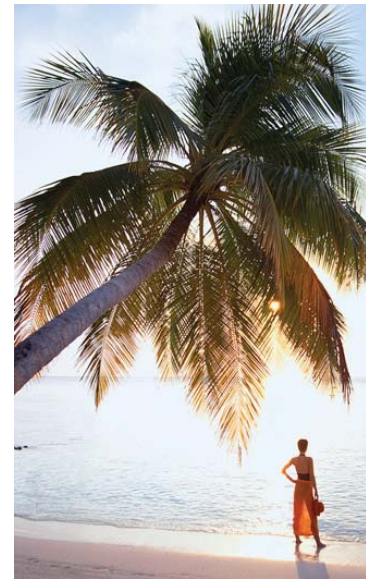


# Overseas Travel Medical Plan

- ***Travel with Peace of Mind***—  
*Short-term medical protection for individuals traveling internationally*
- ***Flexible Coverage Options*** —  
*Choice of deductibles and Maximum Benefit Amounts*



Benefits Provided by: American Consumer Insurance Trust  
Administered by: Health Plan Administrators, Inc.  
Marketed by:

### **Why do you need Overseas Travel Medical?**

Today, more and more people are traveling outside of their home country, either for business, recreation or personal reasons. Frequently, domestic health insurance does not provide coverage for overseas medical emergencies, and international travelers are unable to obtain this type of protection after they are outside of their home country.

Furthermore, most traditional health insurance does not provide coverage for expenses for an emergency medical evacuation, medical reunion, return of mortal remains, trip interruption or loss of checked luggage.

### **Who should apply for Overseas Travel Medical?**

Anyone traveling outside of their home country needs the type of comprehensive protection the Overseas Travel Medical Plan provides.

#### **United States citizens or residents**

You can purchase the **Overseas Travel Medical Plan** to travel anywhere **outside of the U.S.\*** If You are a U.S. citizen residing outside of the U.S., You can purchase this protection as long as You hold a current and valid U.S. passport.

*\*(At this time, this product is not available in all states. Please visit [www.hpa-inc.com](http://www.hpa-inc.com) for an up-to-date list of states.)*

#### **Foreign visitors traveling to the United States**

You can purchase the **Overseas Travel Medical Plan** as long as You provide us with your current and valid passport I.D. number.

### **What is 24-Hour Medical Emergency Protection?**

The **Overseas Travel Medical Plan** includes a unique added benefit for You and Your family, 24-Hour Medical Emergency Protection. Our emergency assistance services are superior and include:

- Medical referrals and medical care location
- Communication arrangements between family and doctors
- International hospital bill translation/interpretation services
- Medical case management and catastrophic case notification
- Coordinating emergency medical evacuation or repatriations
- Assisting in the replacement of lost passports
- Locating legal assistance and local interpreters
- Arrangements for medical transportation

### **ELIGIBLE PERSONS**

**Eligible Persons:** A person who has applied for benefits, is named on the application and for whom HPA has received the appropriate plan cost, is considered eligible for benefits under this Plan.

**Eligible Dependents:** Are considered a spouse who is legally married to You or Your unmarried Child from 14 days old until his/her 19th birthday.

### **SCHEDULE OF BENEFITS**

**Accident & Sickness Medical Benefits Maximum Choices:\* \$50,000, \$100,000, \$250,000, \$1,000,000**

**Deductible Choices: \$0, \$125, \$250, \$500, \$1,000, \$2,500**

**The Coinsurance** (after satisfaction of the Deductible) for U.S. citizens or residents **outside of the U.S. is 100% of Covered Expenses;** and for non U.S. citizens **inside of the U.S. it is 80%** of the first \$5,000 of Covered Expenses, and then **100% of the remaining Covered Expenses.**

*\* The Maximum for Accident & Sickness Medical Benefits is limited to **\$10,000 for Eligible Persons ages 80 and above.***

*\* The Maximum for Accident & Sickness Medical Benefits is limited to **\$10,000 for the Hazardous Sports Rider.***

#### **Additional Benefits:**

- Emergency Medical Evacuation: **\$100,000**
- Return of Mortal Remains: **\$20,000**
- Emergency Medical Reunion: **\$10,000**
- Return of Minor Children: **\$5,000**
- Interruption of Trip: **\$5,000**
- Unexpected recurrence of a pre-existing condition: **\$5,000**
- Loss of Checked Luggage: **\$250**
- Emergency Dental for Accidents: **\$500**
- Accidental Death and Dismemberment: **\$25,000** for Eligible Person; and **\$5,000** for each Eligible Dependent(s)
- Home country coverage:
  - Incidental visits to \$50,000
  - 30-day extension of benefits to \$5,000

## **TERM OF PROTECTION**

The minimum **Term of Protection** is **15 days**; the **maximum is 12 months**. Benefits can be purchased in a combination of **monthly and 15-day periods** by paying the appropriate Plan Cost.

Convenient Plan Cost payment options include: **(1) Payment in Full** by check, money order or Visa, MasterCard or Discover credit cards. **(2) Monthly Pay as you go**, allows you to pay monthly by automatic bank drafts, Visa, MasterCard or Discover credit cards.

### **Effective Date of the Term of Protection begins on the latest of the following:**

1. The Date HPA receives a completed Application and the appropriate Plan Cost for the Period of Protection; or
2. The Effective Date requested on the Application; or
3. The moment You arrive in the country noted on the Application; or
4. The Date HPA approves the Application.

### **Expiration Date of the Term of Protection terminates on the earlier of the following:**

1. The moment You return to Your Home Country; or
2. The expiration of twelve months from the Effective Date; or
3. The date shown on the Schedule provided by HPA; or
4. The end of the period for which the Plan Cost has been paid; or
5. The date You are no longer considered an Eligible Person; or
6. For foreign visitors, the Date You become a permanent resident of the United States.

## **DESCRIPTION OF BENEFITS**

**Medical Benefits:** Benefits will be paid for Reasonable and Customary Covered Expenses incurred by You due to an accidental Injury or Illness up to the earlier of the maximum amount You chose after the Deductible and Coinsurance is satisfied, or the Expiration Date of Your Term of Protection. All bodily disorders, or bodily injuries sustained in any one Accident, existing simultaneously which are due to the same or related causes shall be considered one Disablement.

If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

The initial treatment of the Illness or Injury must occur within 30 days of the Accident or onset of the Illness.

Only the following, which are specifically enumerated in the following list of charges and which are not excluded, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for intensive care, coronary care charges and nursing services.
3. Charges made for diagnosis, treatment and surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory Surgical centers, Physicians' outpatient visits and examinations, clinic care, and surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
8. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Optional Hazardous Sports Rider:** If You purchase the Optional Sports Coverage, benefits will be paid up to the chosen plan maximum, if You become injured while participating in any of the following Sports: Hang gliding, parachuting, bungee jumping, snowmobiling, snorkeling, jet skiing, water skiing, snow skiing, spelunking, parasailing, and snow boarding.

**Emergency Dental Treatment:** Benefits are paid for Reasonable and Customary expenses up to the maximum shown on the Schedule of Benefits for repair or replacement to sound, natural teeth damaged as a result of an Accident.

### **Emergency Medical Evacuation and Medically**

**Necessary Repatriation:** Benefits are paid for Eligible Expenses incurred up to the maximum shown in the Schedule of Benefits, if Injury or Illness commences during the Term of Protection results in Your Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with Your local attending Physician.

**Return of Mortal Remains:** Benefits will be paid for the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, to return Your remains to Your current Home Country, if You die. Covered Expenses include, but are not limited to, expenses for embalming, or cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or cremation must be pre-approved and arranged by the Assistance Company.

**Emergency Medical Reunion:** When the Assistance Company and Your attending Physician determine that it is necessary and prudent for You to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of Your choice, from Your current Home Country, to be at Your side while You are hospitalized and then accompany You during Your return to Your current Home Country. Benefits will be paid up to \$10,000 for a round trip economy air fare ticket as well as for reasonable travel and accommodation expenses up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

**Return of Minor Child(ren):** Should You be traveling alone and are hospitalized because of a covered Illness or Injury and Your Minor Child(ren) is left unattended, the Assistance Company will arrange for a one way economy fare(s) to Your current Home Country. If an attendant/escort is necessary to ensure the safety and welfare of Your Minor Child(ren), the Assistance Company will also arrange these services. The Plan will pay for these services up to a maximum of \$5,000 provided all transportation and services are pre-approved and arranged by the Assistance Company. Meals and lodging are Your responsibility.

**Interruption of Trip:** If your trip is interrupted due to one of the following reasons:

1. Death of a Family Member.
2. Serious damage to your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.).

Benefits will be paid up to \$5,000 for the cost of economy travel less the value of applied credit from an unused return travel ticket to return you home to your area of principal residence.

**Loss of Checked Luggage:** Benefits will be paid up to the maximum shown in the Schedule of Benefits, for loss, theft or damage to baggage and personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. This plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. There will be a per article limit of \$50 to a maximum of \$250.

**Accidental Death and Dismemberment:** Benefits shall be paid up to the maximum noted on the Schedule of Benefits if You sustain an Accidental Injury. The Injury must:

- a) Occur during Your Term of Protection; and
- b) Occur within 365 days after the date of Accident causing such Loss.

## **PRE-NOTIFICATION**

Pre-notification (notification to HPA) is required prior to all hospital admissions and inpatient/outpatient surgeries. In case of an Emergency Admission notification to HPA must be within 24 hours, or as soon as reasonably possible. This does not guarantee that benefits will be paid. HPA does not guarantee payment to a facility or individual for medical expenses until HPA determines that it is a Covered Expense.

## **PLAN PROVISIONS**

**Notice of Claim:** Written notice of claim must be given to HPA within 30 days after the occurrence or commencement of any Disablement provided by the Plan, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to HPA, or to any authorized agent of HPA, with information sufficient to Your identity shall be deemed notice to HPA. **Claim Forms:** Upon receipt of a notice of claim, claim forms shall be furnished to You as are usually furnished for filing Proofs of Loss.

## **THE TRUST**

Benefits under this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by U.S. Fire Insurance Company.

**Notice to residents of Florida:** The benefits of this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by U.S. Fire Insurance Company and is governed by the law of a state other than Florida. Your homeowner's policy, if any, may provide coverage for loss of personal effects provided by the baggage and personal effects benefits. For U.S. Residents: This insurance is not required in connection with the purchase of Your travel arrangements.

**Notice to residents of California:** This plan contains disability benefits or health benefits, or both, that only apply during Your trip. You may have coverage from other sources that already provide You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan administrator. Note, in California, the pre-existing condition limitation is waived for medical expenses.

## **REFUND OF PLAN COST**

Refund of Plan Cost will be considered only if You send a written request to HPA and it is received by HPA **prior to Your Effective Date** of Protection. After Your Effective Date of Protection the Plan Cost is considered fully earned and nonrefundable.

## EXCLUSIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains and Emergency Medical Reunion, as the result of:

- Any Pre-existing Condition as defined hereunder:
  - 1) A condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; 2) a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 36 months prior to the Effective Date of coverage under this Policy. *Note: For U.S. citizens, this policy does pay benefits to a maximum of \$5,000 for loss due to a pre-existing sickness under the Unexpected Recurrence benefit. Unexpected shall mean an acute onset of an illness. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains;*
- Injury or Illness which is not presented to the Company for payment within 3 months of receiving treatment;
- Charges for Treatment which is not Medically Necessary;
- Charges for Treatment which exceeds Reasonable and Customary charges;
- Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;
- Services, supplies or Treatment, including any period of hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Suicide or any attempts thereof, while sane; or self destruction or any attempt thereof, while insane;
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
- Injury sustained while participating in professional athletics;
- Injury sustained while participating in Amateur or Interscholastic Athletics;
- Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
- Treatment of the Temporomandibular joint;
- Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental Bodily Injury incurred while covered hereunder;
- Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction;
- Any Mental and Nervous disorders or rest cures;
- Congenital abnormalities and conditions arising out of or resulting there from;
- Expenses which are non-medical in nature;
- Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
- Expenses as a result of, or in connection with, the commission of a felony offense;
- Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding. *Hazardous Sport Coverage: the following are covered if the required premium has been paid: Hang gliding, Parachuting, bungee jumping, snowmobiling, snorkeling, jet skiing, water skiing, snow skiing, spelunking, parasailing and snow boarding.*
- Dental care, except as the result of Injury to natural teeth caused by Accident;
- Routine Dental Treatment;
- For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
- For miscarriage resulting from Accident;
- Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
- Treatment for human organ tissue transplants and their related Treatment;
- Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
- Covered Expenses incurred during a Trip after your Physician has limited or restricted travel.

For a complete listing of the Overseas Travel Medical Plan Exclusions, including those for Accidental Death and Dismemberment and Interruption of Trip, please refer to your Certificate of Insurance or visit our Web site at [www.hpa-inc.com](http://www.hpa-inc.com).

## **WHO TO CONTACT?**

***Please be prepared to state Your passport number.***

### **Customer Service and Claims Administration:**

Direct all related customer service inquiries, benefits verification requests, Plan payments, and Claims to be made to HPA at the address and numbers listed below.

#### **Mailing Address:**

**Health Plan Administrators, Inc. (HPA)  
P.O. Box 15250  
Rockford, IL 61132-5250**

**Telephone: 1-800-397-5800 (in the U.S.)  
1-815-633-5800 (outside the U.S.)**

**Travel Assistance:** Telephone operators are available 24 hours a day, seven days a week, from anywhere in the world. *The Assistance Company operators may be accessed by calling the numbers listed on your ID card.*

Travel assistance is available for, but not limited to: locating medical providers and services; consultative and advisory services; coordinating emergency medical evacuation or repatriations; assisting in the replacement of lost passports; locating legal assistance and local interpreters; and other incidental aid that may be required.

#### **Who is the Administrator?**

Health Plan Administrators, Inc. (HPA) is a fully licensed, full-service Third Party Administrator transacting business worldwide. HPA provides state-of-the-art industry leading insurance services.

**1-800-277-3323  
[www.hpa-inc.com](http://www.hpa-inc.com)**

This brochure contains an overview of the Overseas Travel Medical Plan benefit descriptions, definitions and exclusions. If you apply for this Plan, the Administrator will forward you a Certificate of Insurance.