

USA-ASSIST Symphony Travel Program

INTERNATIONAL TRAVEL INSURANCE PLANS

SUMMARY OF BENEFITS		All figures in US Dollars
Emergency Medical Expenses	Maximum limit options: US\$ 240,000 available up to 70 years old. US\$ 120,000 available up to 75 years old. US\$ 60,000 available up to 80 years old. US\$ 30,000 available up to 85 years old. US\$ 15,000 available at any age.	
Emergency Medical Evacuation / Repatriation	US\$ 100,000 in addition to Medical Expense Benefit. Age 75+ US\$ 25,000 .	
Emergency Reunion	Included in Emergency Medical Evacuation Benefit. Maximum of US\$ 5,000	
Additional Hospital Indemnity	Hospitalization US\$ 100 per day. Coma US\$ 50,000 1% per month.	
Local Ambulance Expenses	Included in Emergency Medical Benefit. Maximum of US\$ 5,000 .	
Return of Remains	Included in Emergency Medical Evacuation Benefit. Maximum of US\$ 5,000	
Return of Minor Child(ren)	Included in Emergency Medical Evacuation Benefit. Maximum of US\$ 5,000	
Accidental Death & Dismemberment	US\$ 25,000 .	
Dental Emergency	Accident Coverage up to US\$ 500 . Sudden Relief of Pain up to US\$ 250 .	
Trip Interruption	US\$ 5,000 . Return air only up to US\$ 1000 per person.	
Trip Delay / Missed Connection	US\$ 500 . US\$ 150 per day for accommodations and meals.	
Baggage and Personal Effect	Optional upgrade: US\$ 1,000 . Up to US\$ 250 per article and US\$ 500 valuable combined limit.	
Baggage Delay	US\$ 200 .	
Flight Accident Coverage	Optional upgrade: US\$ 100,000	
Travel Assistance Services	Included .	
Pre-Existing Conditions	Waived for Emergency Medical Evacuation / Repatriation Benefit.	
Deductible	US\$ 50 deductible per occurrence.	
Coinsurance	No Coinsurance . Plan pays 100% of eligible expenses. For USA and Canada destinations: Coinsurance 10%, the plan pays 90% of eligible expenses.	
This Summary of Benefits shows the Maximum Benefit Amounts available through this program. Please refer to Your Schedule of Benefits / ID Card to determine which benefits and limits apply to Your Trip. Please refer to Pre-existing Condition limitations on page 5/6 below for more details.		

ELIGIBILITY

Symphony plans (International Travel Insurance Plans) are available for residents of any country traveling outside their country of residence.

Symphony plans are not available to United States residents and cannot be purchased in the United States.

Symphony plans must be purchased before departure date of your Country of Residence.

Maximum trip length under **Symphony** plans is 12 months.

Eligible Persons shall be participants, employees or members of USA-ASSIST@ affinity group, while traveling outside of their Home Country whose name and travel dates have been submitted in the on-line Application and have been accepted by the Company, subject to all of the exclusions, limitations and provisions as set forth herein.

WHEN YOUR BENEFITS APPLY

Effective Date is the date which begins at 12:01 a.m. following the later date of: a) postmark date of Your enrollment form or b) the date You fax or transmit Your enrollment via the internet with the proper payment.

Flight Accident Option Benefit begins on the Departure Date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the internet, whichever is later. Ends when the trip is completed or after 30 days (unless additional days are purchased), whichever comes first.

Trip Delay Benefit is in force during Your trip and while You are in route to and from Your Trip.

All Other Benefits begin at 12:01 a.m. on Your Scheduled Departure Date, and ends at the point and time of return to your Country of Residence or at the Scheduled Return Date stated in Your Schedule of Benefits / ID Card, whichever comes first.

HOW YOUR PROTECTION PLAN WORKS

Your Certificate is a contract between You and Us. We will pay for any claim you make which is covered by this Certificate and happens during the period of travel. Unless specifically mentioned the benefits and exclusions within each section, apply to each covered person. Your Certificate does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading "Definitions".

YOUR PURCHASE CANCELLATION RIGHTS

Thank you for taking out online travel protection with us. Your Certificate shows the sections of the protection you have chosen, the people who are covered and any special terms or conditions that may apply. It is very important that you read the whole of this document before you travel and make sure you understand exactly what is and is not covered and what to do if you need to file a claim.

If your purchased plan does not meet your requirements, please notify your issuing agent, broker or contact USA-ASSIST by phone to +1 310 694-8453 or by e-mail at usa-assist@usa-assist.com within 10 days of receiving your Certificate for a refund of your premium, but in no instance cancellation will be accepted within 10 days prior to the departure date.

Please note that your cancellation rights are no longer valid after this initial 10 day period.

EXTENSION OF YOUR PLAN

You can ask for an extension of your protection plan any time before the expiration date of the period of travel shown on your certificate/ID Card. The terms of your extension and the premium rates are subject to approval.

When you request an extension you must complete a form (Extension Request Form) and comply with relevant facts including a health declaration. If you do not comply with the extension form, this may invalidate your request for an extension. The health declaration form can be filled out and submitted on-line with the extension request form.

An extension can be granted for any supplemental length of time up to a maximum of 365 days total travel period.

You cannot purchase a new plan in lieu of requesting the extension while you are on the original period of travel and before its expiration date. You can only buy a new plan after returning to your country of residence.

EMERGENCY MEDICAL EXPENSES

Symphony International Travel Medical Insurance shall pay Reasonable and Customary charges for **Medical Emergency**, in excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum Limit, incurred by You due to an Accidental Injury or Acute Illness which occurred during the Period of Coverage outside Your Home Country. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to

the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within ten (10) days of the date of Injury or onset of acute Illness.

Only such expenses which are Medically Necessary and specifically enumerated in the following list of charges and are incurred within period of the declared trip.

Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
2. Charges made for Intensive Care or nursing services.
3. Charges made for diagnosis, treatment and surgery by a Physician.
4. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges made for the cost and administration of anesthetics.
6. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
7. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
8. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of US\$ 5,000, within the metropolitan area in which You are located at the time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Limitation of Benefits: Once You are deemed medically stable to return to Your country of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from hospital, Your emergency is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical emergency will no longer be eligible for coverage under this policy.

DENTAL COVERAGE

This plan shall pay in excess of the chosen Deductible and Coinsurance up to maximum of:

- ~ US\$ 500, for emergency treatment to repair or replace sound natural teeth damaged as the result of a covered accident.
- ~ US\$ 250, for emergency treatment for the relief of pain to natural teeth

EMERGENCY MEDICAL EVACUATION / REPATRIATION

The plan will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by the Claims Administrator in consultation with the local attending Physician.

Pre-existing Condition limitation is automatically waived for Emergency Medical Evacuation / Repatriation benefits.

Return of Mortal Remains:

The plan will pay the reasonable Covered Expenses to return Your remains to Your Home Country, if You should die while on your trip. This benefit must be approved and arranged by the Claims Administrator. In such event, the maximum benefit amount will be up to US\$ 5,000 towards the actual cost incurred for preparation of remains; homeward transportation of the deceased insured person to his country of residence; or cremation and/or burial at the place of death of the insured person. The costs for items/services such as casket, urn or transportation from airport in country of origin to funeral home are not covered by this policy benefit.

Return of Minor Child(ren):

Should You be traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to US\$ 5,000 for a one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by the Claims Administrator.

Emergency Medical Reunion:

When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travels with You, the Administrator of the plan will arrange and pay, up to US\$ 5,000, for a round trip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. This benefit must be approved and arranged by the Claims Administrator.

ADDITIONAL INDEMNITIES

Hospital:

If You are confined to a Hospital as a registered Inpatient as the result of an Acute Illness or Injury which occurs during Your Period of Coverage, this plan will pay Benefits up to US\$ 100 per day of confinement, in addition to any other covered expense, up to a maximum of thirty (30) days

Coma:

If Injury renders an Insured Comatose within 30 days of the date of the Accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit equal to 1% of the maximum benefit. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured ceases to be Comatose due to that Injury; (2) the date the Insured dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals the maximum benefit. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma. The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

ACCIDENTAL DEATH & DISMEMBERMENT

Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If

You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

Type of Loss / Benefit Amount	
Loss of Life.....	100%
Loss of both feet.....	100%
Loss of both hands.....	100%
Loss of both eyes.....	100%
Loss of one hand and one foot.....	100%
Loss of one hand and one eye.....	100%
Loss of one foot and one eye.....	100%
Either Hand or Foot.....	50%

BAGGAGE DELAY

If Your checked baggage is delayed or misdirected while on Your Trip for more than 12 hours from Your time of arrival at Your destination other than Your residence by a Common Carrier, You are covered for the expense of necessary purchases of personal items up to US\$ 100 per day up to the Maximum Benefit Amount as long as the expense is substantiated by receipts for purchases. Common Carrier must certify the delay.

BAGGAGE AND PERSONAL EFFECTS

This plan will reimburse You for loss, theft or damage to baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover your property at all times. The baggage and personal effects must be owned by and accompany You during the Covered Trip. Original receipts must be provided for reimbursement. There is a per article limit of \$250. There is a combined maximum limit of \$500 for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sports equipment; personal computers; radios; cameras; camcorders and their accessories and related equipment; and other electronic items. We will pay You for fees associated with the replacement of Your passport during Your Covered Trip. Receipts are required for reimbursement. The plan will pay the lesser of the following:

- 9. The actual cash value, as determined by Us, at time of loss, theft or damage to Baggage and Personal Effects;
- 10. The cost to repair or replace the article with material of a like kind and quality; or

Note: This benefit is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Company of the full reimbursement that has been obtained from any

other source. Original receipts must be provided for reimbursement.

TRIP INTERRUPTION

If You are unable to continue the trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse (up to US\$ 1,000 per person, US\$ 5,000 maximum limit) for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved and arranged by the Claims Administrator.

TRIP DELAY / MISSED CONNECTION

You are eligible for benefits up to the benefit amount shown on Your certificate for: a) Additional Transportation Cost to join the Trip or return home, including up to US\$ 150 per day for reasonable accommodations and meals, if Your delay requires an unplanned overnight stay; or b) unused nonrefundable portion of the prepaid expenses as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

Delay must be for 3 hours or more and certified due to one of the following reasons:

- 1. Delay of Common Carrier (which is certified by the Common Carrier);
- 2. A traffic accident in which You were not directly involved (substantiated by a police report);
- 3. Documented weather condition preventing You from getting to the point of departure;
- 4. Quarantine, hijacking, strike;
- 5. Lost or stolen passports, travel documents or money (must be substantiated by a police report or the appropriate local authority);
- 6. Natural disaster, terrorism or riot.

Note: All Trip Delay/Missed Connection events must be reported within 72 hours of the events. If you do not report the occurrence as soon as possible or within the 72 hour time period, reduced benefit payments may be applied.

OPTIONAL FLIGHT ACCIDENT

You are eligible for benefits equal to the amount purchased for accidental death, dismemberment or loss of sight as the result of a flight accident while a passenger on:

- 1. A regularly scheduled airline flight or regularly scheduled charter operated; in scheduled air transportation pursuant to economic authority issued by the Civil

Aeronautics Board; by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;

2. Any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers and not for any other operational, tactical or test purpose and which is operated by the Military Airlift Command of the United States, the Royal Canadian Air Force Air Transport Command, or the Royal Air Force Air Transport Command of Great Britain;
3. Any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by Your Protection Plan;
4. A vehicle licensed to carry passengers for hire, but only when going to an airport to board an aircraft on which You are eligible for benefits under Your Protection Plan; or when leaving an airport after alighting from such an aircraft;
5. Received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by Your Protection Plan.

When You sustain Injuries resulting in any of the following losses within 180 days from the date of the accident, benefits will be paid for the following types of Loss or Injury in the amounts shown:

Type of Loss / Benefit Amount	
Loss of Life.....	100%
Loss of both feet	100%
Loss of both hands.....	100%
Loss of both eyes.....	100%
Loss of one hand and one foot	100%
Loss of one hand and one eye.....	100%
Loss of one foot and one eye.....	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of one eye.....	50%

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Only the largest applicable amount shown above will be paid for the Injuries

resulting from one accident. The benefit for loss of: a) two extremities; b) both eyes; or c) one extremity and one eye is payable only when such loss results from the same accident. If, while covered by this benefit, You are unavoidably exposed to the elements because of an eligible accident and suffer a loss for which benefits are payable under this benefit, such loss will be payable under Your Protection Plan. If, while eligible for this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are scheduled under Your Protection Plan, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.

TRAVEL ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical evacuation / repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission guarantee
- Emergency cash advance*
- Translation service
- Prescription drug*
- Eyeglass replacement*
- Passport / visa information*
- Bail bond*
- Lost Baggage retrieval*
- Inoculation information*

** The Travel Assistance Service will give you guidance and advice on how to work out a problem that may arise during your trip, but will not cover its cost.*

DEFINITIONS

Additional Transportation Cost means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

Bankruptcy means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

Business Partner means an individual who: a) is involved in a legal general partnership with You; and b) is actively involved in the day-to-day management of Your business.

Coinurance shall mean the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.

Coma/Comatose mean a profound state of unconsciousness from which the Insured cannot

be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Common Carrier means any public land, air or water conveyance operating under a valid license providing for the transportation of passengers for hire.

Deductible shall mean the amount of Covered Expenses which is Your responsibility to pay before benefits under the plan are payable.

Disablement (as used with respect to medical expenses) shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician.

Default means the inability to provide contracted services due to a material financial failure.

Economy Transportation means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Trip, reduced by the value of an unused return travel ticket.

Eligible Dependent Child shall mean Your unmarried children over fourteen (14) days and under nineteen (19) years of age.

Eligible Spouse shall mean Your legal spouse.

Family Member means any of the following who resides in Your country of residence: You or Your Traveling Companion's: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew.

Home Country / Country of Residence shall mean the country where You have Your true, fixed and permanent home and principal establishment. Any other country where an Insured Person also has other temporal home or secondary establishment for more than 6 months also will be considered another country of residence.

Hospital means: a) a place which is licensed or recognized as a general hospital by the proper authority of the state or country in which it is located; b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility; and c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals. Hospital does not include an institution licensed or used principally: a) for treatment or care of drug addicts or alcoholics; or b) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Illness shall mean sickness or disease of any kind contracted and commencing while this plan is in force as to the Insured Person whose Illness is the basis of claim. It must be diagnosed or treated by a Legally Qualified Physician after the

Effective Date of Your Protection Plan and prior to Your Scheduled Return Date. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.

Injury shall mean accidental bodily injury or injuries caused by an accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

Inpatient shall mean if You are confined in an institution and are charged for room and board.

Intoxicated means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where you are located at the time of an incident.

Legally Qualified Physician means a physician or a Christian Science Practitioner: a) other than You, a Traveling Companion or a Family Member; b) practicing within the scope of his or her license; and c) recognized as a physician in the place where the services are rendered.

Treatment means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

Medically Necessary means a service or supply which: a) is recommended by the attending Legally Qualified Physician; b) is appropriate and consistent with the diagnosis in accordance with accepted standards of community practice; c) could not have been omitted without adversely affecting Your condition or quality of medical care; d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and e) is not considered experimental unless law requires payment of benefits for experimental service or supplies.

Medical Emergency means a serious dysfunction or impairment to a bodily organ or part or to vital bodily functions, caused by Injury or the sudden or unexpected onset of Sickness of such a severe nature that immediate medical care must be given to the Covered Person. A Medical Emergency ends when, as a result of a Medically Necessary treatment, service or supply rendered to a Covered Person, the symptoms and/or the physical condition that caused the Medical Emergency no longer constitute a serious dysfunction or impairment to a bodily organ or part or to vital bodily function, and the Covered Person's physical condition has been stabilized to the extent of allowing him/her to continue his/her trip or return to the Country of Residence for further care or treatment.

Natural Disaster(s) means flood, fire, hurricane, tornado, earthquake, tsunami,

volcanic eruption, blizzard or avalanche that is due to natural causes.

Outpatient shall mean if You receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition means any Injury, Sickness, condition or related condition known or unknown (including any condition from which death ensues) of You, or Your Traveling Companion, Your or Your Traveling Companion's Family Member or Your Business Partner which within the (36) month period prior to the Effective Date of Your Protection Plan: a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment, whether such diagnostic care or treatment were sought or not; or b) required taking prescribed drugs or medicine; or c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

Published Penalties means any published cancellation penalties issued by Your travel agency or Travel Supplier that apply to all clients of the travel agency or Travel Supplier and can be documented at time of the sale of the Trip. The loss must occur within the Travel Supplier's penalty period. The maximum amount reimbursable under the travel agencies Published Penalties is 10% of the Trip cost (excluding taxes and other non-commissionable items) or 10% of the amount You have paid, whichever is less. Maximum payable under any one claim is the Trip cost, excluding taxes and other non-commissionable items.

Reasonable, Usual and Customary Charges shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed and not to be higher than those made as if no insurance was in place. The determination considers: a) amounts charged by other Service Providers for the same or similar treatment, services and supplies in the geographic area where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; b) any usual medical circumstances requiring additional time, skill or experience; and c) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

Scheduled Departure Date means the date on which You are originally scheduled to leave on Your Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or the original final destination.

Strike means any stoppage of work: a) As a result of a combined effect of workers which was unannounced and unpublished at the time travel services were purchased; and b) Which interferes with the normal departure and arrival of a Common Carrier.

Transportation Expense means: a) The cost of conveyance of You and any medical personnel (if Medically Necessary); and b) The cost of Medically Necessary services or supplies.

Travel Arrangements mean: a) transportation; b) accommodations; and c) other specified services arranged by the Travel Supplier for the Trip.

Traveling Companion means a person or persons with whom You a) have coordinated Travel Arrangements and b) intend to travel with during the Trip. Note: a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Travel Supplier means any entity or organization that coordinates or supplies travel services for You.

Trip means scheduled trips, tours or cruises for which: a) benefits are requested; and b) the required plan cost is submitted prior to the Scheduled Departure Date. c) a period of travel away from home to a destination outside Your City of residence; d) the purpose of the trip is business or pleasure; and e) the trip has defined Departure and Return dates.

Unforeseen means not anticipated or expected, and occurring on or after the Effective Date of the Policy.

Trip means scheduled trips, tours or cruises for which: a) benefits are requested; and b) the required plan cost is submitted prior to the Scheduled Departure Date. c) a period of travel away from home to a destination outside Your City of residence; d) the purpose of the trip is business or pleasure; and e) the trip has defined Departure and Return dates.

Trip Cost is the full cost of the trip that must be declared and informed in the purchase form. If Airline tickets are paid with award miles or points, the cost of issuing the ticket and taxes paid must be included in the full declared cost of the trip. In case of a Trip Cancellation or Trip Interruption claim, if the trip cost is not informed and declared as stated above, benefit will be settled proportionally to the declared trip cost amount (pro-rata).

You/Your means the individual named on the enrollment form who has purchased a Trip and who has paid the required cost for Your Protection Plan.

WHAT BENEFITS ARE NOT PAYABLE

No Benefit shall be payable for Accident Medical expenses, Sickness Medical expenses, In-

Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Due to or related to a Pre-Existing Condition and/or arising complications of a Pre-Existing Condition;
2. Resulting from or in connection with suicide, attempted suicide, or any illness or intentionally self-inflicted Injury while sane or insane;
3. Any Mental or Nervous disorders or rest cures;
4. Received as a result or consequence of being completely or partially Intoxicated with drugs or alcohol; or under the influence of any narcotic/drug unless administered by medical prescription;
5. Condition or Treatment in connection with alcoholism or drug addiction; or related to use of alcohol, any drug or narcotic agent;
6. To which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
7. Due to: a) Pregnancy or illnesses caused by pregnancy, childbirth or miscarriage; b) Miscarriage as a consequence of an Accident; c) Medication, treatment or procedure that stimulates or prevents conception or childbirth, including but not limited to, artificial insemination, fertility or impotence treatments, sterilization or sterilization reversion;
8. For pain management or treatments for chronic pain;
9. Congenital abnormalities, genetic disorders, chronic, evolutive or degenerative diseases, and/or conditions arising out or resulting there from;
10. Treatment of venereal or sexually transmitted disease;
11. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
12. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
13. Due to: a) Dental care, except as a result of Injury to natural teeth caused by an Accident, unless otherwise covered under this plan; b) Routine Dental Treatment; c) Treatment and provision of false teeth or dentures;
14. Treatment of the temporomandibular joint;
15. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof;
16. Treatment for human organ tissue transplants and their related treatment;
17. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal

septum shall be considered a cosmetic condition;

18. Weight reduction programs or the surgical treatment of obesity;
19. Normal ear tests and the provision of hearing aids;
20. Vocational, speech, recreational or music therapy;
21. For physiotherapy, occupational therapy or rehabilitation treatments;
22. Due to or related to: a) Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health; b) laboratory diagnostic or X-ray exams, except in case of disability/illness established by previous communication or Legally Qualified Physician.
23. When any Legally Qualified Physician advised You or Your Traveling Companion not to travel due to Sickness or Injury;
24. Expenses which were not recommended, approved and certified as Medically Necessary and Reasonable by a Physician;
25. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
26. Expenses incurred if a) the plan was purchased to seek medical treatment for a condition; or b) the travel was undertaken to seek medical treatment.;
27. Expenses incurred for which travel was undertaken after the insured Person's physician has limited or restricted travel;
28. Services or supplies performed or provided by yourself, by a Relative of Yours, anyone who lives with You, or by any supplier related with You;
29. Expenses incurred in your country of residence;
30. Treatment paid for or furnished under any other individual, government or group policy or charged provided at no cost to Insured Person;
31. Charges which exceed Reasonable and Customary Charges;
32. Ambulance expenses incurred when are not for Medical Emergency or are not Medically Necessary.
33. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
34. Elective or scheduled Surgery or treatments which can be postponed until You return to Your Home Country;
35. Charges do not correspond to the treatment received and/or for Treatments which are not Medically Necessary;
36. Expenses incurred due to treatments that do not correspond to the nature of the emergency or admission diagnosis;

37. Expenses incurred to detect causes or unknown diagnosis when this is not of emergency nature or no precise result is reached;
38. Charges for medicines: a) that have not been prescribed by a Legally Qualified Physician; or b) that have not been prescribed during the declared travel period; or c) that are sold over the counter without a medical prescription;
39. Injury sustained while or resulting from taking part in mountaineering; parachuting, hang gliding or paragliding; bungee jumping; scuba diving or deep sea diving; water-ski; snowmobiling, ski o snowboard; speleology and parasailing;
40. Occurring while or resulting from: a) riding, driving or participating in races, or speed or endurance contests; or b) driving motorcycles/mopeds/scooters (whether as driver or passenger);
41. Occurring while or resulting from participating as a member of a team in professional, sponsored, amateur and/or organized sporting competition;
42. Occurring while or resulting from piloting or learning to pilot or acting as a member of the crew of any aircraft;
43. Loss or damage (including death or injury) or any other expense associated with the discharge, explosion, or use of war weapons or weapons of mass destruction or nuclear, chemical, biological or similar weapons howsoever these may be distributed or combined and used at times of peace, war, terrorism, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government or civil commotion, regardless of who commits the act;
44. When: a) claims are not filed within 30 days from the date of occurrence; and/or b) failure to present the required documentation to verify the eligibility;
45. Expenses which are not presented to the Company for payment within 3 months of occurrence;
46. When the Declared Trip Dates do not correspond to the itinerary of the trip made or the dates were rescheduled and this change was not duly notified;
47. When at the claim process a) fraudulent, adulterated and/or misleading information is presented; or b) relevant and/or decisive information is omitted or concealed or not presented.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof or self-destruction or any attempt thereof while sane or insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;

3. Hernia of any kind;
4. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to/by, or traceable to, or arising in connection with: 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 terrorism or violence; 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 (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless

prescribed by a legally qualified Physician or surgeon;

14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act;

For Trip Interruption claims, Benefits are not payable:

1. If Your Protection Plan has been purchased after a Storm has been named; or a Natural Disaster/Weather conditions that restrict to travel have been announced.
2. War or any act of war, whether declared or not;
3. Participation in a felony, riot or insurrection;
4. Participation in contests of speed;
5. A Pre-existing Condition existing prior to the Effective Date from their Home Country that has the likelihood of causing death or impediment for traveling or interrupting the travel;
6. The Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans;
7. Having business or contractual obligations;
8. Being unable to obtain necessary travel documents (passports, visas, etc.);
9. Being detained or having property confiscated by customs authorities;
10. Carrier caused delays (including bad weather);
11. Prohibition or regulatory by any government;
12. Default of yacht charter companies;
13. Default of the organization from which the Insured Person purchased their trip arrangements.

For Baggage Delay claims and Lost of Baggage and Personal Effect, Benefits are not payable for any delay of the following:

1. Animals;
2. Automobile or automobile equipment, boats or other vehicles or conveyances, trailers, motors, aircraft, bicycles (except when checked as baggage with a Common Carrier);

3. Household effects and furnishings, antiques or collectors items;
4. Sunglasses (prescription or non-prescription) or contact lenses;
5. Artificial teeth or dental bridges;
6. Hearing aids;
7. Prosthetic limbs;
8. Prescribed medications;
9. Keys;
10. Money, credit cards, tickets, documents (except as otherwise specified under the benefit description) or securities;
11. Tickets or Stamps;
12. Professional or occupational equipment or property (whether or not electronic business equipment), telephones or computer hardware or software.
13. Art objects and musical instruments;
14. Consumables including medicines, perfumes, cosmetics, and perishables;
15. Property illegally acquired, kept, stored or transported.

For Political Evacuation claims, Benefits are not payable for:

1. Recoverable losses under any other insurance or through an employer;
2. Losses derived from or attributable to) dishonest or criminal acts committed or attempted by the Insured, b) alleged violation of the laws of the Host Country, unless the Company determines that such allegations are fraudulent, or c) Documents or visas;
3. Losses attributable to: a) the debt, insolvency, commercial failure or the recovery of any property, b) the failure of the insured of a contract or license or c) the application of the illegally contributed exchange rates;
4. Losses due to the responsibility insured by the Insured under any contract.;
5. All costs not agreed with the Company.

WHEN YOU NEED ASSISTANCE

You or the provider of service must contact the Claim Administrator for PreNotification / Referral prior to: any medical Treatment as well as hospital admissions and inpatient / outpatient surgeries.

CLAIM ADMINISTRATOR

SunMed International

Contact Information

24/7: +1 866 723-5621

Whatsapp: +1 305 807-2497

Email: sunmed@usa-assist.com

Fax: +1 786 551-0763

Mailing Addresses

1987 NW 88 Court, Suite 101 Doral
Miami, FL 33172, USA

The Claim Administrator has trained personnel available 24 hours a day, 7 days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary.

Pre-notification does not guarantee that benefits will be paid.

Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment: The Company/Claim Administrator must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the insured undergoing such surgery, procedure, testing or treatment. It remains Your responsibility to inform Your attending physician that Company/Claim Administrator must be called for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

In the event of an emergency during a covered trip, You must call immediately prior to any treatment or procedure. If it is not reasonably possible for You to contact due to the nature of Your emergency, You must have someone else call on Your behalf or You must call as soon as medically possible. Failure to do so may give rise to rejection of Your Claim. However, in case the Company determines that it is an eligible expense, payable benefit will be limited to: a) in the event of hospitalization, 80% of eligible expenses based on reasonable and customary costs, to a maximum of US\$ 15,000; and b) in the event of an outpatient medical consultation, a maximum of one visit per sickness or injury. You will be responsible for payment of any remaining charges.

Note: Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence. The Plan does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense. It is the Insured Person's responsibility to maintain all records regarding travel history and provide any documents to the Company which would verify the Eligibility Requirements.

FILING A CLAIM

You can download the appropriate claim form under Your travel protection plan from www.usa-assist.com (Customer Service / Claims section).

To report a claim You should complete the form and send it to the Claim Administrator with all required information and documents as soon as possible but no later than 30 days from the date of your occurrence.

To facilitate prompt claims settlement, You will be asked to provide proof of Your loss and proof of residency. Therefore, be sure to obtain the following as applicable:

- ~ For medical claims: detailed medical statements from treating physicians where and when the Accident or Sickness occurred as well as receipts for medical services and supplies; also your personal doctor medical history;
- ~ For baggage delay claims: reports from parties responsible (i.e. airline, cruise line, etc.) for delay;
- ~ For trip delay claims: a statement from party causing delay and receipts for expenses;
- ~ For cancellation / interruption claims: Your travel invoice, the cancellation or interruption date, original unused tickets/vouchers, the travel organizer's cancellation clause with regard to nonrefundable losses. You will also be asked to provide proof of payment.
- ~ For all claims: copy of your passport and paper air ticket or boarding pass.

Note: You may lose your rights to eligible benefits and claim case will be closed after 90 day period of no response from You with the requested necessary documentation.

IMPORTANT

- ~ During an emergency (whether prior to admission, during a hospitalization or after Your release from the hospital), the Insurer reserves the right to: a) transfer You to one of its preferred health care providers; and/or b) return You to Your country of residence, for the medical treatment of Your sickness or injury, provided that this will not represent danger to Your life or health. The Insurer will make every provision for Your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the hospital. If you choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such sickness or injury after the proposed date of transfer or return.
- ~ No benefits will be paid for any expenses reimbursed or services provided or compensated to You or compensated by any other source. Benefits cannot be duplicated under Your Protection Plan.

~ Unless You otherwise designate a beneficiary, or in the event the designated beneficiary predeceases You, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: Your spouse; child or children, jointly; parents, jointly if both are living, or the surviving parent, if only one survives; brothers and sisters jointly; or Your estate.

~ If You have two USA-ASSIST Plans that duplicate benefits, You will be paid up to the highest benefit amount under only one Protection Plan for each trip. Protection Plan cost is non-refundable.

APPEALING A CLAIM

In case the Company denies all or part of a claim, the Insured Person shall have sixty (60) days from the date that of denial, within which to appeal the determination. The Insured Person must file an appeal before bringing any legal action under the contract of insurance. The Insured Person should submit a written request for an appeal along with comments, all relevant, pertinent or related documents, medical records, and other information relating to the claim. The Company's review will consider 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, the Company shall have an opportunity for further reasonable investigation and/or review as set forth in the conditions and general provisions, explanation or verification of benefits provision, and will respond as soon as reasonably practicable, and in any event within ninety (90) days from receipt thereof.

QUESTIONS AND INFORMATION

Contact your agent, broker or USA-ASSIST.

USA-ASSIST®

Group Affinity Coverage marketed by
International Travel Assist, LLC
+1 310 694-8453
contact@usa-assist.com
www.usa-assist.com