No Underwriter shall be deemed to provide coverage and no Underwriter shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that Underwriter to any sanctions, 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**.

## PART XII - DEFINITIONS

**Accident; Accidental:** A sudden, unintentional and unexpected occurrence directly caused by external, visible means and resulting in physical **Injury** to the **Insured Person**. The cause or one of the causes of such **Accident** must be external to the **Insured Person's** own body and must occur beyond the **Insured Person's** control.

**Accidental Death:** Death of the **Insured Person** resulting from an **Accident**.

**Accidental Dismemberment:** Complete severance from the body of one or more limbs or eyes resulting from an **Accident**. For purposes of the **Accidental Dismemberment** benefits provided by this insurance, the term "limb" shall mean: the arm, when the severance is at or above (toward the elbow) the wrist, or the leg, when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall include complete, permanent and irrevocable loss of sight.

**Act of Terrorism:** An act, including without limitation, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Acute Onset of Dental Pain:** Sudden and unexpected experience of severe pain in the teeth, gums or bones supporting the teeth.

**Acute Onset of Pre-existing Conditions:** A sudden and unexpected outbreak or recurrence of a **Pre-existing Condition** which occurs: (1) spontaneously and without advance warning in the form of **Physician** recommendations or symptoms, is of short duration, is rapidly progressive, and requires immediate **Emergency** medical care; and (2) after the **Certificate Effective Date**; and (3) prior to the age indicated in the Schedule of Benefits and Limits contained herein.

**Adventure Sport(s):** A sporting activity undertaken for the purposes of recreation or an unusual experience or excitement, typically performed outdoors, and involving a medium degree of risk, including only the following:

Abseiling

BMX

Bob-sledding

Bungee jumping

Canyoning Caving

Downhill and/or cross-country snow skiing and snowboarding and snowmobiling, provided that such activity is not in any violation of applicable laws, rules or regulations or away from

prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body.

Hot air ballooning

Kitesurfing and Kiteboarding

Mountaineering below 4,500 meters from ground level

Zip lining

Parachuting

Paragliding

Parascending

Rappelling

Scuba diving or sub-aqua pursuits at less than depth of 50 meters

Skydiving

Spelunking

Whitewater kayaking or whitewater rafting in water less than Class V difficulty

Wildlife Safaris

Windsurfing

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

**Amateur Athletics:** An amateur or other non-professional sporting, recreational or athletic activity that is organized, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games and/or competitions. **Amateur Athletics** includes, without limitation, intercollegiate, interscholastic and intermural sports. **Amateur Athletics** does not include **Combat Sports, Recreational Sports, Extreme Sports, or Adventure Sports**.

**Ancillary Services:** All **Hospital** services for a patient other than room and board and professional services. Laboratory tests and radiology are examples of **Ancillary Services**.

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

**Assured:** The organization indicated on the **Master Policy Declaration**

**Beneficiary:** The individual named in the **Insured Person's** application to be the recipient of any **Accidental Death** benefit. For **Insured Persons** age 18 and older who do not designate a **Beneficiary** on the application, the **Beneficiary** is automatically as follows: 1) Spouse (if any), 2) Children (if any) equally, 3) Estate of the **Insured Person**. For **Insured Persons** who are under age eighteen (18) who do not designate a **Beneficiary** on their application, the **Beneficiary** is automatically as follows: 1) Custodial parent(s) (if any), 2) Siblings (if any) equally, 3) Estate of the **Insured Person**.

**Certificate:** The document which is issued to **Insured Persons** and is a summary of this Master Policy and evidence of the **Insured Person's** coverage hereunder.

**Certificate Effective Date:** The date and time coverage under this insurance begins with respect to an **Insured Person**.

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

**Certificate Termination Date:** The date and time coverage under this insurance ends with respect to an **Insured Person**.

**Chronic Condition(s):** (also known as chronic disease or chronic **Illness**) is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time, including without limitation: diabetes, functional gastrointestinal disorder, eczema, psoriasis, arthritis, asthma, chronic obstructive pulmonary disease, autoimmune diseases, genetic disorders and some viral diseases such as hepatitis C and **AIDS**.

**Coinsurance:** The payment by or obligation of the **Insured Person** for payment of covered expenses at the percentage specified in the SCHEDULE OF BENEFITS AND LIMITS.

**Combat Sports:** A competitive **Contact** sport where two or more individuals fight using specific rules and techniques with the goal of simulating hand-to-hand combat. Examples include: boxing, wrestling, mixed martial arts, fencing.

**Common Carrier:** A company or organization that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or water for compensation, offering its scheduled services to the public generally, and is licensed by a recognized and approved government authority to transport fare-paying passengers. The term **Common Carrier** does not include taxi, motorcar, motorcycle or limousine services, or transportation by animal or human means (for example, horse, camel, elephant or rickshaw).

**Congenital Disorder(s):** A physical abnormality, defect or medical condition existing at or before birth, regardless of cause or when diagnosed or treated.

**Contact Sport(s):** A sport in which the participants purposely hit or collide with each other, inanimate objects, the ground or water, with force, including without limitation:

American football

High diving and cliff diving

**Combat Sports**

Hockey, including ice and field hockey

Lacrosse

Polo

Rodeo

Rugby

Ski jumping

**Custodial Care:** That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist an **Insured Person** in performing the activities of **Daily**

**Living. Custodial Care** also includes non-acute care for the comatose, semi- comatose, paralyzed or mentally incompetent patients until they are fit to return home.

**Daily Living:** A twenty-four (24) hour period during which an **Insured Person** engages in normal daily activities including but not limited to eating, drinking and washing.

**Deductible:** The dollar amount of **Eligible Medical Expenses**, specified in the Master Policy, that the **Insured Person** must pay before receiving benefits or coverage hereunder, not including any applicable Co-pay or **Coinsurance**.

**Dental Treatment:** Treatment and/or supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Due Date(s):** The date by which premiums for this insurance must be received by the **Plan Administrator**.

**Durable Medical Equipment:** Exclusively 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.

**Eligible Medical Expenses:** Expenses for services and supplies for treatment of **Injury** or **Illness** which are covered under this insurance.

**Elective Surgery/Elective Surgical Procedure/Elective Treatment:** A **Surgery**, diagnostic procedure or treatment which is elected by the **Insured Person**, **Physician** or other **Medical Provider**, that is undertaken either, 1. when less invasive or alternative treatments are available and have not been undertaken, or 2. when the condition, including any **Chronic Condition**, can be reasonably managed by the **Insured Person** without the **Surgery**, diagnostic procedure or treatment prior to their return to their **Home Country**.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the **Insured Person's** life or limb in danger if medical attention is not provided within twenty-four (24) hours based upon reasonable medical certainty. Immediate medical intervention and attention is required as a result of a severe, life-threatening or potentially disabling condition.

**Emergency Room:** That part of a **Hospital** designated for the immediate care of **Emergency** medical conditions.

**Extended Care Facility:** An institution, or a distinct part of an institution, which is licensed as a **Hospital**, or rehabilitation facility by the jurisdiction in which it operates; and is regularly engaged in providing twenty-four (24) hour skilled nursing care under the regular supervision of a **Physician** and the direct supervision of a **Registered Nurse**; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a **Physician**; and provides each patient with active treatment of an **Illness** or **Injury**. **Extended Care Facility** does not include a facility primarily for rest, the aged, **Substance Abuse** treatment, **Custodial Care**, nursing care or for care of **Mental Health Disorders** or the mentally incompetent.

**Extreme Sport(s):** A sporting activity, including practice, preparation and actual sporting events, which involves a high degree of risk. These activities often involve speed, height, a high level of physical exertion and/or highly specialized gear, and often carry the potential risk of serious or permanent physical **Injury** and even death. These activities include, without limitation, the following and any combination or derivative of the following:  
Back country snow skiing, snowboarding or snowmobiling.

Base jumping  
Cave diving  
Downhill mountain biking  
Extreme Skiing  
Free diving  
Free flying  
Free running and Parkour  
Free skiing  
Freestyle scootering  
Gliding  
Heli-skiing  
Ice canoeing  
Ice climbing  
Jet skiing  
Racing any vehicle or animal, including mountain bikes, motocross, motorcycle racing, motor rally, snowmobile racing, truck racing, horse racing, boat racing  
Mountaineering above elevation of 4,500 meters from ground level  
Piloting a commercial or non-commercial aircraft  
Power boking  
Skateboarding involving tricks, flips, jumps, or ramps  
Snow skiing, snowboarding or snowmobiling off-piste  
Scuba diving or sub-aqua pursuits below a depth of 50 meters  
Whitewater kayaking or whitewater rafting Class V or higher difficulty (Class V = A section of a river, stream or other waterway or watercourse where the current moves with enough speed or force to meet, but not to exceed, the qualifications of Class V as determined by the International Scale of River Difficulty or as commonly published by a local authority or government agency.)  
Wingsuit flying

**Family:** All **Relatives** of an **Insured Person**.

**HIV:** Laboratory evidence defined by the **United States** Centers for Disease Control and Prevention as being positive for Human Immunodeficiency Virus infection.

**Home Country:** The country where the **Insured Person** principally resides as declared on the **Insured Person's** application, except for **US** citizens and **Lawful Permanent Residents** of the **US**. For **US** citizens, the **US** is always their **Home Country**. For non-**US** citizens who are **Lawful Permanent Residents** of the **US**, the **US** is always their **Home Country**. For individuals holding dual citizenship which includes the **US**, their **Home Country** will be the country where the **Insured Person** principally resides as declared on their application, as long as that location is not in the **US** and provided the **Insured Person** is not eligible for **US** health insurance coverage in accordance with the Affordable Care Act.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing **Home Nursing Care** under the supervision of a **Registered Nurse**, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment prescribed by a **Physician**.

**Home Nursing Care:** Services provided by a **Home Health Care Agency** and supervised by a **Registered Nurse**, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of **Medically Necessary Inpatient** care in a **Hospital**.

**Hospice:** An institution which operates as a **Hospice**, is licensed by the state or country in which

it operates; and operates primarily for the reception, care and palliative control of pain for terminally ill persons who have, as certified by a **Physician**, a life expectancy of not more than six (6) months.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Medically Necessary or Medical Necessity:** A service or supply which is necessary and appropriate for the diagnosis or treatment of an **Illness** or **Injury** based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered **Medically Necessary** if it is provided only as a convenience to the **Insured Person**

or **Medical Provider**, and/or is not appropriate for the **Insured Person's** diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an **Illness** or **Injury**.

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

**Mental Health Disorder(s)**: A mental, nervous or emotional **Illness** which generally denotes an **Illness** of the brain with predominant behavioral symptoms; or an **Illness** of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. **Mental Health Disorders** include, without limitation, those psychiatric **Illnesses** listed in the current edition of the International Classification of Diseases as published by the US Department of Health and Human Services and those psychiatric and other mental **Illnesses** listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association. For purposes of this insurance, **Mental Health Disorder(s)** does not include **Substance Abuse**, learning disabilities, developmental delays, conduct disorders, behavioral problems and attitudinal disorders or disciplinary problems.

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

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

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

**Participating Organization**: The organization indicated on the **Master Policy Declaration**, that has applied for and been accepted as a member of the **Assured**.

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

**Plan Administrator**: The **Plan Administrator** for this insurance is Point Comfort Group, Inc., 306 Prospect Street, Indianapolis, Indiana, 46225. As the **Plan Administrator**, Point Comfort Group, Inc. acts solely as the disclosed and authorized agent and representative for and on behalf of Underwriters, and does not have, and shall not be deemed, considered or alleged to have any direct, indirect, joint, several, separate, individual or independent liability, responsibility or obligation of any kind under this Master Policy, including the **Master Policy Declaration** and any exhibits, schedules, and/or endorsements attached hereto, or any **Certificates**, including

**Certificate** Declarations, issued to **Insured Persons**, or to any other person or entity, including without limitation, any **Physician, Hospital or Medical Provider** or supplier.

**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 twenty-four 24 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 two (2) years immediately preceding the **Certificate Effective Date**; (3) **Injury, Illness**, sickness, disease, or other physical, medical, mental, or nervous condition, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of the **Insured Person's** application or within the two (2) years immediately preceding the **Certificate Effective Date**.

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

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

**Proof of Claim**: A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments, original itemized bills from **Physicians, Hospitals** and other **Medical Providers**, original receipts for any expenses which have already been paid by or on behalf of the **Insured Person**, and any other documentation that is deemed necessary by the Underwriters, including without limitation medical records, passports, visas and other travel documents.

**Recreational Sports**: Athletic activities that are non-organized, non-contact, and engaged in by the **Insured Person** solely for recreational, entertainment or fitness purposes. **Recreational Sports** does not include any activity defined herein as **Combat Sports, Extreme Sports, Adventure Sports** or **Professional Athletics**. **Recreational Sports** does not include **Contact Sports** but does include variations of **Contact Sports** that do not involve *purposefully* hitting or colliding with each other, inanimate objects, the ground, or water with force. Examples are basketball and soccer.

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

**Related Third Person**: Any individual or natural person who is a **Relative** of the **Insured Person**, a traveling companion of the **Insured Person** or a **Relative** of such traveling companion, and any other person, individual or **Family** member with whom the **Insured Person** is residing or being hosted.

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

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

**Sanctioned High School Sports**: Athletic activities that are organized and have regular games, matches or meets and regular practices, conducted under the supervision of and sponsored by a high school, including intramural athletic activities and gym class athletic activities.

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

**Specialty Medications**: All medications listed as T4:Non-Preferred Drug or T5: Specialty on the current US Medicare Formulary.

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

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

**Third Person**: Any individual, natural person or other legal entity or person, other than the **Insured Person** or **Related Third Person**.

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

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

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

**Usual, Reasonable and Customary**: A typical and reasonable amount of expenses for similar services, medicines or supplies within the area in which the charge is incurred, so long as those expenses are reasonable. What is defined as **Usual, Reasonable and Customary** charges will be determined by Underwriters. In determining the typical and reasonable amount of expense, Underwriters may, in their reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider, the amount charged by similar providers or providers in the same or similar locality, the amount paid by other payors for the same or comparable services, medicines or supplies in the same or similar locality, whether the services or supplies were unbundled or should have been included in the allowance of another service, the amount charged by other providers for the same or comparable services, medicines or supplies in other parts of the country, the cost to the provider of providing the service, medicine or supply, the level of skill, extent of training, and experience required to perform the procedure or service, the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the length of time required to perform

the procedure or services as compared to national standards and/or benchmarks, the severity or nature of the **Illness** or **Injury** being treated, and such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.

**Virtual Medicine Consultation(s)**: An electronic encounter with a **Physician**.

**Virtual Mental Health Counseling**: An electronic encounter with a licensed counselor.

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