

## SCHEDULE OF COVERAGES AND SERVICES

Schedule of Coverages and Services	Maximum Benefits Per Person
<b>Medical Protection</b>	
<b>Policy Benefit Limit for all coverages</b>	<b>\$100,000.00</b>
<b>Medical Expense Benefit</b>	
<b>\$100.00 Deductible Per Injury or Sickness</b>	
<b>Emergency Evacuation and Repatriation of Remains</b>	
<b>Dental Expense Benefit</b>	
<b>Emergency Dental Benefit (for relief of pain)</b>	<b>\$200.00</b>
<b>\$100.00 Deductible per occurrence</b>	
<b>Sports Ryder (sports and scuba diving)</b>	<b>\$10,000</b>

## PROGRAM DETAILS

### If You need medical attention:

Call the nearest MEDEX Assistance Coordination Center. Telephone numbers are listed on Your I.D. card. The centers are strategically located to provide direct access to the MEDEX network of Medical Advisors, approved hospitals, and other service providers around the world. Be prepared to give Your name, I.D. number, and a brief description of Your problem. MEDEX Assistance will immediately take appropriate action to assist You and monitor Your care until the situation is resolved. Trained multilingual assistance coordinators are available 24 hours a day, to make the necessary arrangements on Your behalf.

In the case of an emergency go **IMMEDIATELY** to the nearest Physician or hospital without delay, then notify MEDEX Assistance of Your situation.

REMEMBER to call MEDEX Assistance. The traveler's assistance services are provided to help You and provide the skilled professional assistance necessary. Please do not attempt to provide Your own solutions to Your problems and subsequently ask us to pay for all of the expenses incurred. MEDEX Assistance is there to provide You with the skilled professional assistance necessary.

### Payments arranged by MEDEX Assistance:

Most Physicians and hospitals will provide You with the necessary medical treatment and send their bill directly to MEDEX Insurance Services. You will be asked to pay for any deductible amount or items not covered by Your other insurance. Ask the hospital or Physician to contact MEDEX Assistance if there are any questions. MEDEX

Assistance will confirm Your protection plan coverage and arrange prompt payments.

### Payments made by You:

If You are required to pay for medical treatment, obtain a signed receipt and a signed statement by a Physician describing the problem and the treatment. Once Your other insurance has processed Your claim, submit a copy of their final disposition along with a MEDEX Insurance Services claim form and a copy of Your receipts to:

**MEDEX Insurance Services**  
**8501 LaSalle Road, Suite 200**  
**Towson, MD 21286**  
**1-800-732-5309 or 1-410-453-6380**

For claim forms or questions, call between 8:00 A.M. and 4:30 P.M. Monday through Friday Eastern Time.

## DEFINITIONS

**Immediate Family Member** - means any children, adopted children, stepchildren, children-in-law, parents, stepparents, parents-in-law, siblings, siblings-in-law, grandparents, grandchildren, legal spouse, aunts, uncles, nieces, and nephews, guardian or ward of You or Your Traveling Companion.

**Injury** - means bodily Injury caused by an accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be Yourself, a Traveling Companion, or an Immediate Family Member.

**Reasonable and Customary** - means the usual charge made by a provider for medical services, treatment, or supplies. It may not exceed the general level of charges for similar services, treatment, or supplies made by other providers in the area where the service or treatment is given or the supply is bought.

**Sickness** - means illness or disease which is diagnosed and treated by a Physician on or after the effective date of this protection plan and while You are covered under this plan.

**The Company** - means Virginia Surety Company, Inc.

**Traveling Companion** - means a person who is sharing land/sea arrangements with You (to a maximum of four persons including You).

**Trip** - means prepaid land or sea arrangements and shall include flight connections to join and depart such land or sea arrangements.

**You or Your** - is the named individual on the identification card who has completed the appropriate enrollment forms and paid the appropriate plan cost.

**To access Emergency Assistance, call the nearest MEDEX Assistance operation center listed on Your ID card or one of the two main centers listed below, collect:**

**United States, Baltimore, MD**  
**(1) 410-453-6330**

## ACCIDENT & SICKNESS EXPENSE BENEFIT

The Company will pay up to the benefit limit for covered expenses incurred outside the USA during the period of coverage which are the direct result of an Injury or Sickness. Covered medical expenses are necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician, charges for hospital confinement and use of operating rooms, charges for anesthetics (including administration), x-ray examinations or treatment, and laboratory tests, ambulance service, drugs, medicines, prosthetics, and therapeutic services and supplies, and emergency dental treatment for relief of pain. The Company will not pay benefits in excess of Reasonable and Customary charges commonly used by providers of medical care in the locality in which the care is furnished.

## MEDICAL EVACUATION

**Emergency Evacuation:** The Company will pay benefits for Covered Expenses incurred outside of the United States up to the maximum shown on the Schedule of Coverages if an Injury or Sickness commencing during the course of the covered Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of Your Injury or Sickness warrants an Emergency Evacuation.

### Emergency Evacuation means:

1. Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest hospital where appropriate medical treatment can be obtained;
2. After being treated at a local hospital, Your medical condition warrants transportation to the United States or where You reside, to obtain further medical treatment or to recover;
3. All of the above.

Covered Expenses are Reasonable and Customary expenses, up to the maximum, for necessary transportation, medical

services, and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for Your evacuation must be by the most direct and economical route possible. Expenses for Your Emergency Evacuation must be:

1. Recommended by the attending Physician;
2. Required by the standard regulations of the conveyance transporting You;
3. **Verified and approved in advance by MEDEX Insurance Services.**

Expenses for medical services and supplies must be recommended by the attending Physician.

Transportation means any land, water, or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. The Company will not cover any expenses provided by another party at no cost to You or already included in the cost of the scheduled Trip. The benefits under this program will cease after You have been evacuated to Your home or home area medical facility.

**All transportation must be authorized and arranged by MEDEX Assistance. Failure to contact MEDEX Assistance may invalidate Your claim.**

The Company will pay expenses for transportation, not to exceed the cost of one round trip economy class airfare to the place of hospitalization for one person chosen by the You, provided You are traveling alone and are hospitalized for more than seven (7) days. This benefit is subject to prior approval from MEDEX Assistance.

Dependent children who are under 18 years of age and who are left unattended as a result of Your Injury or Sickness will be provided one-way economy airfare to their place of residence. If required, The Company will pay for the services and transportation expenses for a qualified escort. These benefits are subject to prior approval from MEDEX Assistance.

## REPATRIATION OF REMAINS

The Company will pay reasonable Covered Expenses incurred to return Your body to Your place of residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverages. Covered Expenses include, but are not limited to, expenses for embalming, cremation, minimally necessary coffins for transport, and transportation. All repatriations are subject to prior approval of MEDEX Assistance.

#### EXCESS INSURANCE PROVISION

The insurance provided shall be in excess of all other valid and collectible insurance or indemnity and shall apply when such other benefits are exhausted.

### EXCLUSIONS AND LIMITATIONS

#### PRE-EXISTING CONDITION LIMITATION

Pre-Existing Conditions means The Company will not pay under any coverage for claims arising from an Injury, Sickness, or other condition (including any condition from which death ensues) of Yourself or Your Traveling Companion within the 6 month period before Your coverage began under this plan which: (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required medical treatment or treatment was recommended by a Physician; (c) required taking prescribed drugs or medicine unless the condition for which the prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

This plan does not cover any loss caused by or resulting from:

1. Pre-Existing Conditions (except for Emergency Evacuation and Repatriation of Remains);
2. Traveling against the advice of a Physician;
3. Traveling to receive medical treatment;
4. Suicide or attempted suicide;
5. Intentionally self-inflicted injuries;
6. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) civil war. Civil disorder, nuclear reaction, radiation or radio active contamination;
7. Participation in any military maneuver or training exercise;
8. Service in the armed forces of any country;
9. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. Air travel or an air-supported device, other than a regularly scheduled airline or air charter company;
11. Mental or emotional disorders;
12. Riding or driving in any motor competition;
13. Being under the influence of drugs or intoxicants unless prescribed by a Physician;
14. Commission or the attempt to commit a criminal act;
15. Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering and/or rock climbing; any race; bungee cord jumping; and speed contest;
16. A motor vehicle accident, unless You are properly licensed to operate the vehicle at the place and time of the accident;
17. Any non-emergency treatment or surgery, routine physical and dental examinations, hearing aids, eye glasses or contact lenses; and

18. Pregnancy and childbirth (except for complications of pregnancy).

We will not pay the expenses that:

1. Are incurred inside the United States of America;
2. Are incurred by treatment received from Chiropractor or Chiropractic Care unless prescribed by a Physician who is not a Chiropractor;
3. Are not recommended and approved as necessary by the attending Physician.

### CONDITIONS

The conditions below apply throughout this Protection Plan. Failure to comply with them may be prejudicial to a claim.

1. All claims with respect to covered expenses prepaid by You must be submitted to MEDEX Insurance Services as soon as possible after payment. Proofs of loss must be submitted within 31 days of Your first return home after the occurrence of the incident giving rise to the claim.
2. Right of Subrogation – To the extent The Company pays for a loss suffered by You, The Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help The Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps You may reasonably require. If The Company takes over Your rights, You must sign an appropriate subrogation form supplied by The Company.

**NOTE:** Problems of distance, information and communication make it impossible for Virginia Surety Company, Inc. or MEDEX Assistance Corporation to assume any responsibility for the availability, quality, use or result of any emergency service. In all cases, You are still responsible for obtaining, using and paying for Your own required services of all types.

### TERM OF COVERAGE

1. This plan is provided in consideration of the payment in advance of the total required plan cost.
2. All coverages take effect at 12:01 a.m. local time at Your location on the departure date of Your Trip.
3. All coverages shall terminate on the earlier of the following dates: (a) Your return to the origination point as specified in the travel tickets; (b) 11:59 p.m. local time at Your location on the date Your Trip is completed.
4. If You extend the return date, all coverages will terminate at 11:59 p.m. local time at Your location on the

date originally scheduled for the return date, unless additional coverage is purchased.

Plan is designed by:

This Insurance, under Policy HTP99126 is underwritten by: Virginia Surety Company, Inc. Executive Offices: 123 North Wacker Drive, Chicago, Illinois 60606. Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, Bank of Edwardsville, Illinois and MEDEX Insurance Services. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.



# TravMed

## DESCRIPTION OF COVERAGE

### IMPORTANT

Please make sure You read and fully understand this document, especially the Conditions and Exclusions and Limitations before You travel from the United States.

### IDENTIFICATION CARD

Please verify that Your name and the valid dates are correct on the I.D. card and carry the card with You at all times. This information should be recorded and kept separately in case Your card is lost.

Before You travel, give Your I.D. number and MEDEX Assistance telephone numbers to a family member or Traveling Companion who is to contact MEDEX Assistance on Your behalf should You become involved in an emergency and are unable to contact MEDEX Assistance directly.

### PROGRAM DESCRIPTION

Program membership is valid during the dates shown on the TravMed enrollment record for each Member. The insurance benefits under this program are underwritten by Virginia Surety Company, Inc. Executive Offices: 123 North Wacker Drive, Chicago, Illinois 60606.