



## SAFETRIP SCHOLASTIC

**SafeTrip Scholastic** provides you with international travel assistance services and travel medical insurance.

- Travel assistance coverage is provided by United Healthcare Global (UHCG).
- Travel Medical Insurance is provided by and underwritten by Catlin Insurance Company, Inc. XL Catlin is the global brand used by XL Group plc's insurance subsidiaries, including Catlin Insurance Company, Inc.

The emergency assistance services are detailed on the following pages. For full travel insurance details, please see the enclosed Certificate of Insurance.

### **Emergency Assistance Services provided by UnitedHealthcare Global**

Medical Assistance Services  
Travel Assistance Services  
Destination Intelligence

## HOW TO USE UNITEDHEALTHCARE GLOBAL SERVICES

24 hours a day, 7 days a week, 365 days a year

If you have a medical or travel problem, simply call UHCG for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, call *collect*, or email at:

Baltimore, Maryland +1-410-453-6330

[Assistance@uhcglobal.com](mailto:Assistance@uhcglobal.com)

An assistance coordinator will ask for Your name, Your company or group name, the UHCG ID number shown on Your card, and a description of Your situation. **If the condition is an emergency, You should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center.** UHCG will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

This coverage is not subject to and does not provide benefits which comply with the U.S. "Affordable Care Act". Please consult your attorney or insurance producer to determine if you need coverage under the Affordable Care Act.

### **Payments arranged by UHCG:**

Most Physicians and hospitals will provide you with the necessary medical treatment will either send their bill directly to UHCG Insurance Services, or in the case of small dollar amounts, may ask You to pay at time services are rendered. Ask the hospital or Physician to contact UHCG. UHCG will confirm Your protection plan coverage and arrange for prompt payments. You will be asked to pay for any deductible amount or items not covered by Your plan.

### **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 any other insurer has processed Your claim, submit a copy of their final disposition along with a UHCG Insurance Services claim form and a copy of Your receipts to:

### **UnitedHealthcare Global Claim Administrator**

P.O. Box 20874

Tampa, FL 33622

1-877-693-8530 / Fax: 1-800-560-6340

Email Address: [Team1@cbpinsure.com](mailto:Team1@cbpinsure.com)

For claim forms or questions, call between 8:30 A.M. and 5:00 P.M. Monday through Friday Eastern Time.

## WORLDWIDE EMERGENCY ASSISTANCE SERVICES

These non-insurance services are provided by UnitedHealthcare Global.

### MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** Upon a your request, UHCG will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area you are traveling in order to assist you in locating appropriate treatment and quality care.

**Monitoring of Treatment:** As and to the extent permissible, UHCG will continually monitor your medical condition. Physician Advisors will provide consultative and advisory services to UHCG in relation to your medical condition, including review and analysis of the quality of medical care received by you.

**Facilitation of Hospital Payment:** Upon securing payment or a guarantee to reimburse, UHCG will either wire or guarantee funds needed for admitting you into a hospital for medical treatment. You are responsible for the payment of the cost of medical care and treatment, including hospital expenses.

**Relay of Insurance and Medical Information:** Upon your request and authorization, UHCG will relay your insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHCG will also assist with hospital admission and discharge planning.

**Medication and Vaccine Transfers:** In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHCG will coordinate the transfer of the medication or vaccine to you upon the prescribing physician's authorization, if it is legally permissible.

**Updates to Family, Employer, and Home Physician:** Upon your approval, UHCG will provide periodic case updates to appropriate individuals designated by you in order to keep them informed.

**Hotel Arrangements:** UHCG will assist you with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

**Replacement of Corrective Lenses and Medical Devices:** UHCG will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

### TRAVEL ASSISTANCE SERVICES

**Replacement of Lost or Stolen Travel Documents:** UHCG will assist you in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** UHCG will make new reservations for airlines, hotels, and other travel services for you in the event of: (a) an Illness or Injury, (b) a Security Evacuation, and (c) during a Political Evacuation.

**Transfer of Funds:** UHCG will provide you with an emergency cash advance subject to UHCG first securing funds from you (via a credit card) or your family.

**Legal Referrals:** Should you require legal assistance, UHCG will direct you to a duly licensed attorney in or around the area where you are located.

**Language Services:** UHCG will provide immediate interpretation assistance to you in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UHCG will provide you with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

**Message Transmittals:** You may send and receive emergency messages toll-free, 24-hours a day, through the UHCG Emergency Response Center.

### WORLDWIDE DESTINATION INTELLIGENCE

**Destination Profiles:** *When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon the UHCG intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.*

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**Lone Star College System  
XL Catlin**



**Evidence of Benefits**

XL Catlin is the global brand used by XL Group plc’s insurance subsidiaries, including Catlin Insurance Company, Inc. Travel Medical Insurance is provided and underwritten by Catlin Insurance Company, Inc.

**Eligibility:** Class 1: All students registered with the Policyholder, traveling outside of the United States and regularly attending classes during a Policyholder sponsored study abroad trip. All employees of the Policyholder traveling outside of the United States for (i) study abroad programs and (ii) any business related to Lone Star College System.

\*Dependents of Class(es) 1 Insureds are eligible for Coverage under this Policy.

Class 2: Employees of the Policyholder traveling outside of the United States as part of a sponsored program of the Policyholder.

**EFFECTIVE DATE OF INSURANCE**

An Insured’s coverage will begin on the latest of the following dates:

1. the Policy Effective Date, provided that the policy premium has been paid;
2. the date he or she is eligible;
3. the date of the scheduled Trip departure date;
4. the date of his or her departure from the United States.

**TERMINATION DATE OF INSURANCE**

An Insured’s coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
4. the Insured fails to pay the required premium, if the Insured is so required;
5. the scheduled Trip return date;

A Dependent’s coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured’s coverage ends;
3. the date the Policy ends;
4. the period ends for which premium is paid;
5. the scheduled Trip return date;

**SCHEDULE OF BENEFITS:**

All Coverages and Benefits are in U.S. Dollar Amounts	
Benefit Period	Per Trip
Out of Country Medical Expense Accident Medical; Sickness Medical	\$250,000 per Person per Occurrence
Dental Treatment (Injury Only)	\$2,500
Dental Treatment (Relief of Pain)	\$500
Physiotherapy	80% co-insurance; \$25 per visit up to 10 visits
Pre-Existing Conditions	Covered to Policy maximum
Maternity	Covered to Policy maximum
Mental/Nervous disorders	Covered to Policy maximum
Deductible	\$0
Co-Insurance	100% of Usual and Customary
Accidental Death & Dismemberment	\$10,000 per Insured
Aggregate Limit of Indemnity per Accident	\$1,000,000 Aggregate Limit
Emergency Medical Evacuation	Up to \$1,000,000
Repatriation of Remains	Up to \$250,000
Family Reunion	Up to \$2,500
Political Evacuation	Up to \$100,000
Lost Baggage	\$500

Lost Baggage Deductible	\$25
Home Country Extension	Up to \$5,000
Trip Interruption – Return Ticket	\$2,000
Assistance Services – UHC Global	24 Hours - Worldwide

## BENEFITS

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

XL Catlin will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life	100% of the Principal Sum
Loss of One Hand or Foot	100% of the Principal Sum
Loss of Use of One Hand or Foot	100% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Speech and Hearing	100% of the Principal Sum

**Definition:** For this benefit

**Loss of One 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** or **Loss of Four Fingers 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.

**Age** means the age of the Covered Person on his or her most recent birthday.

### EMERGENCY MEDICAL EVACUATION BENEFIT

XL Catlin will pay Maximum Benefit as shown in the Schedule of Benefits for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling outside of his or her Home Country;
2. suffers an Injury or Sickness during the course of the covered Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness 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 level of 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.

**Definition:** For this benefit

**Emergency Medical Evacuation** means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest: Hospital; or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a: Hospital; or other medical facility; or to recover after suffering an Injury or Sickness.

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

After Hospitalization or treatment for a covered Injury or Sickness, if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

#### **FAMILY REUNION BENEFIT**

XL Catlin will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers an Injury or Sickness and must be confined in a Hospital for at least 3 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. 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 paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

**Definition:** For this benefit

**Family Member** means a Covered Person's parent; sister; brother; husband; wife; Domestic Partner; or children.

#### **HOME COUNTRY EXTENSION BENEFIT**

XL Catlin will pay the benefits for Covered Medical Expenses up to the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person obtains treatment of an Injury or Sickness while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. Benefits will be paid for a period of 1 month from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable: Benefit Maximum; Deductible; and Coinsurance Rate shown in the Schedule of Benefits.

#### **LOST BAGGAGE BENEFIT**

XL Catlin will reimburse, up to the Maximum Benefit shown in the Schedule of Benefit, the Covered Person's replacement costs of clothes and personal hygiene items in excess of the deductible, if the Covered Person's luggage is checked onto a Common Carrier, and is then permanently: 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 permanently: lost; stolen; or damaged luggage.

**Definitions** For purposes of this benefit:

**Common Carrier** means

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers on a set route and schedules; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

#### **OUT OF COUNTRY MEDICAL EXPENSE:**

XL Catlin will pay Maximum Benefit shown in the Schedule of Benefits, for Covered Expenses from a Covered Accident or Sickness. These benefits are subject to the: Deductibles; Benefit Periods; and other terms or limits shown in the Schedule of Benefits.

Out of Country Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;

2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within 30 days after the date of the Covered Accident or Sickness.

No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

**Covered Medical Expenses**

1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Newborn nursery care expenses.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
8. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
9. Doctor's surgical expenses.
10. Outpatient laboratory test expenses.
11. Physiotherapy expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
12. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident; and emergency alleviation of dental pain.
13. Ambulance expenses for transportation from the emergency site to the Hospital.
14. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor.
15. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
16. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
17. Emergency medical treatment of pregnancy.
18. Therapeutic termination of pregnancy.
19. Pregnancy when conception occurs while covered under the Policy.

**REPATRIATION OF REMAINS:**

XL Catlin will pay the Maximum Benefit as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury or Sickness while 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 by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

**FAMILY REUNION:**

XL Catlin will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers an Injury or Sickness and must be confined in a Hospital for at least 3 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. 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 paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

**Definition:** For this benefit

**Family Member** means a Covered Person's parent; sister; brother; husband; wife; Domestic Partner; or children.

**POLITICAL EVACUATION EXPENSE:**

XL Catlin will pay the Maximum Benefit shown in the Schedule of Benefits, if:

1. an Occurrence takes place during the Trip described in the Policy while coverage is in effect; and
2. while he or she is traveling outside of his or her Home Country or country of residence.

Benefits will be paid for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Political Evacuation Benefits are payable only once for any one Occurrence.
2. the Covered Person's Transportation and Related Costs within 14 days of the Political Evacuation to either of the following locations as chosen by the Covered Person:
  - a. back to the country in which the Covered Person is traveling during the Trip while covered by the Policy;
  - b. the Covered Person's Home Country; or
  - c. where the entity that sponsored the Covered Person's Trip is located.

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 or approved by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Political Evacuation occurs.

**Right of Recovery**

For purposes of this benefit:

If, after a Political Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from the Covered Person.

**Change in Terms and Conditions** For purposes of this benefit:

The terms and conditions of this Benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Political Evacuation exposure. We will give at least 15 days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this coverage.

**Definitions**

For purposes of this benefit:

**Appropriate Authority(ies)** means the government authority(ies) in the Covered Person's 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 the safety of the Covered Person(s) in his or her care.

**Evacuation Advisory** means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her 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 the Covered Person is traveling while covered under the Policy.

**Missing Person** means a Covered Person who disappeared 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 the Covered Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.

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

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

**Occurrence** means any of the following situations involving a Covered Person;

1. expulsion from a Host Country; or being declared persona non-grata on the written authority of the recognized government if a 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 Country of Residence or citizens of the Host Country should leave the Host Country;
3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence; or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence;
4. Natural Disaster within seven days of an event;

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

**Political Evacuation** means the extrication of a Covered Person from the Host Country due to an Occurrence which could result grave physical harm or death to the Covered Person.

**Transport or Transportation** means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

#### **Exclusions**

For purposes of this benefit:

We will not pay Political 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. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
  - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
  - b. violation of the laws of the Covered Person's Home Country or country of residence.
5. due to the Covered Person's 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. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
12. due to Natural Disaster.

This Benefit 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.

#### **TRIP INTERRUPTION BENEFIT**

XL Catlin will reimburse the Maximum Benefit shown in the Schedule of Benefits for unused, non-refundable pre-paid expenses paid by the Covered Person, less the value of applied credit from the unused return travel ticket to return to his or her Home Country, if prior to the date of return, the Covered Person's Trip is interrupted due to the unexpected: death; Serious Injury ; or Serious Sickness resulting in admittance to a Hospital of the: Covered Person; Covered Person's Travelling Companion; and Covered Person's Immediate Family Member. We will pay for the loss of travel and/or accommodation expenses.

#### **Definitions**

For purposes of this benefit:

**Immediate Family Member** means an Insured Person's spouse; Domestic Partner; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as the Insured Person.

**Travelling Companion** means up to two (2) person(s) who is / are booked to accompany a Covered Person on the Covered Person's Trip.



**Serious Injury** or **Serious Sickness** means Bodily Injury or Sickness certified as being dangerous to life by a legally qualified medical practitioner.

**Exclusions**

For purposes of this benefit:

The Company shall not be liable to pay any benefit in respect of any Covered Person for:

- 1) the default of any:
  - a) provider of transport; or
  - b) agent of such provider; or
  - c) agent acting for the Insured Person;
- 2) regulations made by any Government or Public Authority;
- 3) strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Covered Person Trip was booked;
- 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
- 5) Is directly caused by or directly results from:
  - a) Any business or financial contractual obligations of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member;
  - b) Change of plans or disinclination of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member to travel on the particular Covered Person's Trip.

**PLAN DEFINITIONS**

**Accident** means a: sudden; unexpected; and unintended event.

**Beneficiary**, in the case of death of the Covered Person, means a person named by the Covered Person to receive benefits provided by this Policy.

**Benefit** means cash payable or services offered to the Covered Person or the Beneficiary as detailed in the Schedule of Benefits, limited by the terms and provisions of this Policy.

**Certificate** is the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

**Coverage** means the specific types of losses covered by this Policy.

**Covered Accident** means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

**Covered Activity** means any activity: that the Policyholder requires the Covered Person to attend; or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

**Covered Expenses; Expenses** means expenses actually incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident or Sickness 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.

**Covered Injury** means any bodily harm that results directly and independently of all other causes from a Covered Accident.

**Covered Loss(es)** means an: accidental death; dismemberment; or other Injury covered under the Policy.

**Covered Person** means any Insured and Dependent for whom the required premium is paid.

**Deductible** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Injury; or Sickness basis before Out of Country Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**Dependent** means an Insured's lawful spouse or Domestic Partner; or a Dependent Child. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

**Dependent Child; Child** means means an Insured's unmarried child, from the moment of birth to age 25. For eligibility purposes, "Dependent Child(ren)" includes an Insured's natural child(ren); adopted child(ren), beginning with any waiting period pending

finalization of the child's adoption; or a stepchild(ren) who resides with the Insured; or grandchild(ren); or child(ren) for whom the Insured must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in Texas.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is not capable of self-sustaining employment because of mental retardation or physical; and 2) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

An adopted child includes a child of the Insured if the Insured is a party to a suit in which the Insured seeks to adopt the child.

**Disability** means the inability to do any work for which the Covered Person is or may be qualified by reason of education, experience or training.

**Dismemberment** means the loss by physical separation of a limb from the body.

**Doctor** means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a: Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

**Domestic Partner** means a person of the same or opposite sex of the Insured who:

1. has resided with the Insured for at least 6 months prior to the date of enrollment
2. has shared financial assets and obligations with the Insured for at least 6 months
3. is not sharing a permanent residence with another person who has obtained the age of majority, and who has the competency to consent to a contract for a permanent residence;
4. is at least 18 years of age, age of majority, or legally emancipated; and is mentally competent to consent to contract.

**Emergency Care** means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- (1) placing the patient's health in serious jeopardy;
- (2) serious impairment to bodily functions; or
- (3) serious dysfunction of any bodily organ or part.

**Hazard** means the circumstances necessary for an event to be considered a Covered Loss under this Policy.

**Health Care Plan** means a: policy; other benefits; or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, 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 plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plans as defined in the Employee Retirement Income Security Act of 1974, as amended.

**Home Country** means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

**Hospital** means an institution that: 1) operates as a Hospital pursuant to law for the: care; treatment; and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for: diagnosis; treatment; and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a: nursing care facility; rest home; convalescent home; or similar establishment; or any separate: ward; wing; or section of a Hospital used as such; and 6) is not a place solely for: drug addicts; alcoholics; or the aged; or any separate ward of the Hospital.

**Hospital Confined** means an overnight stay as a registered resident bed-patient in a Hospital.

**Immediate Family Member** means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister).

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Insurance** means providing protection against some of the economic consequences of a Covered Loss.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Dependent covered under the Policy is not an Insured, but rather a Covered Person.

**Maximum Benefit** means the most we will pay for each Benefit states in the Schedule of Benefits.

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, by symptoms of sufficient severity that a prudent 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.

**Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. 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 the alternative to be the Covered Expense.

**Policy** means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

**Policyholder** means the company or organization that elects to provide this Policy to their employees, members or participants.

**Premium** means the amount of money: determined by Us; based on the Hazards and Benefits chosen by the Policyholder; and agreed by the Policyholder as the consideration of which we agree to guarantee payment.

**Reconstructive Surgery for Craniofacial Abnormalities** means surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

**Schedule of Benefits** is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

**Sickness** means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the 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 the Covered Person's Home Country.

**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.

**XL Catlin** - XL Catlin is the global brand used by XL Group plc's insurance subsidiaries, including Catlin Insurance Company, Inc. XL Catlin will not pay benefits for any loss or Injury that is caused by, or results from:

1. suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. war or any act of war, whether declared or not.
4. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
  - a) a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
  - c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
5. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
6. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.
7. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policyholder; rugby; or cave diving; or cheerleading; or motorcycling; or rock climbing; or ice climbing; or mountain climbing; or horse riding; or base jumping; or lacrosse; or soccer; or gymnastics; or bull riding; or hockey; or football; or street lugging; or heli-skiing; or surfing; or motorcycle racing; or snowboarding; or climbing above 20,000 feet; including: tryouts; practice; or any competitions or games; bungee jumping; or parachuting; or skydiving; or parasailing; or hang-gliding; or caving or spelunking; or extreme skiing; or heli-skiing; or skiing

outside marked trails; or mountain climbing; or ice climbing; or scuba diving; or professional or semi-professional sports; or extreme sports; or body contact sports; or hot-air ballooning; or snowboarding; or base jumping; or sail gliding; or parakiting; or parkour; or racing including stunt show or speed test of any motorized or non-motorized vehicle; or rodeo activities or similar hazardous activities.

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

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

1. treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
4. Injury or death caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
6. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
7. treatment or service provided by a private duty nurse.
8. replacement of: artificial limbs; eyes; and larynx.
9. 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.
10. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
11. conditions that are not caused by a Covered Accident or Sickness.
12. participation in any activity or hazard not specifically covered by the Policy.
13. Any: treatment; service; or supply not specifically covered by the Policy.
14. Any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
15. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
16. routine nursery care.
17. routine physicals.
18. cosmetic or plastic surgery, except as a result of Injury.
19. elective surgery.
20. birth defects and congenital anomalies; or complications which arise from such conditions.
21. routine dental care and treatment.
22. rest cures or custodial care.
23. organ or tissue transplants and related services.
24. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any: narcotic; barbiturate; or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
25. Injury sustained while participating in amateur; club; intramural; interscholastic; intercollegiate; professional; or semiprofessional sports.
26. confinement or institutional care.
27. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
28. 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.
29. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
30. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
31. expenses incurred for birth control including surgical procedures and devices.
32. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.

33. treatment of acne.
34. expenses incurred for Trips taken for the purpose of seeking medical care.
35. expenses incurred while traveling against the advice of a medical professional.