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**Out of Country Volunteer  
Accident & Sickness Insurance Plan**  
Policy Number: AHB0000017-241



## Eligibility

- ✓ You are a **Covered Person** and eligible for coverage under the plan if you are in the eligible classes defined below. For benefits to be payable, the Policy must be in force, the required premium must be paid and you must be within the Scope of Coverage described below.

## Class Description

- ✓ All registered volunteers\*\* who are participating in sponsored volunteer activities outside their **Home Country**.

\*\*This does not include student volunteers residing or attending school in the same country in which they participate in sponsored volunteer activities, regardless of the student volunteer's **Home Country**.

## Scope of Coverage

This coverage will start at the actual start of the **Covered Trip**, regardless of whether the trip begins at the **Covered Person's** place of residence, place of work, or another place, whichever occurs last. The coverage will end on the first of the following:

1. the date a **Covered Person** returns to his or her place of residence; or
2. the date a **Covered Person** returns to his or her place of work.

## DESCRIPTION OF BENEFITS

### Accidental Death & Dismemberment Benefit

If, within one year from the date of a **Covered Accident**, **Covered Injury** from the **Covered Accident** results in a **Covered Loss** listed in the table below, We will pay the percentage of the **Principal Sum** shown in the table. If the **Covered Person** sustains more than one such **Covered Loss** as the result of one **Covered Accident**, We will pay only one amount, the largest to which the **Covered Person** is entitled. This amount will not exceed the **Principal Sum** which applies for the **Covered Person**.

Loss	Percentage of Principal Sum
Principal Sum Amount	\$250,000
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand & One Foot	100%
Loss of One Hand & Entire Sight of One Eye	100%

Loss	Percentage of Principal Sum
Loss of One Foot & Entire Sight of One Eye	100%
Loss of Speech & Hearing (Both Ears)	100%
Quadriplegia (Total Paralysis of both upper and lower limbs)	100%
Paraplegia (Total Paralysis of both lower or upper limbs)	75%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Loss of Hearing in One Ear	50%
Hemiplegia (Total Paralysis of upper and lower limbs on one side of body)	50%
Uniplegia (Total Paralysis of one lower or upper limb)	25%
Loss of Thumb & Index Finger of the Same Hand	25%
Coma Benefit	25%

**Loss of a hand or foot** means complete **Severance** through or above the wrist or ankle joint.

**Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means.

**Loss of speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.

**Loss of a thumb and index finger** means complete **Severance** through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**Severance** means the complete separation and dismemberment of the part from the body.

**Total Paralysis** means complete loss of use and sensation of limbs. Paralysis must occur within the 365 day period from the date of the **Covered Accident**. The paralysis must be determined by a Physician to be complete and not reversible.

**Coma** means total loss of use of the body or being in a state of profound unconsciousness which resulted directly and independently from all other causes from an Accident, and from which the **Covered Person** is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a **Covered Injury** unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Accident.

## Out of Country Medical Expense Benefit

If an injury or **Covered Sickness** to the **Covered Person** occurs while the **Covered Person** is outside of the United States and its territories and results in the **Covered Person** incurring **Covered Expenses** for any of the services in the Schedule of Benefits, We will pay the applicable benefit, subject to the Deductible Amount (if any) as shown in the table below.

Schedule of Benefits	Benefit Maximum
Out of Country Medical Expense Maximum Amount per occurrence	\$250,000 per Covered Person
First Covered Expenses must be incurred within	365 days after the Covered Accident or Sickness
Deductible	\$0
Co-insurance Rate	Up to 100% U&C
Maximum Benefit Amount for Pre-existing Condition	\$50,000
Maximum Benefit Amount for Dental Treatment (injury only)	\$5,000
Scope of Coverage	Primary
Home Country Extension Benefit	Included
Home Country Extension Benefit Maximum Benefit Amount	\$250,000
Home Country Extension Benefit Maximum Duration of Coverage	365 Days

If, while traveling outside the **Covered Person's Country of Permanent Residence**, during the course of any **Covered Trip** of less than 365 days or outside the **Covered Person's Country of Permanent Residence** or **Home Country** or while on business or while covered under a Hazard per the Schedule of Benefits a **Covered Person** suffers a **Covered Injury** or a **Covered Sickness** that requires treatment by a Physician, We will pay the Usual and Customary charges incurred for **Covered Expenses** received due to that **Covered Injury** or **Covered Sickness** up to the maximum of any Benefit Amount shown in the Schedule of Benefits. For benefits to be payable under this policy, the first treatment for the **Covered Injury** or **Covered Sickness** must be received within the time frame set forth in the Schedule of Benefits.

The **Covered Person** must be under the care of a Physician when the **Covered Expenses** are incurred. The **Covered Expenses** must be incurred solely for treatment of a **Covered Injury** or **Covered Sickness**:

1. while the person is insured under this Policy; or
2. during the Benefit Period stated in the Schedule of Benefits.

## Out of Country Medical Emergency Guarantee Charge Benefit: \$10,000

If, while traveling on a **Covered Trip** outside the **Covered Person's Country of Permanent Assignment** or **Home Country** during the course of any **Covered Trip** of less than 365 days or while covered under a Hazard a **Covered Person** suffers a **Medical Emergency** for which an Out of Country Medical Expense Benefit is payable and such **Covered Person** incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, We will pay the actual expenses incurred for guarantee of payment to the Hospital or Physician. The **Covered Person** must notify us or our designated administrator prior to admission to the Hospital or medical facility.

**Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of the **Covered Person's** admission to the Hospital.

**Medical Emergency** means a condition caused by a **Covered Injury** which meets all of the following criteria:

1. a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the **Covered Person's** condition or place the **Covered Person's** life in jeopardy;
2. the severe or acute symptom occurs suddenly and unexpectedly; and
3. the severe or acute symptom occurs during a Covered Activity.

**Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of a **Covered Person's** being provided with the medical service or treatment by that provider.

## Home Country Extension of Benefits

If the Home Country Extension Benefit is marked as "Included" in the Schedule of Benefits, and a **Covered Person** suffers a **Covered Injury** or **Covered Sickness** for which benefits are payable under the Out of Country Medical Expense Benefit, We will continue to pay the **Covered Expenses** for the treatment or recurrence of that **Covered Injury** or **Covered Sickness** when the **Covered Person** returns to his or her Home Country, subject to all of the following:

1. Such **Covered Expenses** must be incurred within 180 days of the **Covered Person's** return to his or her Home Country.
2. The maximum amount that We will pay under the Extended Benefit Option is the Extended Benefit Maximum listed in the Schedule of Benefits.
3. We will only pay for **Covered Expenses** that would have been payable under the Out of Country Medical Benefit.

This Extended Benefit Option is subject to the Limitations applicable to the Out of Country Medical Expense Benefit.

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## Covered Expenses

We will pay the Usual and Customary Out of Country Medical Expense charges incurred for **Covered Expenses** received due to a **Covered Injury** or **Covered Sickness** up to the maximum of any Benefit Amount shown in the Schedule of Benefits. For benefits to be payable under this Policy, the first treatment for the **Covered Injury** or **Covered Sickness** must be received within the time frame set forth in the Schedule of Benefits.

**Covered Expenses** include:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an ambulatory medical center.
2. Services of a Physician or a registered nurse (R.N.).
3. Ambulance service to or from a Hospital.
4. Laboratory tests.
5. Radiological procedures.
6. Anesthetics and the administration of anesthetics.
7. Blood, blood products and artificial blood products, and the transfusion thereof.
8. Physiotherapy including physical therapy and occupational therapy.
9. Rental of Durable Medical Equipment.
10. Artificial limbs, artificial eyes, or other prosthetic appliances (not including the replacement of these items).
11. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces).
12. Oxygen or rental equipment for administration of oxygen.
13. Rental of a wheelchair or hospital type bed.
14. Rental of mechanical equipment for treatment of respiratory paralysis.
15. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.
16. Dental charges for injury to sound, natural tooth.
17. Hotel Room charge, when the **Covered Person**, otherwise necessarily Hospital Confined, shall under the care of a duly qualified Physician, have to stay in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the control of the **Covered Person**.
18. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Physician's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
19. Outpatient surgical room and supply expenses for use of the surgical facility.
20. Outpatient: diagnostic X-rays; laboratory procedures; and tests.
21. Physician non-surgical treatment/examination expenses (excluding medicines) including: the Physician's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Physician.
22. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
23. Chiropractic expenses on an inpatient or outpatient basis.
24. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a **Covered Accident** that requires medical treatment.
25. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
26. Emergency medical treatment of pregnancy.
27. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction; and associated myofascial pain, if due to a **Covered Accident**.
28. Expenses for treatment of heat stroke, heart attack, stroke, and burst aneurysm if the condition occurs as the result of a **Covered Accident**.

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## Attendor Benefit: Maximum of \$5,000

If a Repatriation of Remains Benefit becomes payable under the Policy, We will also pay the benefits for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased **Covered Person's** remains from the place where death occurred to the deceased **Covered Person's** Home.

We will also pay Attendor's lodging and meals while the Attendor is away from His Home in connection with accompanying the deceased **Covered Person's** remains.

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## Baggage Delay Benefit: Maximum of \$5,000

If the **Covered Person's** checked-in luggage is not delivered to him or her within 12 Hours at the scheduled destination point of his or her flight, we will reimburse the **Covered Person** for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to the Maximum Benefit Amount. The **Covered Person** must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

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### Bedside Visitor Benefit: Up to \$5,000

We will pay the benefits, subject to all applicable conditions and exclusions, when the **Covered Person** has incurred expenses to join the **Covered Person** who has suffered a **Covered Injury** while on a **Covered Trip** and is confined to a Hospital or other facility.

The Company or Company's vendor must make all arrangements and must authorize all expenses in advance for this benefit to be payable. If it is not reasonably possible to contact The Company or Company's vendor, the Company reserves the right to determine the benefit payable including any reductions.

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### Carjacking Benefit: Up to \$10,000

We will pay the benefit shown above, subject to all applicable conditions and exclusions, if the **Covered Person** suffers a **Covered Loss** shown in the Accidental Death and Dismemberment Schedule of **Covered Losses**. The **Covered Loss** must result directly and independently of all other causes from a **Covered Accident** that occurs during a Carjacking of a Private Passenger Automobile that the **Covered Person** was operating, getting into or out of, or riding in as a passenger. Verification of the Carjacking must be made part of an official police report within 72 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 72 hours or as soon as reasonably possible.

For the purpose of this benefit:

**Carjacking** means a person other than the **Covered Person** taking unlawful possession of a Private Passenger Automobile by means of force or threats against the person(s) then rightfully occupying it.

**Private Passenger Automobile** means a validly registered four-wheel private passenger car, station wagon, jeep, pick-up truck, SUV, and van-type car. Private Passenger Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

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### Emergency Medical Evacuation and/or Medical Repatriation Expense Benefit: Actual Expenses

We will pay the **Covered Expenses** for Emergency Medical Evacuation and/or Medical Repatriation required by the **Covered Person**; while He is outside His Home Country following a **Covered Injury** or **Covered Sickness** if:

1. the **Covered Person** suffers a **Covered Loss** resulting directly and independently of all other causes from a **Covered Accident** or **Covered Sickness** that occurs while traveling from His Home with at least 100 miles distance.
2. the **Covered Person's** Attending Physician or the **Covered Person's** local attending Physician and the authorized travel assistance company certifies an emergency need to send the, under medical supervision, to a different medical facility if it is

determined that adequate medical treatment is not locally available.

Benefits are payable for:

1. Usual and Customary charges for medical services required for Emergency Medical Evacuation and/or Medical Repatriation to the nearest adequate medical facility; and
2. Usual and Customary charges for escort services required by the **Covered Person**, if He is disabled and an escort is recommended in writing by His Physician; and
3. Ambulance services to the nearest airport and air ambulance upon departure; and
4. special air transportation costs to return the **Covered Person** to His Home Country or Country of Residence, if His Physician recommends in writing that His condition requires a stretcher, oxygen, or other special medical arrangements; and
5. expenses above the cost of a return airfare ticket held by the **Covered Person** or in the absence of a ticket, the cost of an economy airfare ticket.

Benefits are payable up to the Actual Expenses.

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### Felonious Assault and Violent Crime Benefit: Maximum of \$10,000

We will pay the additional benefit, subject to all applicable conditions and exclusions, if the **Covered Person** suffers a **Covered Loss** shown in the Accidental Death and Dismemberment Schedule of **Covered Losses**. The **Covered Loss** must result directly and independently of all other causes, from a **Covered Accident** that occurs during a Felonious Assault or Violent Crime as described below. A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid. The **Covered Loss** must occur while the **Covered Person** is on the business or premises of the Policyholder.

For the purpose of this benefit:

**Felonious Assault** means any willful and unlawful use of force by an individual against the **Covered Person** in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the **Covered Loss** occurs.

Violent Crime means violence involving force or threat of force and is one of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

Exclusions:

Benefits will not be paid for any **Covered Loss** sustained during any:

1. Felonious Assault or Violent Crime committed by the **Covered Person**; or



2. Felonious Assault or Violent Crime committed upon the **Covered Person** by a fellow employee.

Other exclusions that apply to this benefit are in the General Exclusions Section.

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### Heat Exhaustion Benefit: Maximum of \$10,000

We will pay the Benefit Amount for Heat Exhaustion as the result of a **Covered Accident**.

For the purpose of this benefit:

**Heat Exhaustion** means a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body.

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### Home Alteration and Vehicle Modification Benefit: Maximum of \$50,000

We will pay the additional benefit, subject to all applicable conditions and exclusions, when the **Covered Person** suffers a **Covered Loss**, other than loss of life, resulting directly and independently of all other causes from a **Covered Accident**. We will reimburse the **Covered Person** for expenses incurred within one year after the date of such **Covered Accident** up to a maximum, which is charged for:

1. Alterations to the **Covered Person's** residence that are necessary to make the residence accessible and habitable; or
2. Modifications to a motor vehicle owned or leased by the **Covered Person** or modifications to a motor vehicle newly purchased for the **Covered Person** that are necessary to make the vehicle accessible to and/or drivable by the **Covered Person**.

This benefit will be payable if all of the following conditions are met.

1. prior to the date of the **Covered Accident** causing such a **Covered Loss**, the **Covered Person** did not require the use of any adaptive devices or adaptation of residence and/or vehicle; and
2. as a direct result of such **Covered Loss** the **Covered Person** now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and
3. The **Covered Person** requires Home alteration or vehicle modification within one year of the date of the **Covered Accident**.

The alterations to the **Covered Person's** residence and the modifications to the **Covered Person's** motor vehicle must be:

1. made on behalf of the **Covered Person**;
2. recommended by the physical or occupational therapist treating the **Covered Person**;
3. carried out by individuals experienced in such alterations and modifications; and

4. in compliance with any applicable laws or requirements requiring approval by the appropriate government authorities.

Only one benefit will be paid for all **Covered Losses** incurred as the result of the same **Covered Accident**.

We will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. that exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred; or
3. incurred as the result of a **Covered Injury** caused by a **Covered Accident** for which the **Covered Person** is entitled to benefits paid or payable by Workers' Compensation or other similar law.

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### Lost Baggage Benefit: Up to \$2,500

We will reimburse the **Covered Person's** replacement costs up to the Maximum Benefit, if the **Covered Person's** baggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The **Covered Person** must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the **Covered Person** its normal reimbursement for the lost, stolen, or damaged baggage.

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### Natural Disaster Evacuation Benefit: Maximum of \$100,000

If a **Covered Person** is on a **Covered Trip** and a Natural Disaster condition occurs, We will pay the **Covered Person** for Evacuation **Covered Expenses** incurred in leaving his or her location, subject to all of the following:

1. The **Covered Person** must be traveling outside of his or her Home Country.
2. The evacuation must be approved and arranged by the Travel Services Provider.
3. The most We will pay for each **Covered Person** is the Natural Disaster Evacuation Expense Maximum Benefit.

For purposes of this benefit:

**Evacuation Covered Expenses** means the actual expenses incurred for:

1. a land, water or air Conveyance, required to transport the **Covered Person** from the place to the Nearest Place of Safety;
2. temporary lodging and food in the Nearest Place of Safety for up to 7 days;
3. a land, water or air Conveyance, required to transport the **Covered Person** from the Nearest Place of Safety within 7 days to one of the following locations:

- a. the **Covered Person's** domicile or permanent residence;
- b. the place in which the **Covered Person** was traveling if there is no travel warning from the United States Department of State governing such place on the date the **Covered Person** is scheduled to return, or
- c. the place of the **Covered Person's** permanent assignment.

Related Costs means food, lodging and, if necessary, physical protection for the **Covered Person** during the Transport to the Nearest Place of Safety.

**Natural Disaster** means wind; rain; snow; sleet; hail; lightning; dust or sandstorm; earthquake; flood; volcanic eruption; wildfire or similar event that occurs by natural causes and that results in severe and widespread damage.

**Nearest Place of Safety** means a location where:

1. the **Covered Person** can be presumed safe from the Natural Disaster that precipitated **Covered Person's** Natural Disaster Evacuation; and
2. the **Covered Person** has access to Transportation; and
3. the **Covered Person** has availability to temporary lodging, if needed.

**Transport or Transportation** means the most efficient and available Conveyance. Where practical, economy fare will be utilized. If possible, the **Covered Person's** Common Carrier tickets will be used.

We will not pay Natural Disaster Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy;
2. that are recoverable through the **Covered Person's** employer;
3. for repatriation of remains expenses;
4. for common or endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization;
5. for medical services; or
6. due to the failure of a **Covered Person** to cooperate with Us or Our Travel Service Provider with regards to an Evacuation. Such non-cooperation includes, but is not limited to, failure to provide any documents needed to extricate the **Covered Person**, failure to follow the directions given by Our Travel Service Provider.

The following terms apply to this Natural Disaster Evacuation Expense Benefit:

Benefits are payable only once. Benefits will not be payable unless We (or Our authorized Travel Service Provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our Travel Service Provider. Our Travel Service Provider is not responsible for the availability of Transport services. Where an Evacuation becomes impractical due to hostile or dangerous conditions, Our Travel Service Provider will

endeavor to maintain contact with the **Covered Person** until an Evacuation occurs.

## Permanent Total Disability

We will pay the Principal Sum if a **Covered Person**:

1. Is injured in a **Covered Accident** which occurs while His coverage is in effect;
2. becomes **Totally Disabled**, directly and independently of disease or bodily infirmity, within 365 days of the **Covered Accident**;
3. continues to be **Totally Disabled** for 12 consecutive months; and
4. is then **Permanently Totally Disabled**.

The Principal Sum will be reduced by the amount of any benefits We have paid under the Accidental Death and Dismemberment Benefits for loss by such **Covered Person** from the same **Covered Accident**.

The **Covered Person** must provide proof that He is Permanently and Totally Disabled. We reserve the right, at the end of the 12 consecutive months of Permanent and **Total Disability** to determine, on the basis of all the facts and circumstances, that the **Covered Person** is Permanently and Totally Disabled, including, but not limited to, requiring an independent medical examination provided at Our expense.

**Permanent Total Disability, Permanently Totally Disabled** means with respect to a **Covered Person** who is employed, He is:

1. unable to perform any work for which He is, or may become, qualified by reason of education, training, or experience or training;
2. this inability is expected to continue for the balance of His lifetime; and
3. items 1. and 2. are certified by a Physician.

**Permanent Total Disability** must be the result of the same **Covered Accident** that caused the **Total Disability**.

## Personal Liability Benefit: Maximum of \$5,000

We will reimburse up to the Maximum Benefit Amount when a claim is made, or a suit is brought against the **Covered Person** for Property Damage or Medical Expenses caused by the **Covered Person** during a **Covered Trip** and resulting in an Injury or Property Damage to another person.

Any reimbursement is conditioned on the following:

1. No admission or liability, offer, promise or payment shall be made by the **Covered Person** without Our prior written consent;
2. The **Covered Person** shall provide Us with assistance and information required in defense of a claim under this Policy;
3. We or Our appointed representatives may at Our discretion, decide to take over and conduct the defense or settlement of any claim against the **Covered Person**.

#### Exclusions:

The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

1. liability which is expected by or intended for the **Covered Person**;
2. liability arising out of or in connection with a Business engaged in by the **Covered Person**. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty: rendered; promised; owed; or implied to be provided because of the nature of the Business;
3. liability arising out of the: rental; or holding for rental of any part of any premises, watercraft, or aircrafts by the **Covered Person**;
4. liability arising out of the: rendering of; or failure to render professional services;
5. liability arising out of the ownership of any premises, watercraft, or aircrafts by the **Covered Person**;
6. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, watercraft, or aircraft;
7. liability arising out of the transmission of a communicable disease by the **Covered Person**;
8. liability arising out of sexual molestation; corporal punishment; or physical or mental abuse;
9. liability arising out of the: use; sale; manufacture; delivery; transfer; or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug agency.
10. liability under any contract or agreement;
11. Property Damage to property owned by the **Covered Person**, or the **Covered Person's** Immediate Family Member;  
Property Damage to property: rented to; occupied; or used by or in the care of the **Covered Person**;
12. Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by a **Covered Person** under any: worker's compensation law; non-occupational disability law; or occupational diseases law; or
13. suits arising from any: family member; or travelling companion; or family member of a travelling companion against the **Covered Person**.

#### For the purpose of this benefit:

**Business** means an activity or occupation that the **Covered Person** engages in for money, wages, profit, or in-kind payment.

**Medical Expenses** means reasonable charges for: medical; surgical; X-ray; dental; ambulance; Hospital; professional nursing; prosthetic devices; and funeral services.

**Property Damage** means physical injury to; destruction of; or loss of use of tangible property.

### **Personal Property Benefit: Maximum of \$5,000**

If a **Covered Person** sustains loss or damage to Personal Property during a **Covered Trip**, We will reimburse the **Covered Person** the reasonable cost, up to the Maximum Benefit Amount, for replacement of any Personal Property that are lost or totally destroyed. The **Covered Person** must take all reasonable precautions for the safety of any covered Personal Property. With respect to a **Covered Loss**, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

#### For the purpose of this benefit:

**Personal Property** means personal goods belonging to the **Covered Person** or for which the **Covered Person** is responsible and are taken on the business trip or acquired by the **Covered Person** during the trip. It does not include vehicles (including Aircraft and other Conveyances) or their accessories or equipment or laptops.

#### Exclusions:

In addition to the Policy Exclusions, We will not pay for Personal Property Reimbursement Benefits for:

1. Loss or damage due to:
  - a. moth, vermin, insects, or other animals, wear, and tear; atmospheric or climatic conditions or gradual deterioration or defective materials or craftsmanship;
  - b. mechanical or electrical failure;
  - c. any process of cleaning, restoring, repairing or alteration;
2. more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
3. devaluation of currency or shortages due to errors or omissions during monetary transactions;
4. any loss not reported to either the police or transport carrier within 24 hours of discovery;
5. any loss due to confiscation or detention by customs or any other authority.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, we may seek to recover any expenses covered by another plan to the extent that the **Covered Person** is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of policy remain unchanged.



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### Rehabilitation Expense Benefit: Up to \$10,000

If a **Covered Person** suffers a **Covered Loss**, We will reimburse the **Covered Person** for expenses incurred within one year after the date of the **Covered Accident** causing such loss, per **Covered Accident**, which are charged for:

1. physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time; and
2. Medically Necessary services or supplies related to rehabilitation therapy.

The therapy, training, services, or supplies must:

1. meet generally accepted standards of medical practice;
2. be provided in a duly licensed Rehabilitation Facility; and
3. be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of **Covered Losses** incurred as the result of the same **Covered Accident**.

We will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the Usual and Customary charges for similar services in the locality where the services are received; or
3. as the result of a **Covered Injury** caused by a **Covered Accident** for which the **Covered Person** is entitled to benefits paid or payable by Workers' Compensation or other similar law.

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### Repatriation of Remains Benefit: Actual Expenses

We will pay the **Covered Expenses** incurred, if any, subject to all applicable conditions and exclusions, for returning a **Covered Person's** remains to His place of residence in His Home Country and state or to the place of burial if He dies directly and independently of all other causes from a **Covered Accident** or **Covered Sickness** outside of His home state or more than 100 miles from His place of residence.

Eligible Repatriation of Remains Expenses that are covered are:

1. the cost of embalming or cremation;
2. minimally necessary coffin, urn, or air tray; and
3. preparation and transportation of the body or remains

Benefits are payable up to the Maximum Benefit Amount shown in the Schedule of Benefits.

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### Return of Minor Child(ren) Benefit: Maximum of \$5,000

If a **Covered Person**, age 18 or older, is the only person over age 18 traveling on a **Covered Trip** with minor Dependent Children, and such **Covered Person** suffers a **Covered Injury** or **Covered Sickness** and must be confined in a Hospital for at least 24 consecutive hours or if the **Covered Person** is medically evacuated to another location, or his or her Home Country, We will pay the transportation costs to return the Dependent Children to his or her principal place of residence, subject to all of the following:

1. Transportation shall be by the most direct and economical means and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.
2. We will not pay more than the Maximum Return of Minor Child(ren) Benefit listed in the Schedule of Benefits, regardless of the number of Dependent Children traveling with the **Covered Person**.
3. All travel arrangements must be approved and arranged by the Travel Services Provider.

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### Security Evacuation Benefit: Maximum of \$100,000

We will pay the Benefit Amount, subject to all applicable conditions and exclusions, if a **Covered Person** requires Security Evacuation as a result of an Occurrence that takes place while the **Covered Person** or Covered Dependent is traveling outside His Home Country. We will pay to transport the **Covered Person** to the Nearest Place of Safety. The determination that a Security Evacuation is required must be made by a Designated Security Consultant and all arrangement must be made by Us.

Benefit will be payable for **Covered Expenses** up to the Benefit Amount. **Covered Expenses** are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the **Covered Person's** safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once per Occurrence.

Benefits will also be payable for the Transportation and Related Cost within 30 days of the Security Evacuation to the following locations as chosen by the **Covered Person**:

1. back to the Host Country if return is safe and permitted; or
2. the **Covered Person's** Home Country.

If after the Security Evacuation is completed, it becomes clear that the **Covered Person** was an active participant in the events that led to an Occurrence, We have the right to recover all Transportation and Related Cost for the **Covered Person**.

For the purpose of this benefit:

**Designated Security Consultant** means an employee of a security firm under contract with the Company or the Company's designated service provider who is experienced in security and measures necessary to ensure the safety of the **Covered Person** in His care.

**Home Country** means a country from which the **Covered Person** holds a passport. If the **Covered Person** holds passports from more than one country, the Home Country will be the country declared to in writing as His Home Country.

**Host Country** means the country, other than an Excluded Country, in which the **Covered Person** is traveling and/or residing while covered under this benefit.

**Nearest Place of Safety** means a location determined by the Designated Security Consultant where:

1. the **Covered Person** can be presumed safe from the Occurrence that precipitated **Covered Person's** Security Evacuation; and
2. the **Covered Person** has access to Transportation; and
3. the **Covered Person** has availability to temporary lodging, if needed.

**Occurrence** means any of the following situations in which a **Covered Person** finds Himself while covered under the Policy:

1. expulsion from a Host Country or being declared persona non grata on a written authority of the recognized government of the Host Country;
2. political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the **Covered Person's** Home Country or citizens of the Host Country should leave the Host Country;
3. verified physical attack or a verified threat of physical attack from a third party;

**Related Cost** means food, lodging and, if necessary, physical protection for the **Covered Person** during the Transport to the Nearest Place of Safety.

**Security Evacuation** means the extrication of a **Covered Person** from the Host Country due to an Occurrence which results in the **Covered Person** being placed in imminent danger.

**Transport/Transportation** means the most efficient and available method of Conveyance. In all cases, where practical, economy fare will be utilized or if possible, the **Covered Person's** Common Carrier ticket.

Exclusions:

Exclusions that apply to this benefit are in the General Exclusions Section.

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### **Trip Cancellation Benefit: Maximum \$2,500**

We will pay this benefit up to the Maximum Limit for trips that are delayed or cancelled before the scheduled departure date due to any of the following reasons:

1. Injury, or death of **Covered Person** or Immediate Family Member. Injury must be so disabling as to reasonably cause the trip to be delayed or canceled. If the **Covered Person** must cancel or delay the trip due to Injury of an Immediate Family Member, it must be because their condition is life threatening, or because the Immediate Family Member requires the **Covered Person's** care. Cancellation due to the death of a Immediate Family Member is covered only if the death occurs within 30 days of the **Covered Person's** scheduled departure date.
2. Bankruptcy or Default of an airline, cruise line or Tour operator resulting in the complete cessation of services. Excluded is the organization from which the **Covered Person** purchased this coverage or Bankruptcy or Default occurring on or before the Effective Date of coverage.
3. weather conditions or Natural Disasters causing delay or cancellation of travel.
4. the **Covered Person's** Home or destination being made uninhabitable by fire, flood, vandalism, burglary or Natural Disaster.
5. the **Covered Person** being subpoenaed, required to serve on jury duty; being hijacked or quarantined; or being required by a court order to appear as a witness in a legal action, provided the **Covered Person** is not:
  1. a party to the legal action, or
  2. appearing as a law enforcement officer.
6. being directly involved in or delayed due to a traffic accident en route to departure.
7. an unforeseen emergency occurring while en route to the **Covered Person's** departure that delays the **Covered Person** at least 4 hour(s).
8. Strike resulting in the complete cessation of travel services.
9. carrier-caused delays due to Inclement Weather or as the result of organized labor Strikes that affect public transportation.
10. travel arrangements canceled by a Tour operator or Common Carrier due to Inclement Weather or as a result of labor disputes that affect public transportation.
11. a covered travel delay which results in the loss of more than 50% of the **Covered Person's** scheduled trip length.
12. a Terrorist Incident in a foreign city in which the **Covered Person** was scheduled to arrive within 10 days following the incident.
13. a documented theft of passports or visas.
14. cancellation of scheduled public transportation as a result of: riot, civil commotion, Strikes, hijacking, Natural Disasters, motor or railway accidents that were unknown at the time of booking the reservation.
15. unforeseen circumstances, which are those events or their consequences which could not have been



reasonably foreseen or expected by the **Covered Person**, and are outside the **Covered Person's** control and that occur during Covered Activities.

For the purposes of this benefit the following definitions shall apply:

**Pandemic** means the worldwide outbreak of a disease in humans in numbers clearly in excess of normal.

**Pandemic Influenza** means a virulent human influenza that causes a global outbreak, or Pandemic of serious illness (designated as pandemic alert level 6 by the World Health Organization (WHO) because there is little natural immunity, the disease can spread easily from person to person.

We will pay for the following:

1. forfeited, non-refundable, unused prepaid payments, or deposits if the **Covered Person's** trip is canceled due to the reasons shown at the beginning of this section.

If the **Covered Person** fails to notify the appropriate travel supplier(s) of His or Her cancellation within 24 hours of becoming aware of the need to cancel, We will pay only the cancellation penalties to which the **Covered Person** was subject at the time of becoming aware of the need to cancel. If the **Covered Person** is medically unable to notify the appropriate travel supplier within 24 hours, He must notify them as soon as medically possible.

2. additional costs as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is canceled, and the **Covered Person's** trip is not canceled due to the reasons shown at the beginning of this section.

Trip Cancellation: Non-refundable cancellation charges imposed by the Tour operator and/or airfare cancellation charges for amounts commencing within 14 day of trip arrangements due to the reasons shown at the beginning of this section. In no event shall the amount reimbursed exceed the amount prepaid for the **Covered Person's** trip.

#### Exclusions:

In addition to the General Exclusions, the Trip Cancellation Benefit is not provided for losses caused by or as a result of:

1. carrier-caused delays including an announced, organized, sanctioned union labor Strike that affects public transportation, unless the effective date of this Policy is prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike, except as provided elsewhere in this Policy.
2. travel arrangements canceled or changed by an airline, cruise line, or Tour operator, except as provided elsewhere in this Policy unless the cancellation is the result of bad weather.
3. changes in plans by the **Covered Person**, for any reason.

4. financial circumstances of the **Covered Person**.
5. any business or contractual obligations of the **Covered Person**.
6. Bankruptcy or Default by the person, agency, or Tour operator from whom the **Covered Person** bought His or Her coverage or purchased His or Her travel arrangements.
7. any government regulation or prohibition.
8. an event which occurs prior to the Effective Date, whether known to the **Covered Person** or not, failure of any Tour operator, Common Carrier, person, or agency to provide the bargained-for travel arrangements.
9. Bankruptcy or Default caused by financial insolvency of the travel supplier, or travel arranger, from whom the **Covered Person** bought His or Her coverage or purchased His or Her travel arrangements.
10. change of plans or disinclination of the **Covered Person**; or His Immediate Family Member to travel on the **Covered Person's** trip.
11. any trip that was booked by the **Covered Person** prior to when His coverage under the Policy became effective.

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### **Trip Delay Benefit: Maximum of \$2,500**

We will pay incurred expenses/We will reimburse up to \$250 per person per day up to 10 days to the Maximum Limit if the **Covered Person's** trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the **Covered Person's** trip. Travel delay must be caused by reasons listed under the Trip Cancellation Benefit, in addition to:

1. carrier delay;
2. lost or stolen passport, travel documents or money;
3. quarantine;
4. Natural Disaster;
5. **Covered Injury** or **Covered Sickness** of the **Covered Person**;
6. the **Covered Person** being delayed by a traffic accident while en route to a departure;
7. hijacking or carjacking;
8. civil disorder or commotion;
9. riot;
10. Inclement Weather which prohibits Common Carrier departure;
11. the loss of the **Covered Person's** travel documents, tickets, or money due to theft.

For the purpose of this benefit:

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

The **Covered Person's** Duties in the Event of Loss: The **Covered Person** must provide Us with proof of the travel delay such as a letter from the airline, cruise line, or Tour operator/newspaper clipping/weather report/police report or the like and proof of the expenses claimed as a result of trip delay.

## GENERAL EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, 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 **Covered Person** is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial, or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
5. Intoxication or being under the influence of any drug or narcotic.
6. Injury caused by, contributed to, or resulting from the **Covered Person's** use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the **Covered Person's** Physician.
7. Driving while intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
8. 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.
9. 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, operation, 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 Policyholder of any subsidiary or affiliate of the Policyholder, or by the **Covered Person** 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 ultralight hang-gliding, parachuting, or bungee-cord jumping
- g. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business purposes.

## DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

**Baggage** means luggage and personal possessions, whether owned, borrowed or rented, taken by the **Covered Person** on the trip.

**Bankruptcy or Default** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, cruise line, Tour operator, or other travel provider provided the Bankruptcy or Default occurs more than fourteen (14) days following the **Covered Person's** Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization or agency or firm from whom the **Covered Person** purchased Travel Arrangements supplied by others.

**Benefit Waiting Period** means the period of time for which the **Covered Person** must be continuously disabled before benefits become payable.

**Child (Children)** means the **Covered Person's** unmarried children all of whom are not yet age 26, including:

1. a natural Child from the moment of birth, stepchild, foster, or legally adopted Child; or
2. a Child in the process of adoption (including the **Covered Person's** adopted Child from the date the **Covered Person** is a party to a proceeding in which the adoption of such Child is sought); or
3. a Child for whom the **Covered Person** is required by a court order to provide medical support; and
4. grandchildren who are dependent on the **Covered Person** for federal income tax purposes at the time of application.

**Coinurance** means the ratio by which We and the **Covered Person** share in the payment of Usual and Customary charge for medical treatment.

**Common Carrier** means:

1. a Conveyance, including an Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.



It does not include any Aircraft or Conveyance operated for sport, recreation, and/or sightseeing activities or for travel in any Aircraft device for aerial navigation except as expressly provided herein.

**Company or We, Us, Our** means Everest Reinsurance Company, domiciled in Delaware.

**Conveyance** means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

**Corridor Deductible** means the dollar amount of the **Covered Expenses** the **Covered Person** must pay towards the policy before We pay any benefits regardless of what any other Insurance Plan or other Insurance Carrier has paid. It applies separately for each **Covered Person**.

**Country of Permanent Assignment or Country of Permanent Residence** means a country, other than a **Covered Person's** Home Country, in which the Policyholder requires a **Covered Person** to work for a period of time that exceeds 310 continuous days.

**Country of Assignment or Country of Residence** means a country other than the **Covered Person's** Home Country, in which the Policyholder requires Him to temporarily reside for employment, Assigned Duties or Volunteer Duties.

**Covered Accident** means a sudden, unforeseeable external event that results, directly and independently of all other causes, in a **Covered Injury** or **Covered Loss** and meets all the following conditions:

1. occurs while the **Covered Person** is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity;
3. is not otherwise excluded under the term of this Policy.

**Covered Activity** means all activities that are supervised or sponsored by the Policyholder, including direct travel to and from such activities.

**Covered Child** means an Insured Person's Child for whom premium is paid while covered under the Policy.

**Covered Dependent** means:

1. any eligible Spouse whose coverage has become effective under this Policy; or
2. any eligible Child whose coverage has become effective under this Policy; or
3. a newborn Child (as described in the Eligibility Section).

**Covered Dependent** means an Insured Person's Covered Child or Covered Spouse for whom premium is paid while covered under the Policy.

**Covered Expenses** means expenses actually incurred by or on behalf of a **Covered Person** for the Usual and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and which is performed or given under the direction of a Physician for treatment of a **Covered Injury** or **Covered**

**Sickness**. Coverage under the Policy must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a **Covered Injury** cannot be in excess of the Maximum Benefit Amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

**Covered Injury** means any bodily harm that results, directly and independently of all other causes, from a **Covered Accident**. All injuries to the same **Covered Person** sustained in one **Covered Accident**, including all related conditions and recurring symptoms of the injuries, will be considered one **Covered Injury**.

**Covered Loss** means a loss:

1. which is the result of a **Covered Injury** to a **Covered Person**;
2. for which benefits are payable under this Policy; and
3. which is not otherwise excluded under the terms of this Policy.

**Covered Person** means an Insured Person and a Covered Dependent and a Covered Spouse and a Covered Child eligible for coverage, for whom proper premium payment has been made when due, and who is therefore insured under the Policy.

**Covered Sickness** means a physical or mental illness or condition of the **Covered Person** which causes a loss for which a **Covered Person** incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one **Covered Sickness**.

**Covered Spouse** means an Insured Person's Spouse for whom premium is paid while covered under the policy.

**Covered Trip** means a period of travel activity by the **Covered Person** which meets all terms and conditions of a Hazard for which they are insured and begins at the actual time the **Covered Person** travels away from their Home, or their regular location of employment, whichever occurs last, and continues until:

1. the actual time the **Covered Person** returns to their Primary Place of Residence, or their regular location of employment, whichever occurs first; or
2. at any time, which the **Covered Person** no longer meets the terms and conditions of a Hazard for which they are insured under the Policy.

For the purpose of this definition, **Covered Trip** shall not include any travel related to the **Covered Person's** regular/daily commuting to or from His place of work and home, or vice versa. This definition does not include the **Covered Person's** trip to a location that extends for more than 365 days. Such trip will be deemed to change the **Covered Person's** residence or place of regular employment to the new location.

**Deductible** means the amount of **Covered Expenses** that each **Covered Person** must Incur, as applicable, before benefits are paid under this Policy.

**Dependent** means an Insured Person's:

1. lawful Spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner.
2. unmarried Children under the age of 26.

**Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the **Covered Person** and shared financial assets/obligations with the **Covered Person**. Both the **Covered Person** and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the **Covered Person** nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office. Emergency Room treatment includes all Hospital related services including Physician, x-ray and lab services.

**Emergency Sickness** means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a **Covered Person's** health or place His life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while a **Covered Person** is participating in a Covered Activity.

**He, His, and Him** includes she, her, and hers.

**Inclement Weather** means any severe weather condition, other than a hurricane, which delays the scheduled arrival or departure of a Common Carrier.

**Health Care Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. group or blanket insurance, whether on an insured or self-funded basis;
2. hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. group labor management plans;
5. employee benefit organization plan;
6. professional association plans on a group basis; or
7. any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

**Home** means the primary residence, structure, or land on which the **Covered Person** permanently resides.

**Home Country** means a country from which the Insured Person or Covered Dependent holds a passport. If the Insured Person or Covered Dependent holds passports from more than one country, the Home Country will be the country declared to in writing as His Home Country.

**Hospital** means an institution which:

1. is operated pursuant to law;
2. is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. is under the supervision of a staff of Physicians;
4. provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. has medical, diagnostic and treatment facilities, with major surgical facilities;
  - a. On its premises; or
  - b. Available to it on a prearranged basis; and
6. charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. a clinic or facility for:
  - a. Convalescent, custodial, educational, or nursing care;
  - b. The aged, drug addicts or alcoholics;
2. a military or veterans' hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. the services are rendered on an emergency basis; and
  - b. a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Hospital Confinement or Hospital Confined** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

**Host Country** means the country, other than an Excluded Country, in which the Insured Person or Covered Dependent is traveling while covered under this benefit.

**Immediate Family Member** means the **Covered Person's** parent (includes stepparent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the **Covered Person's** household.

**Insured Person** means an employee, as defined above, who is eligible and for whom the required premium is made making insurance in effect for that person under



the Policy. A Dependent covered under the Policy is not an Insured Person.

**Medically Necessary or Medical Necessity** means a treatment, service, or supply that is:

1. required to treat a **Covered Injury** or **Covered Sickness**; and
2. prescribed or ordered by a Physician or furnished by a Hospital;
3. performed in the least costly setting required by the condition;
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not in and of itself make it Medically Necessary or covered by the Group Policy.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of an alternative to be the Covered Expense.

**Nurse** means either a professional, licensed, graduate Registered Nurse (R.N.) or a professional, Licensed Practical Nurse (L.P.N.).

**Other Valid and Collectible Insurance** means any reimbursement for or recovery of any element of **Covered Expenses** incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. any individual, group, blanket, or franchise policy of Accident, disability, or health insurance.
2. any arrangement of benefits for members of a group, whether insured or uninsured.
3. any prepaid service arrangement such as BlueCross or BlueShield; individual or group practice plans, or health maintenance organizations.
4. any amount payable for Hospital, medical, or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy.
5. any amount payable for services or injuries or diseases related to the **Covered Person's** job to the extent that He actually received benefits under a Workers' Compensation Law. If the **Covered Person** enters into a settlement to give up His rights to recover future medical expenses that would have been payable except for that settlement.

6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a **Covered Person** after He becomes disabled while insured hereunder.

7. any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

**Permanent Total Disability, Permanently Totally Disabled** means with respect to an Insured Person who is employed, He is:

1. unable to perform any work for which He is, or may become, qualified by reason of education, training, or experience;
2. this inability is expected to continue for the balance of His lifetime; and
3. items 1. and 2. are certified by a Physician.

Permanent Total Disability must be the result of the same **Covered Accident** that caused the Total Disability.

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

**Policyholder** means the entity, in whose name the Policy is issued, as identified on the Policy's face page.

**Prosthesis** means an artificial limb or artificial medical device that is not surgically implanted and that is used to replace a missing limb. The term does not include artificial eyes, ears, noses, dental appliances, ostomy products, or devices such as eyelashes or wigs.

**Principal Sum** means the largest amount payable under the benefit for all losses resulting from any one Accident.

**Rehabilitation Facility** means a Hospital or special unit of a Hospital designated as a Rehabilitation Facility or a free-standing facility which provides physical therapy, occupational therapy, or speech therapy pursuant to the law of the jurisdiction in which treatment is received.

**Spouse** means the lawful Spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.

**Strike** means any organized and legally sanctioned labor disagreement resulting in a stoppage of work: 1) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and 2) which interferes with the normal departure and arrival of a Common Carrier.

**Supervised and Sponsored Activity** means a Policyholder- authorized function:

1. in which the **Covered Person** participates;
2. that is organized and approved by the Policyholder; and
3. that is within the scope of the activities provided by the Policyholder.

**Terrorist Incident** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property by any person acting on behalf of, or in connection with, any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**Total Disability or Totally Disabled** means with respect to an Insured Person who is employed, He is unable to perform the material and substantial duties of His regular occupation due to a **Covered Accident**. After the first 12 months, it means He is unable to perform the material and substantial duties of any occupation for which He is, or may become, qualified by reason of education,

experience, or training, which would provide substantially the same earning capacity as His prior earning capacity prior to the start of disability.

**Tour** means trip arrangements and shall include flight connections to join and depart such trip arrangements provided such flights are scheduled to commence within 10 day(s) of the trip arrangements.

**Usual and Customary** means:

1. with respect to fees or charges, fees for medical services, or supplies which are;
  - a. usually charged by the provider for the service or supply given; and
  - b. the average charged for the service or supply in the locality in which the service or supply is received; or
2. with respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

**Waiting Period** means the length of time from the date of loss to the time when benefits can be received.

For specific questions on coverage, please use the contact information below and reference the policy number on the first page of this brochure.

**Phone number:** 908-635-8813 or 855-252-4695

**Email:** A&Hclaims@everestglobal.com

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