

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 0-713-267-2525. If outside the U.S. call collect 0-713-267-2525. Identify yourself as a Voyager insured and refer to the Policy Number 9109334 and Travel Assist numbers 1294. ALL EMERGENCY MEDICAL EVACUATIONS, BEDSIDE VISITATIONS 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: **Domestic Claims, Accident & Health Claims Department, Travel Insurance Services Claims Unit, P.O. Box 25987, Shawnee Mission, KS 66225-5987 or call toll free in the U.S. and Canada 1-800-551-0824. If outside the U.S. and Canada call 302-661-4176.**

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: U.S. residents traveling inside the U.S. and all U.S. residents while traveling outside the U.S. and their country of citizenship if they are not a U.S. citizen.

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

Insured Person(s) – An Insured person(s) means an eligible person who is covered under the Class of Insured Persons and for whom the appropriate premium has been paid.

Injury – Injury means bodily injury caused solely and directly by violent, accidental, external and visible means occurring while the policy is in force and resulting directly and independently of all other causes in loss covered by the policy.

Illness – Illness means a sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

Hospital – Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) means a place that operates 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 services and medical supervision.

Physician – Physician means 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.

Common Carrier – means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

Checked Baggage – means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier.

SCOPE OF COVERAGE

Covers unlimited number of trips with a maximum of 90 consecutive travel days on any one trip and while outside a 100 miles radius from his/her permanent U.S. residence.

Coverage will end twelve (12) months after the effective date of coverage 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 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 non-refundable.

DESCRIPTION OF COVERAGES

MEDICAL BENEFITS (only for Plus and Elite)

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

In Hospital Medical Services.....100% of covered expenses*

In Hospital Surgical Services.....100% of covered expenses*

Out of Hospital Medical Expenses.....100% of covered expenses*

*The policy will pay 100% for covered medical expenses incurred up to a maximum amount on the Schedule of this Confirmation (\$100,000 maximum for ages 70-75, or \$5,000 for ages 76+).

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. Benefit period is 26 weeks. Domestic trips are provided with accident medical only, no sickness coverage.

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 semi-private room and board accommodations.
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. Hotel room charge, when the Insured, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a hospital room

by reason of capacity or distance or to any other circumstances beyond control of Insured.

7. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

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 Illness 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. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

EMERGENCY MEDICAL EVACUATION

The Company will pay benefits for covered expenses incurred while outside a 100 mile radius from his/her place of permanent U.S. residence up to a maximum stated in the Schedule of 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 place of permanent U.S. residence 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: (a) by the most direct and economical route; (b) subject to prior approval of the Company; and (c) arranged by Travel Assist. (See Section on Emergency Medical Assistance Service.)

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.

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 AD&D 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

For Loss of:	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Speech and Hearing	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum
Thumb and Index fingers of same hand	One-Quarter of 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. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her place of permanent residence) if the Insured Person dies, not to exceed the maximum stated in the Schedule of 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.

BEDSIDE VISITATION

The Company will pay the cost of a round-trip economy airline ticket to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined when, in the opinion of a medical practitioner acceptable to the Company, such a visit is necessary due to a bodily Injury or Illness which constitutes an immediate danger to life. Travel Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Policy to be payable.

LOST BAGGAGE

The Company will pay benefits if an Insured's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during the Trip. The Company will reimburse the Insured, up to the maximum shown in the Schedule, for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a combined maximum limit of \$250 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, and cameras, including related camera equipment and electronic equipment.

Benefits for baggage and personal effects will be in excess of

any amount paid or payable by the Common Carrier responsible for the loss. Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, the Company will be liable only for the excess of the amount of loss, over the amount of such other insurance.

Exclusions: Benefits will not be provided for any loss of: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

BAGGAGE DELAY

The Company will reimburse the Insured for the expense of necessary personal effects, up to the maximum shown in the Schedule of this Confirmation if the Insured's Checked Baggage is delayed or misdirected by a Common Carrier for more than 24 hours from the time the Insured arrives at the destination stated on the Insured's ticket (other than the Insured's final destination) until the time it arrives. The Insured must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

TRIP DELAY

The Company will pay benefits for Trip Delay, subject to the maximum shown in the Schedule of this Confirmation, if the Insured's Trip is delayed for 24 or more hours due to a Covered Hazard.

If the Insured's Trip is delayed due to a covered hazard, the Company will reimburse the Insured for:

a) any prepaid, unused, non-refundable land or water accommodations; b) any Reasonable Additional Expenses incurred; c) a one-way economy ticket from the point where the Insured ended the Trip to a destination where the Insured can rejoin the Trip; or d) a one-way economy ticket to return the Insured to the originally scheduled final destination.

Covered Hazards: a) delay of a Common Carrier caused by Inclement Weather; b) delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by the Insured during the Insured's Trip; or c) delay caused by Equipment Failure of a Common Carrier.

Equipment Failure – means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused the delay or interruption of normal trips.

Inclement Weather – means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Reasonable Additional Expenses – means any expense for meals and lodging which are necessarily incurred as the result of a Covered Hazard and which were not provided by the Common Carrier or any other party free of charge.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier.

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: motorcycle driving, skiing, snowboarding, mountain climbing, sky diving, amateur racing, hang-gliding and paragliding.

EXCLUSIONS

For **Medical Expenses**, this insurance does not cover expenses incurred:

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 this insurance;
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 thereof while sane or self-destruction or any attempt thereof while insane;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For miscarriage resulting from accident;
8. For routine physicals 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;
9. For cosmetic or plastic surgery, except as the result of an accident;
10. For elective surgery which can be postponed until the Insured returns to his/her country of residence;
11. For any mental or nervous disorders or rest cures;
12. For dental care, except as the result of Injury to natural teeth caused by accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder;
14. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
15. For congenital anomalies and conditions arising out of or resulting therefrom;
16. For expenses as a result of or in connection with the commission of a felony offense;
17. For expenses which are non-medical in nature;
18. 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;
19. For expenses as a result of or in connection with intentionally self-inflicted injury;
20. For specific named hazards: motorcycle driving, skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, hang-gliding and paragliding;
21. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment 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;

For Accidental Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Suicide or any attempt thereof by the Insured Person while sane

or self destruction or any attempt thereof by the Insured Person while insane;

2. War or any act of war, declared or undeclared;
3. Service in the military, naval, or air service of any country;
4. Disease of any kind;
5. Hernia of any kind;
6. Bacterial Infections except pyogenic infection which shall occur through an accidental cut or wound;
7. Piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger on a scheduled airline;
8. The Insured Person being under the influence of drugs (unless taken under the advice of a physician and within the amounts prescribed by a physician) or intoxicants of any type including alcohol.

For Medical Evacuation and Repatriation of Remains Expense, this Policy does not cover any loss, fatal or nonfatal, caused by 1, 2, 3, or 6 above.

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

Emergency Travelers Assistance Services

- 24-hour verification of medical coverage for hospitals and physicians
- 24-hour medical care location service
- Medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy.
- Emergency medical transportation arrangements
- Emergency medical service for medical situations
- Multilingual services
- 24-hour contact for legal emergencies
- Legal referral, to help you locate a consular official or attorney

POLICY PROVISIONS

1. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within twenty (20) 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 Office 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.

2. **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 (15) 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.

3. **PROOFS OF LOSS:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which the policy provides any periodic payment contingent upon continuing loss within ninety (90) 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 (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or 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.

4. **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 immediately paid upon receipt of due written proof.

5. **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 the 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 no 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.

6. **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 Illness 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.

7. **LEGAL ACTIONS:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of the Policy. No such action shall be brought after expiration of three years after the time written proof of loss is required to be furnished.

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.