

VISIT USA-HEALTHCARE™ -CONFIRMATION OF INSURANCE
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

The Insurance Company of the State of Pennsylvania with its principal place of business in New York, NY
 Having issued the Policy Number 9498700 to the Group Insurance Trust (District of Columbia)
(Herein called the Policyholder)

LIMITS OF COVERAGE

	Medical Benefits	Emergency Medical Evacuation	Repatriation of Remains	AD&D Principal Sum	Family Travel Benefit
Plan A:	\$50,000*	\$ 75,000	\$20,000	\$50,000	\$10,000
Plan B**:	\$100,000	\$150,000	\$20,000	\$100,000	\$10,000

***The Medical Expense Benefit is reduced to \$10,000 for Ages 80+.**

****Plan B is only available for ages 0-69.**

EMERGENCY MEDICAL ASSISTANCE SERVICE

TO OBTAIN ASSISTANCE IN THE EVENT OF A MEDICAL EMERGENCY OR TO FACILITATE MEDICAL CARE, contact the insurance company's 24-hour assistance service, **Travel Assist**, located in Houston, Texas. Travel Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. **Call toll free in the U.S. and Canada 1-800-626-2427 or call 001-715-295-9817. Identify yourself as a VISIT USA-HEALTHCARE™ insured and refer to Policy No. 9498700. ALL EMERGENCY MEDICAL EVACUATIONS, FAMILY TRAVEL BENEFITS AND REPATRIATIONS ARE TO BE ARRANGED BY TRAVEL ASSIST.**

HOW TO FILE A CLAIM

You will need to save copies of all receipts. All itemized bills must be submitted to the Insurance Company with a Claim Form. To request a claim form, please contact: **Chartis Accident & Health Claims, Travel Insurance Services Claims Unit, P.O. Box 25987, Shawnee Mission, Kansas, 66225-5987 or call toll free in the U.S. and Canada 1-800-551-0824.**

Written notice of a claim must be made to the Claims Unit within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible.

THE COMPANY HEREBY CERTIFIES that the person(s) named in the Schedule (herein called Insured Person) is insured under and subject to all definitions, exceptions, limitations, and provisions of said Policy; to the extent provided in the Master Policy on file with the Company. The Master Policy constitutes the only agreement under which payments are made.

DESCRIPTION OF CLASS: All non-U.S. citizens, temporary U.S. residents, and their dependent children (ages 14 days through 18 years), while visiting the United States, for a period of coverage not exceeding 12 months.

EXCESS BENEFITS: All coverages, except Accidental Death & Dismemberment shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

DEFINITIONS

The term **"Hospital"** as used herein shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operating pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

The term **"Physician"** as used herein shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists. Charges for medical care or treatment provided by a member of the "Immediate Family" are not covered by this policy.

The term **"Injury"** wherever used herein shall mean bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term **"Illness"** wherever used herein shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

The term **"Immediate Family"** means the Insured's spouse and his children, grandchildren, brothers, sisters and parents and those of his spouse.

PERIOD OF COVERAGE

1. Effective Date of Insurance. Coverage will begin on the latest of the following:
 - (a) The departure of the Insured Person from his home country for his trip to the United States;
 - (b) The date after the Insured Person’s completed enrollment form and correct premium are postmarked to the Company or its designated representative; or
 - (c) The requested effective date on the enrollment form.
2. Expiration Date of Insurance Coverage will end on the earliest of the following:
 - (a) The return of the Insured Person to his home country from his trip to the United States;
 - (b) Twelve (12) months after the effective date of coverage; or
 - (c) The requested termination date on the Insured Person’s enrollment form for which premium has been paid.

REFUND OF PREMIUM

Refund of premium, less a \$20 processing fee, will only be allowed if a written request and your original Confirmation of Insurance are received by Travel Insurance Services prior to the effective date of coverage. Once coverage is effective, the premium is considered fully earned and nonrefundable.

DESCRIPTION OF COVERAGES

MEDICAL BENEFITS

When a covered injury or illness results, the Company will pay:

In Hospital Medical Services	80%* of covered expenses
In Hospital Surgical Services	80%* of covered expenses
Out of Hospital Medical Expenses	80%* of covered expenses

*The policy will pay 80% of the first \$5,000 of covered medical expenses incurred. Excess of \$5,000, the policy will pay 100% up to a maximum amount in Plan A (\$50,000 per incident for ages 0-79, or \$10,000 per incident for ages 80+) or Plan B (\$100,000 per incident for ages 0 - 69).

DEDUCTIBLE: The above medical expenses are excess of a deductible paid per coverage period. The deductible amount consists of covered expenses which would otherwise be payable under this policy. These expenses must be borne by the Insured Person. There is also a \$250 Emergency Room Deductible per visit which will be waived if admitted to the hospital.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. Benefit period is 26 weeks. However, all benefits will cease when an Insured Person arrives in his home country from the United States, or from Incidental Travel (14 days maximum) to Canada, Mexico or U.S. territories.

Covered Expenses

For the purpose of this section, only such expenses of which the first expense must be incurred within 30 days of the commencement of covered Injury or Illness, and which are specifically enumerated in the following list of charges and which are not excluded in the Exclusions Section, shall be considered covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services 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 semiprivate room and board accommodation, or two (2) times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the actual charge for intensive care unit made by the servicing hospital, whichever is less.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost and administration of anesthetics.
4. Charges made for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment.
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
6. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a physician or surgeon.
7. If the insured receives medical care, for the following conditions: tumor or related conditions, cancer or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm, the company will pay up to \$300 a day up to a maximum of \$5,000 for an inpatient stay or a maximum of \$5,000.00 as an outpatient. Eligible medical services for these conditions should not exceed the total aggregate amount of \$5,000.

The charges enumerated above shall in no event include any amount of such charges which are in excess of reasonable and customary charges. A charge incurred by an Insured Person shall be deemed a reasonable and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the sickness or bodily injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses.

EMERGENCY MEDICAL EVACUATION

The Company will pay benefits for covered expenses incurred if an Insured Person is outside a 100 mile radius from his/her current place of primary residence or his/her home country up to the maximum stated under the Limits of Coverage in this Confirmation if any injury or illness commencing during the course of a trip results in the necessary emergency medical evacuation of the Insured Person. Emergency Medical Evacuation means: (a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Insured Person’s medical condition

warrants transportation to his/her then home country to obtain further medical treatment or to recover; or (c) both a) and b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency medical evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be (a) recommended by the attending physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency medical evacuation. Special transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicles. All arrangements must be made by Travel Assist.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person’s body home (to his/her home country) if he or she dies, not to exceed the maximum stated under the Limits of Coverage in this Confirmation. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins, and transportation. All arrangements must be made by Travel Assist.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that: (1) Such loss occurs within 365 days after the date of accident causing such loss; (2) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in the Schedule of this Confirmation, as applicable to such person and this Coverage; and (3) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Table of Losses

Loss of Life	Principal Sum
Loss of Two Members	Principal Sum
Loss of One Member	One-Half the Principal Sum

The term “Loss” as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. The term “Member” means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

OPTIONAL BENEFIT: ADDITIONAL AD&D

If the optional benefit is selected and the premium paid in advance of the Period of Coverage, the Company will pay the additional Principal Sum indemnity determined from the Table of Losses above up to \$250,000 in the event Injury is sustained while riding as a fare paying passenger on a scheduled airline, or up to \$100,000 in the event Injury is sustained by any other cause. Injury must be sustained during the period of coverage and not otherwise excluded from the Policy.

FAMILY TRAVEL BENEFIT

The Company will pay the family member’s economy fare travel and lodging expenses, not to exceed the maximum benefit of \$10,000, so that a member of the Insured Person’s family can join the Insured Person in the event of a covered Emergency Medical Evacuation, where the attending physician feels that it would be beneficial to have a family member at the side of the Insured Person for whom the evacuation is necessary.

The Company will pay for the one way economy fares less the value of applied credit from any unused travel tickets per person to their country of origin, not to exceed the maximum benefit of \$10,000 in the event the Insured Person is traveling with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren) are left unattended.

“Minor Child” shall mean the Insured Person’s unmarried children, including natural children, step or foster children, or adopted children ages 14 days through 18 years.

Travel Assist must make all arrangements and must authorize all expenses in advance for any Family Travel Benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Travel Assist in advance. However, Travel Assist is not responsible for the availability of transportation services, medical services, and medical supplies.

OPTIONAL BENEFIT: HAZARDOUS ACTIVITY COVERAGE

If the optional benefit is selected and the premium paid in advance of the Period of Coverage, Medical Expense Coverage will be provided for the following hazardous activities: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

EXCLUSIONS

For **Medical Expense Benefit**, this insurance does not cover expenses:

1. For **Pre-existing Conditions**, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three years prior to the effective date of the insured person’s coverage. This exclusion does not apply to **Emergency Medical Evacuation or Repatriation of Remains**;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For pregnancy, childbirth, or miscarriage, or abortion;
7. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or

- x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
- 8. For cosmetic or plastic surgery, except as the result of an accident;
- 9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
- 10. For any mental or nervous disorders or rest cures;
- 11. For dental care, except as the result of injury to natural teeth caused by accident;
- 12. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- 13. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
- 14. For congenital anomalies and conditions arising out of or resulting therefrom;
- 15. For expenses which are non-medical in nature;
- 16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
- 17. For expenses as a result of or in connection with intentionally self-inflicted injury;
- 18. For expenses as a result of or in connection with the commission of a felony offense;
- 19. For specific named hazards: motorcycling; scuba diving; surfing; spelunking; jet, snow or water skiing; mountain climbing; sky diving; hang gliding; paragliding; parasailing; bungee jumping; whitewater rafting; professional or amateur racing and piloting an aircraft;
- 20. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
- 21. Within the Insured Person's home country, unless the first treatment for the disablement was rendered while outside the Insured Person's home country.

For Accidental Death and Dismemberment, Evacuation and Repatriation of Remains Indemnity, this Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

- 1. suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat by the Insured Person while insane;
- 2. disease of any kind, illness pregnancy, childbirth or miscarriage, or abortion;
- 3. bacterial infection except pyogenic infections which shall occur through an accidental cut or wound;
- 4. hernia of any kind;
- 5. injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation;
- 6. declared or undeclared war or any act thereof;
- 7. service in the military, naval or air service of any country;
- 8. the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician and within the amounts prescribed by a physician;
- 9. intentionally self-inflicted injury;
- 10. piloting or acting as a crew member in any aircraft.

For Medical Evacuation and Repatriation of Remains Expense, this Policy does not cover any loss, fatal or nonfatal, caused by 1, 5, 6, 7, 9, 10 above.

POLICY PROVISIONS

- 1. **ENTIRE CONTRACT; CHANGES:** The policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon. No agent has authority to change this policy or to waive any of its provisions.
- 2. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within twenty days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administration Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
- 3. **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
- 4. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office in case of claim for 1 loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of a claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
- 5. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under the Policy for any loss other than loss for which the policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 6. **PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the policy shall be payable to the estate of an Insured Person, or an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by

the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

7. PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
8. LEGAL ACTIONS: No actions at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.
9. CONFORMITY WITH STATE STATUTES: Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for the delivery is hereby amended to conform to the minimum requirements of such statutes.

This Confirmation of Insurance is presented for general information purposes and is not intended to replace the Master Policy on file with Travel Insurance Services and The Insurance Company of the State of Pennsylvania. In the event of a conflict between this Confirmation and the Master Policy, the Master Policy will govern.