

Accident Insurance – Summary

**Underwritten by: Advent Syndicate 780 at Lloyd's**

**Policy Number: LF006924**

**Eligibility:** United States residents traveling outside of the United States and holds a current and valid passport.

**SCHEDULE OF BENEFITS**

1) Emergency Medical Evacuation Medical Repatriation - \$10,000,

2) Return Of Remains - \$10,000

**Emergency Medical Evacuation, Emergency Medical Repatriation And Return Of Mortal Remains Expense Benefit** When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1) Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

2) Emergency Medical Repatriation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company: a) one-way Economy Transportation; b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

3) Return of Mortal Remains: In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

**COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay the percentage of the Principal Sum shown in the Table of Losses below when the Plan Participant sustains an Injury while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier that results in a loss shown in the Table of Losses below. The loss must occur within one year after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits

Principal Sum: Plan 1 \$250,000

Plan 2 \$500,000

Plan 3 \$1,000,000

**Loss of:**

Life

Both Hands or Both Feet or Sight of Both Eyes

One Hand and One Foot

Either Hand or Foot and Sight of One Eye

Either Hand or Foot

Sight of One Eye

Quadriplegia

Paraplegia (total paralysis of both lower limbs)

Hemiplegia (total paralysis of upper and lower limbs of one side the body)

Uniplegia (total paralysis of one limb)

**Benefit:**

**(Percentage of Principal Sum)**

100%

100%

100%

100%

50%

50%

100%

75%

50%

25%

## **EFFECTIVE DATES OF INSURANCE:**

### **Plan Participant's Effective Date for all other Coverages:**

A Person will become a Plan Participant under the Plan Document, provided proper premium payment is made, on the latest of:

- 1) The Effective Date of the Plan Document; or
- 2) The date the Company receives a completed application or enrollment form; or
- 3) The day He becomes eligible, subject to any required waiting period, according to the referenced date requested and shown in the Enrollment Form ; or
- 4) The moment He exits their Home Country airspace; or
- 5) The Date requested by the Participating Organization.

## **TERMINATION DATE OF INSURANCE:**

### **Plan Participant's Termination Date for all other Coverages:**

Insurance for a Plan Participant will end on the earliest of:

- 1) The date He is no longer in an Eligible Class; or
- 2) The date the Plan Participant returns to his or her Home Country or;
- 3) The expiration of 365 days from the Effective Date of Coverage or
- 4) The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a) The date the premium is fully earned; or
  - b) The Expiration Date of the Plan Document.

This does not include Reserve or National Guard duty for training;

- 5) The end of the period for which the last premium contribution is made; or
- 6) The date the Plan Participant requests, in writing, that his/her coverage be terminated; or
- 7) The date the Plan Participant's participation in the Program terminates; or
- 8) The date the Plan Participant's Trip is completed.

### **Primary Medical Expense:**

If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, We will pay the Eligible Expenses incurred, subject to any applicable Deductible Amount, and Coinsurance Percentage.

The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury or Sickness:

- 1) While the person is a Plan Participant under the Plan Document.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under the Plan Document is shown on the SCHEDULE OF BENEFITS and is subject to the specific maximums shown on the SCHEDULE OF BENEFITS.

## **Definitions**

**Accident** means an unforeseeable event which:

- 1) Causes Injury to one or more Plan Participants; and
- 2) Occurs while coverage is in effect for the Plan Participant.

**Benefit Period** means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Covered Accident** means an Accident that occurs by a Plan Participant and results in a Loss for which benefits are payable.

**Covered Loss or Covered Losses** means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Plan Document is in force.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered on injury.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury; and
- 2) Prescribed or ordered by a Physician or furnished by a Hospital; and
- 3) Performed in the least costly setting required by the condition; and

- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

**Physician** means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Plan Document to describe expense will be considered to mean the percentile of the payment system in effect at Plan Document issue as shown on the Schedule of Benefits.

#### **EXCLUSIONS**

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) Organ transplants;
- 8) Treatment for an Injury or Sickness caused by, contributed to or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 9) Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
- 10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
- 11) Charges which are in excess of Usual, Reasonable and Customary charges;
- 12) Charges that are not Medically Necessary;
- 13) Charges provided at no cost to the Plan Participant;
- 14) Expenses incurred for treatment while in Your Home Country;
- 15) Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 16) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participation Organization; or an Immediate family member of the Plan Participant;
- 17) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 18) The cost of the Covered Person's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
- 19) For the cost of a one way airplane ticket used in the transportation back to the Plan Participant's country where an air ambulance benefit is provided and medically necessary;
- 20) Travel in or upon:
  - (a) A snowmobile;

- (b) A water jet ski;
  - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
- 21) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding.
  - 22) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition;
  - 23) Rest cures or custodial care;
  - 24) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    - b) While being used for any test or experimental purpose; or
    - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
    - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participation Organization of any subsidiary or affiliate of the Participation Organization, or by the Plan Participant or any member of his household.
    - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    - f) An ultra-light, hang-gliding, parachuting or bungi-cord jumping;
 Except as a fare paying passenger on a regularly scheduled commercial airline.
  - 25) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
  - 26) Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

Please keep this Plan Summary as a general summary of the insurance as specified in the Plan Document issued to and on file at **M25M CC**. The Plan Document contains a complete description of all of the terms and conditions including: the benefits, provisions, exclusions of the insurance plan as underwritten by Advent Syndicate 780 at Lloyd's. The Plan Document will prevail in the event of any discrepancy between this Evidence of Coverage and the Plan Document.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

**Travel Assistance** is an invaluable service that is provided and administered by AXA Assistance USA, Inc. This program offers you travel services, 24 hours a day, 365 days a year.

If you become sick or injured, require travel or financial assistance when traveling, call 24 hours a day, 365 days a year (888) 647-3105 or collect +1 (630) 766-7731. You will promptly be connected to a multilingual assistance coordinator who will assist you.

**AXA Travel Assistance 888-647-3105 in USA or collect 630-766-7731 outside the USA**

**You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services.**

For claims form or questions call: 800-513-2981 Toll free in the USA or go to [www.globalunderwriters.com](http://www.globalunderwriters.com) to download a claim form All claim forms must be completed, signed and mailed to: Global Claims Administrators 3195 Linwood Rd, Suite 201 Cincinnati OH 45208

If you have any questions about your policy, please call Cook & Company anytime: 615-986-0879.