



Effective June 1, 2023 to May 31, 2024

WPI International Travel Medical Insurance and Assistance Program

FAQ & Summary of Benefits 2023-2024

Eligibility: Coverage for students, faculty, staff, and guests* who are engaged in WPI-Sponsored educational activities outside of the United States. Dependents of faculty, staff and guests* are eligible for coverage under the program.

*Guests means individuals invited and authorized to participate in a covered activity that is under the control of WPI.

In order to confirm coverage, your trip must be registered in the [WPI MyTrips International Travel Registry](#).

Territory Restrictions: Travel between any combination of the 50 United States is restricted. If you are an international student, staff, or faculty member, traveling to your home country, coverage will not apply.

Frequently Asked Program Questions:

When is my coverage effective?

Your International SOS membership provides for pre-travel advice. Once abroad, you may access the full range of International SOS services. Your international travel medical insurance covers you for only the duration of the international activity or program in addition to a personal deviation not to exceed 7 days prior to and post program end date. If you decide to depart from the U.S. earlier and/or return later in order to have personal travel time abroad, it is your responsibility to provide coverage for that personal time. WPI strongly recommends maintaining medical, security and evacuation coverage for any travel not covered under the auspices of WPI. Under NO circumstances will benefits for expenses be payable once you return to the US, or after the coverage period ends.

Do I get an ID card?

You can download the International SOS membership card

You will receive an [International SOS membership card](#), which will include the 24-hour International SOS Assistance Center phone number. You will not receive a separate insurance ID card.

Who do I contact if I need help when I'm overseas?

If you have an emergency call International SOS: 1-215-942-8478

Who do I contact if I have pre-trip medical or security questions?

You should visit the WPI International SOS Members [Portal](#) to research your destination and familiarize yourself with the services that International SOS offers travelers while they are abroad. If prompted for a membership number, enter 11BCAS785861. If you have a pre-trip medical or security related question, please call collect to the 24-hour International SOS assistance center: +1-215-942-8478. The assistance center is staffed by doctors, logistics coordinators and security experts to provide medical and security advice and assistance.



Who do I contact if you have a medical or security related question or need information or assistance while overseas?

Please contact one of the global 24-hour International SOS Assistance Center in one of the following ways:

- By email at Philadelphia@internationalsos.com (In the event of an emergency, please call International SOS via the phone or the International SOS Assistance app)
- By phone at +1-215-942-8478. You can call collect, even from abroad, or you can call in from any other available phone or send an email and ask for a call back.
- Via the International SOS Assistance app on your mobile phone. Enter <http://app.internationalsos.com> in your smartphone browser to download the app and create an account by registering with your university email.

The Assistance Center is staffed by doctors, logistics coordinators and security experts that are able to provide medical advice and assistance in your location.

What are some of International SOS services?

Pre-trip consultation on travel items, such as passport and visa requirements, necessary immunizations, safety and security information, medical assistance, and/or questions of concern regarding travel, medical and security issues in your destination. International SOS can help navigate foreign medical situations and facilitate payment of overseas medical bills payment (when appropriate). International SOS will advocate on behalf of you as a traveler, ensure that you are referred to a medically appropriate provider and follow up to ensure you do not require further assistance. Additionally, the coverage includes medical and security evacuation and repatriation coordination; political and natural disaster evacuation coordination; coordination of all benefits with the international travel medical insurance plan.

The International SOS program does not provide international travel medical insurance, so do I have international travel medical insurance when I travel abroad?

Yes. WPI provides international travel medical insurance through AIG/National Union Fire Insurance Company of Pittsburgh, PA for international travelers and this is incorporated into the services provided by International SOS.

Are Trip interruption/delay/cancellation covered?

This plan does not provide trip interruption, trip cancellation, or trip delay benefits of any kind. WPI encourages students, faculty, and staff to consider supplemental insurance options to cover trip interruption and cancellation costs. Such insurance is not required or arranged by WPI and must be purchased on an individual basis.

How do I enroll?

The International Travel Medical Insurance and Assistance Program is a benefit provided to university travelers while outside of the U.S. at no additional cost when they have enrolled in the International SOS [“MyTrips” registry](#).



International Travel Medical Insurance Plan Benefits

Insurance Company: AIG/National Union Fire Insurance Company of Pittsburgh, PA

Policy Period: 06/01/2023 – 5/31/2024

Policy Number: GLB 0009161248

Policyholder: WPI

Coverage provided by the **International Travel Medical Insurance Plan** is primary coverage. Other health care coverage would apply excess & should be maintained due to coverage limitations and exclusions included under the plan.

The **International Travel Medical Insurance Plan** is intended for medical emergencies that arise during the course of your WPI-Sponsored travel (i.e., medically necessary). It is not intended to cover routine or preventative care of any kind.

*****AIG/National Union Fire Insurance Company of Pittsburgh, PA cannot say that anything is covered until a claim is received and all medical documentation is reviewed. *****

****You are responsible for any expenses not covered by WPI’s International Travel Medical Insurance. ****

All Benefits are in U.S. Dollar Amounts:	
Medically Necessary Services related to an Illness or Injury <ul style="list-style-type: none"> • Physician Office Visits • Hospitalizations • Diagnostic Tests • Ambulance Services • Prescription Drugs • Mental Health 	Max Benefit Limit per Covered Accident or Sickness, per Covered Person: \$250,000
Emergency Dental	Included in medical program
Deductible	\$0
Pre-Existing Conditions	Covered

What is covered under the International Travel Medical Insurance Plan?

Coverage is provided for the usual and customary charges for medical services provided in the care and treatment of sickness or accidental bodily injury due to accident/injury which are emergent, medically necessary or emergency in nature. The plan covers medically necessary services, including hospital room and board, inpatient and outpatient surgical procedures, emergency outpatient care, labs and x-rays, inpatient (emergency stabilization only) and outpatient mental health sessions, physician office visits and prescription drugs that are prescribed by a physician outside of the United States.

Review **Summary of Benefits** for a full list of benefits.



What are some services that are NOT covered and important to understand prior to traveling?

The plan does not cover routine or preventative care of any kind, including, but not limited to, travel immunizations, physicals, routine doctor visits for a condition, medication refills, routine infusion treatments, annual women's wellness exams, and birth control. Routine pregnancy services are not covered. Review the last page of this document for the full list of **Exclusions and Limitations**.

How are prescription drugs covered?

Prescription drugs are covered when prescribed by a doctor outside of the United States and related to a medical illness or injury that occurs while traveling.

It is best to get all refills for a medication that you take on a routine basis prior to traveling. This includes both preventative and maintenance medication for chronic health conditions. Always check to see if your medicine is allowed in the country you are traveling to. For medication advice contact International SOS' 24-hour Assistance Center in Philadelphia either via email at Philadelphia@internationalsos.com or via phone at **1-215-942-8478**. Some medications may be challenging to bring in country. For example, traveling with injectable medication. Please discuss this with International SOS as they will be able to provide you with advice. It is important to note that not all medications are available locally.

Please note that birth control is considered preventative in most cases and is not covered.

What happens if I lose the medication while traveling?

The plan will not cover any routine care or treatment for a stable pre-existing condition. Generally, birth control is considered preventative medication and is not covered; and therefore, is not eligible for this replacement of medication benefit. The plan will not cover the refill of prescription medication required for routine or preventative care.

What is covered under the emergency dental benefit?

It is important to be aware of the benefit limit listed in the **Summary of Benefits**. A dental emergency is defined as a type of medical emergency that involves the alleviation of dental pain. This may be due to a dental condition of recent onset and severity, which needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. This also includes accidental dental treatment of an injury to sound, natural teeth that occurs while on a WPI-sponsored trip.

Does this plan cover testing for sexually transmitted disease?

If the testing is a preventive screening or if it is part of a physical or preventive visit, it is not covered because the plan does not cover routine or preventive services. If the testing is performed because you have symptoms or have been exposed to someone with sexually transmitted disease, it may be covered.

If I lose or break my eyeglasses or contact lenses, will the plan cover a new set of lenses?

Replacement of lost or broken lenses is not covered by the plan. Covered vision services is limited to treatment for medical conditions or injury to the eye.

Does the plan cover a hospital stay for treatment of alcohol or substance abuse?

The plan will cover that portion of the hospital stay for the purpose of stabilizing the patient (i.e., emergency inpatient alcohol/substance abuse care)



What if I have a pre-existing condition, am I covered?

Yes, pre-existing conditions are covered. The plan will not cover any ongoing routine care or treatment for a stable pre-existing condition (i.e., routine doctor visits for the condition, medication refills, infusion treatments, etc.- whatever is required to maintain a pre-existing medical condition would not be covered under the policy) If a covered pre-existing medical condition were to worsen or become acute and require emergency medical treatment, it would be considered emergency care that would be eligible for coverage under the plan.

***AIG cannot say that anything is covered until a claim is received and all medical documentation is reviewed. You are responsible for any expenses not covered by WPI's International Travel Medical Insurance.*

“Preexisting Condition,” means an illness, disease, or other condition of the Covered Person that in the 6-month period before the Covered Person’s coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a doctor or treatment had been recommended by a doctor.

To summarize, a pre-existing condition is any condition that requires you to seek treatment within 6 months before the coverage became effective under the policy. Routine care for a pre-existing condition is not covered under the policy.

Does this plan have a deductible?

No. Deductible means the dollar amount of covered expenses that must be incurred as an out-of-pocket expense by each insured before payment is made by the claims company.

How is payment for services handled?

If International SOS pays for covered medical treatment on your behalf, the claim will be automatically sent to AIG/National Union Fire Insurance Company of Pittsburgh, PA, and International SOS will be reimbursed directly from AIG. The traveler does not need to submit any paperwork.

*You may be financially responsible for the invoice should your treatment not be covered by the plan upon review of all documentation by AIG.

**Please note you may be asked by International SOS to self-pay up to \$500 for the covered medical treatment on point of service.

Who do I contact if I have questions about how the International Travel Medical Insurance Plan works?

Contact the Director of Global Risk Management, cwatters@wpi.edu if you have any questions.



Claims Processing

How does the claims process work if International SOS coordinates the payment for medical treatment?

If International SOS coordinates the payment for medical treatment, the claim will be paid for by the insurance company according to the terms and conditions of the policy. The traveler does not need to submit any paperwork. Please note that if you are prescribed a medication, it is unlikely that International SOS will be able to coordinate payment and you will need to submit a claim for reimbursement. Please see the instructions on how to submit a claim under the below question.

*You may be financially responsible for the bill should your treatment not be covered by the plan upon review of all documentation by AIG.

**Please note you may be asked to self-pay up to \$500 for the covered medical treatment on point of service.

If I receive a bill for services I received, what should I do?

If coordination of payment upfront for medical services is unavailable or was not initiated with International SOS, then the prompt filing of a claim form will result in faster payment of a covered person's claim.

Please download and complete the AIG Medical Claim Form located on the WPI International SOS Members [Portal](#). Please include the following with your completed claim form: documentation/receipts from the treating physician or hospital including the date of treatment, the diagnosis, and charges for the treatment.

Please mail your completed Claim Form with itemized bills and receipts to: (to expedite your claim, please fax it with readable receipts)

Accident and Health Claims Department

PO Box 25987

Shawnee Mission, KS 66225-5987

800.551.0824	Inside USA
866.893.8574	FAX
AHclaims@aig.com	

Who do I contact if I have questions about a specific claim or a claims payment?

For a medical claim related to an accident or sickness, customer service, plan information, or eligibility verification please contact **AIG**.

800.551.0824	Inside USA
302.476.6194	Outside USA
866.893.8574	Fax
AHclaims@aig.com	



EXCLUSIONS and LIMITATIONS— AIG INTERNATIONAL TRAVEL MEDICAL INSURANCE PLAN

The plan will not pay benefits for any loss or injury that is caused by or results from:

- Intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment Benefit only)
- War or any act of war, whether declared or not.
- A Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National
- Guard active duty training is not excluded unless it extends beyond 31 days.
- Piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- Commission of, or attempt to commit, a felony.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of or active participation in a riot or insurrection.

In addition, the plan will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Routine nursery care.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- Expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- Medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- Any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- Custodial care.



- Services or expenses incurred in the Covered Person's Home Country. * Under certain circumstances, AIG will pay up to \$10,000 per injury or sickness to cover the expenses incurred in the home country; coverage is secondary to any domestic health insurance that may respond. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country.
- Elective treatment, exams, or surgery; elective termination of pregnancy.
- Expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- Expenses payable by any automobile insurance policy without regard to fault.
- Organ or tissue transplants and related services.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.

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

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit AIG from providing insurance, including, but not limited to, the payment of claims.

SUMMARY OF BENEFITS - INTERNATIONAL TRAVEL MEDICAL INSURANCE

The plan will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Schedule of Benefits*.

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 the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.

Covered Medical Expenses

- 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)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof



- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a doctor or that can be obtained only with a doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Pregnancy and childbirth
- Newborn Nursery Care
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Emergency treatment for the alleviation of dental pain.

Schedule of Benefits:

All Coverages and Benefits are in U.S. Dollar Amounts: Accident and Sickness Medical Maximum

Benefit Description	Benefit Limit
Policy Aggregate Limit	\$1,000,000
Covered Activities	
Class 1	Education Travel Personal Deviation
Class 2	Business Travel Educational Travel Personal Deviation Limited
Dependents Class 2	Business Travel Educational Travel Personal Deviation Limited
Benefits:	
Total Maximum Per Covered Accident or Sickness, Per Covered Person	
Class 1	\$250,000
Class 2	\$250,000
Spouse of Class 2	\$250,000
Children of Class 2	\$250,000
Maximum for Preexisting Conditions	Treated as any other medical condition
Maximum Dental Treatment	
Injury Only	\$1,000
Alleviation of Pain	\$500
Maximum for Emergency Medical Treatment of Pregnancy	Treated as any other medical condition
Maximum for Room & Board Charges	Average semi-private room rate
Maximum for ICU Room & Board Charges	two (2) times the average semi-private room rate
Maximum for Chiropractic Care	\$50 per visit (10 visit maximum)
Maximum for Mental and Nervous Disorders	
Inpatient	\$20,000 (30 day maximum)
Outpatient	up to the Medical Maximum
Maximum for Newborn Nursery Care	\$500



Maximum for Therapeutic Termination of Pregnancy	\$500
Deductible	\$0 Per Covered Accident
Co-Insurance Rate	100% of the Usual and Customary Charges
Incurral Period	90 days after the date of Covered Accident or Sickness
Maximum Benefit Period	The earlier of the date the Covered Person's Trip ends, or 52 weeks from the date of a Covered Accident or Sickness
Maximum Period of Coverage	365
Emergency Medical Benefits - Benefit Maximum	up to \$10,000
Emergency Medical Evacuation Benefit - Benefit Maximum	100% of the Covered Expenses up to \$250,000
Repatriation of Remains Benefit - Benefit Maximum	100% of the Covered Expenses up to \$250,000
Emergency Reunion Benefit - Benefit Maximum	\$12,500
Daily Benefit Maximum	\$300
Maximum Number of Days	10
Benefit Maximum for Repatriation of Remains:	\$2,500
Home Country Extension Benefit - Benefit Maximum	\$10,000
Deductible	\$0
Maximum Benefit Period	30 Days
Security Evacuation Expense Benefit - Benefit Maximum	\$100,000
Aggregate Limit per Occurrence	\$1,000,000
Accidental Death & Dismemberment Benefits Principal Sum:	
Class 1	\$50,000
Class 2	\$50,000
Spouse of Class 2	\$10,000
Children of Class 2	\$5,000
Quarantine Benefit - Benefit Maximum	\$2,000

Description of Benefits

Emergency Medical Benefits - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you:

- 1) suffer a Medical Emergency during the course of a Trip; and
- 2) are traveling on a covered Trip.

Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) 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.



Emergency Medical Evacuation Benefit - We will pay 100% of Covered Expenses incurred up to \$250,000 for your medical evacuation if you:

- 1) suffer a Medical Emergency during the course of the Trip;
- 2) require Emergency Medical Evacuation; and
- 3) are traveling on a covered Trip.

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) Return of Dependent Child (ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital.
- 4) 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.
- 5) Transportation after Stabilization: if We have evacuated you to a medical facility due to an Emergency Medical Evacuation, We will pay transportation costs to; a) your Home Country, or b) your host country, or c) join the group if they have moved onward to a different location.

Benefits for these Covered Expenses 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.

Repatriation of Remains Benefit - We will pay 100% of Covered Expenses up to \$250,000 for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. 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; and



4) Escort Services which include 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.

Emergency Reunion Benefit - We will pay up to \$12,500 for expenses incurred to have your Family Member accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for you to have a Family Member at your side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date you are confined in the Hospital, or the date of the occurrence of the Felonious Assault.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

In the event that you die as a result of a covered Injury or Sickness, we will pay the expenses incurred for emergency travel arrangements, up to \$2,500, for a Family Member to accompany your mortal remains.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed \$300 per day up to 10 days.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

“Family Member” means your parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

Security Evacuation Expense Benefit - We will pay up to \$100,000 if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.

Aggregate Limit per event - We will not pay more than \$1,000,000 for all expenses incurred as the result of one Security Evacuation event. If, in the absence of this provision, we would pay more than this amount for all expenses incurred for a single event, then the benefits payable to each person with a valid claim will be reduced proportionately.

Benefits will be paid for:

1) your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure your safety and well-being as determined by the Designated Security Consultant.



2) your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by you:

- a) back to the country in which you are traveling during the Covered Activity while covered by the Policy but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date you are scheduled to return; or
- b) your Home Country; or
- c) where the Policyholder that sponsored your Trip is located.

3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Benefits are payable only once for any one Occurrence.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in your Home Country or Country of Residence or the government authority(ies) of the Host Country.

“Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure your safety in his or her care.

“Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

“Host Country” means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy.

“Missing Person” means your disappearance for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen



passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events.

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed.

“Occurrence” means any of the following situations in which you are involved that trigger the need for a Security Evacuation: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question.

“Related Costs” means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored your Trip is located. Benefits will not be payable for Related Costs unless We (or our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

“Security Evacuation” means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. “Transport” or “Transportation” means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

- 1) payable under any other provision of the Policy;
- 2) that are recoverable through your employer or other entity sponsoring your Trip;
- 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons;
- 4) arising from or attributable to an alleged:
 - a) violation of the laws of the country in which you are traveling while covered under the Policy;
or
 - b) violation of the laws of your Home Country or Country of Residence;
- 5) due to your failure to maintain and possess duly authorized and issued required travel documents and visas;
- 6) for repatriation of remains expenses;



- 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
- 8) for medical services;
- 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping;
- 10) arising from or attributable, in whole or in part, to:
 - a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b) your non-compliance with regard to any obligation specified in a contract or license;
- 11) due to military or political issues if your Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued;
- 12) your failure to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate you or failure to follow the directions given by Our designated security consultants during a Security Evacuation.

If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$50,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**Schedule of Covered Losses 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
Uniplegia	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. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “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.

Quarantine Benefit - We will pay expenses incurred for up to the Benefit Maximum shown in the Schedule of Benefits if the Insured Person is subject to a Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person’s Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of 14 days after the Quarantine is issued or the date the Quarantine expires. Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Insured Person’s Home Country or to re-join the Trip; and
3. non-refundable travel arrangements.

“**Quarantine**” means the Insured Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured Person either having, or being suspected of having, a contagious disease, infection or contamination while the Insured Person is traveling outside of their Home Country.

· In the *Hazards Insured Against*, the **Personal Deviation (Limited)** hazard will be replaced entirely by:

Personal Deviation (Limited)

The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 14 days while on a Trip covered by the Policy.

“Personal Deviation” means:

1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

Aggregate Limit - We will not pay more than \$1,000,000 for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.