



GLOBAL MEDICAL TRAVEL PROGRAM

OUTLINE OF COVERAGE

You are entitled to the benefits described in this Outline of Coverage, if you have enrolled for this insurance and paid the required premium.

The Policy provides benefits for the Plan elected by You while traveling outside of Your Home Country or Country of Residence. For benefits to be payable, Your coverage must be in force and the required premium must be paid.

EFFECTIVE DATE OF COVERAGE. Insurance becomes effective on the latest of: 1) the date of departure from Your Home Country or Country of Residence; 2) the date We or Our authorized agent receives the completed enrollment form and the required premium; or 3) the date requested on the enrollment form.

TERMINATION OF COVERAGE. Insurance will end on the latest of: 1) the date You return to Your Home Country or Country of Residence; 2) the date shown on the proof of coverage documents mailed after enrollment; or 3) the date Your Trip is more than 364 continuous days.

TERM OF COVERAGE. This coverage will begin on the actual start of the Trip. It will end on the date You return to Your Home Country or Country of Residence.

BENEFITS OF THE POLICY.

Medical Expense Benefit

Total Maximum for all Medical Expense Benefits:	As specified in the Confirmation of Coverage
Deductible:	\$100 per Covered Accident or Sickness
Incurral Period:	60 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date You return to Your Home Country or Country of Residence, or 26 weeks from the date of a Covered Accident or Sickness

This benefit is payable for covered expenses that result directly, and from no other cause, from a Covered Accident or Sickness, subject to the Deductible, the Maximum Benefit Period, Total Maximum for all Medical Expense Benefits and other terms or limits of the Policy.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that You incur; 3) charges incurred for services rendered to You while traveling outside of Your Home Country or Country of Residence; and 4) provided the first charge is incurred within the Incurral Period shown in the benefit schedule. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses includes: 1) Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); 2) Services of a Doctor or a registered nurse (R.N.); 3) Ambulance service to or from a Hospital; 4) Laboratory tests; 5) Radiological procedures; 6) Anesthetics and their administration; 7) Blood, blood products, artificial blood products, and the transfusion thereof; 8) Physiotherapy; 9) Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription; 10) Dental charges for Injury to sound, natural teeth; and 11) Oxygen or rental equipment for administration of oxygen.

"Covered Expenses" means expenses actually incurred by You or on Your behalf for treatment, services and supplies covered by the Policy. 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.

"Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of Covered Expenses

This benefit is payable for expenses incurred for Your medical evacuation. Benefits are payable, if You: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation and 3) are traveling outside of Your Home Country or Country of Residence.

Covered Expenses - 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to Your place of residence for medically necessary treatment in the event of Your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, Your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to Your location to make the assessment. 3) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join You during Your emergency medical evacuation to a different hospital, treatment facility or Your place of residence. Immediate Family Member means your spouse, child, brother, sister, parent, grandparent or in-laws.

Benefits will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of Your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are medically necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event You refuse to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is recommended or the date Your Doctor certifies You may return to Your Home Country or Country of Residence.

Repatriation of Remains Benefit

Benefit Maximum: 100% of Covered Expenses

This benefit is payable for the preparation and return Your body to Your home, if You die due to a Medical Emergency while traveling outside of Your Home Country or Country of Residence. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join Your body during the repatriation to Your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Immediate Family Member means your spouse, child, brother, sister, parent, grandparent or in-laws.

Accidental Death and Dismemberment Benefit

Principal Sum: As specified in the Confirmation of Coverage
Time Period for Loss: 365 of date of Covered Accident

This benefit is payable if You are injured as the direct result of a Covered Accident and suffer any one of the losses shown below within the Time Period for Accident. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech , and Loss of Hearing. “Loss of 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 one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Lost Baggage Benefit

Total Benefit Maximum: \$250
 Benefit Maximum per bag: \$50

This benefit provides reimbursement for the costs of replacing clothes and personal hygiene items, if Your luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond Your use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You 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 You its normal reimbursement for the lost, stolen or damaged luggage.

Cosmetic Disfigurement from Burn Benefit

Benefit Payable: 100% of Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Cosmetic Burn Chart

This benefit is payable, if You suffer third or fourth degree burns in one or more areas of the body.

The benefit payable for any one loss is determined by the following formula:

1. Identify the Area Classification Factor on the Cosmetic Burn Chart shown below;
2. Multiply the Area Classification Factor by the Maximum Allowable Percentage for Area Surface Burned (or a percentage proportional to the total amount of the Body Part actually burned); and
3. Multiply the result of (2) by the Benefit Maximum Amount to determine the amount of the Benefit Maximum Amount Payable under this benefit.

Cosmetic Burn Chart

Body Part	Area Classification	Maximum Allowable % For Area Surface Burned	Percentage of Benefit Maximum Amount Payable*
Face, Neck, Head	11	.9%	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%

*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of the Maximum Benefit Amount payable.

Home Alteration and Vehicle Modification Benefit

Benefit Payable: 20% of the Principal Sum

This benefit is payable, if You suffer a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident. This benefit will be payable, if: 1) prior to the date of the Covered Accident causing such Covered Loss, You 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, You now require such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and 3) You require home alteration or vehicle modification within one year of the date of the Covered Accident.

War Risk Coverage

We will pay benefits for Covered Losses due to Covered Accidents or Sicknesses resulting from war or acts of war anywhere in the world, except: 1) the United States; 2) Your Home Country; 3) Your Country of Residence; and 4) Afghanistan, Israel, Iran, Iraq, Lebanon, North Korea and Syria. The war exclusion is deleted to the extent coverage is provided by the terms and conditions of War Risk Coverage.

We will not pay more than 100% of the Principal Sum specified in the Accidental Death and Dismemberment Benefit, per occurrence.

EXCLUSIONS. We will not pay benefits for any loss or Injury that is caused by, or results from:

1. war or any act of war, whether declared or not.
2. intentionally self-inflicted Injury; suicide or attempted suicide.
3. Injury sustained while participating in an amateur, sponsored scholastic, professional or semi-professional sports.
4. scuba diving; mountain climbing; sky diving; professional or amateur racing; or piloting an aircraft.
5. commission of, or attempt to commit, a felony.
6. piloting or serving as a crewmember or riding in any aircraft, except as a fare-paying passenger on a regularly scheduled or charter airline.
7. sickness, disease, bodily or bacterial or viral infection, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (only applies to Accidental Death and Dismemberment Benefit).

In addition, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from, or contributed to by:

1. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
2. pregnancy, childbirth, miscarriage, except complications of pregnancy.
3. routine physicals.
4. cosmetic or plastic surgery, except as a result of Injury.
5. elective surgery.
6. any mental or nervous disorder or rest cures.
7. routine dental care and treatment.
8. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
9. You being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
10. treatment by any Immediate Family Member. "Immediate Family Member" means Your spouse, child, brother, sister, parent, grandparent, or in-laws.

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.

DEFINITIONS.

"Country of Residence" means a country or location in which You maintain a primary permanent residence.

"Covered Accident" means an accident that occurs while Your coverage is in force and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

"Home Country" means a country from which You hold a passport. If You hold passports from more than one Country, Your Home Country will be the country that You have declared to Us in writing as Your Home Country.

"Injury" means accidental bodily harm sustained by You that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental

means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Sickness” means an illness, disease or condition that causes a loss for which You incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from Your Home Country or Country of Residence.

If You need to file a Claim, please call: ACE USA at 1-800-336-0627 (from within the USA and Canada) or 1-800-302-476-6194 (from outside the USA or Canada). Our fax# is 302-476-7857 and our address is PO Box 5124, Scranton, PA 18505.

You must notify ACE USA within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify You and the Policy Number.

Policy Number: GLM N0 42 45 92 1, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Travel Assistance Services: In addition to the insurance protection provided by this plan, ACE USA has arranged with AXA Assistance-US to provide You with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when You are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while You are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of Your traveling companion or dependents and vehicle return.

Contact Information: For customer service, eligibility verification, benefit plan information and benefit payments, contact: ACE USA at 1-800-336-0627 (from inside the U.S.) or 1-302-476-6194 (from outside the U.S.); fax 1-302-476-7857 for claims or inquiries or email diane.basa@acegroup.com or aceaandhclaims@acegroup.com Mail claims to: ACE North American Claims, PO Box 5124, Scranton, PA. 18505. For medical evacuation, repatriation or other assistance services call: AXA Assistance-US at 1-630-694-9764 (Direct) or 1-855-327-1414 (Toll Free) or medassist-usa@axa-assistance.us.

When You call, please be prepared with the following information: 1) name of caller, phone #, fax #, and relationship to You; 2) Your name, age, sex and the policy number for Your insurance plan, and Your Plan Number (01AH585); 3) a description of Your condition; 4) name, location and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, worker’s compensation, or auto insurance if You were involved in an accident.

This information provides You with a brief outline of the services available to You. These services are subject to the terms and conditions of the Policy under which You are insured. A third party vendor may provide services to You. AXA Assistance-US makes every effort to refer You to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by AXA Assistance-US are not employees or agents of AXA Assistance-US and the choice of provider is Yours alone. AXA Assistance-US assumes no liability for the services provided to You under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to You.

Travel assistance services are not available if Your coverage under the Policy providing insurance benefits is not in effect.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy. The Policy is subject to the

laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

“This plan provides short-term limited duration sickness benefits. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.”