

WORLDMED™ LITE – DESCRIPTION OF COVERAGE
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Philadelphia, Pennsylvania

A Member Company of American International Group of Companies (AIG) (Herein called the Company)
Having issued Policy To SunTrust Bank as Trustee of the AIG Group Insurance Trust (District of Columbia)
(Herein called the Policyholder)

LIMITS OF COVERAGE

Medical Benefits	Emergency Medical Evacuation	AD&D Principal Sum	Repatriation of Remains	Emergency Reunion	Lost Baggage	Trip Interruption
\$100,000 Accident* \$5,000 Sickness**	\$100,000	\$25,000	\$20,000	\$10,000	\$250	\$5,000

***The maximum Accident Medical benefit limit for ages 80+ is \$15,000.**

****The Sickness Medical expenses are excess of a \$75.00 per incident deductible.**

EMERGENCY MEDICAL ASSISTANCE SERVICE

TO OBTAIN ASSISTANCE IN THE EVENT OF A MEDICAL EMERGENCY OR TO FACILITATE MEDICAL CARE, contact the insurance company's 24-hour assistance service, **AIG Travel Assist**, located in Houston, Texas. AIG Travel Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. **Call toll free in the U.S. and Canada 1-800-626-2427 or call 0-713-267-2525. If outside the U.S., call collect 0-713-267-2525. Identify yourself as a WORLDMED™ LITE insured and refer to the Policy Number and AIGAssist numbers above. ALL EMERGENCY MEDICAL EVACUATIONS, EMERGENCY REUNIONS AND REPATRIATIONS ARE TO BE ARRANGED BY AIGASSIST.**

HOW TO FILE A CLAIM

You will need to save copies of all receipts. All itemized bills must be submitted to the Insurance Company with a Claim Form. To request a claim form, please contact: **American International Companies, Accident & Health Claims, Travel Insurance Services Claims Unit, P.O. Box 25987, Shawnee Mission, KS 19850-5701 or call toll free in the U.S. and Canada 1-800-551-0824. If outside the U.S. and Canada, call 302-661-4176.**

Written notice of a claim must be made to the Claims Unit within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible.

THE COMPANY HEREBY CERTIFIES that the person(s) named in the Schedule (herein called Insured Person) is insured under and subject to all definitions, exceptions, limitations, and provisions of said Policy; to the extent provided in the Master Policy on file with the Company. The Master Policy constitutes the only agreement under which payments are made.

DESCRIPTION OF CLASS: Individuals traveling outside their home country or country of residence, and dependent children (age 14 days through 18 years) traveling with the Insured.

EXCESS BENEFITS: All coverages, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

DEFINITIONS

Insured Person(s) – An Insured Person(s) means a person who is covered under the Descriptions of Class of eligible persons and for whom the appropriate premium has been paid.

Injury – Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while coverage is in force as to the Insured Person.

Illness – Illness means a sickness or disease of the Insured Person which is diagnosed or treated after the effective date of coverage and while the Insured Person is covered under the Policy.

Hospital – Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

Physician – Physician means any licensed practitioner of the healing arts acting within the scope for her/his license who performs medical services required and provided for by the Policy.

Home Country – The country where an Insured Person(s) has her/his true, fixed and permanent home and principal establishment, and to which she/he has the intention of returning.

PERIOD OF COVERAGE

1. Effective Date of Insurance

Coverage will begin on the latest of the following:

- (a) The departure of the Insured Person from his/her Home Country or country of residence;
- (b) The date after the Insured Person’s completed enrollment form and correct premium are postmarked to the Company or its designated representative; or
- (c) The requested effective date on the enrollment form.

2. Expiration Date of Insurance

Coverage will end on the earliest of the following:

- (a) The return of the Insured Person to his/her Home Country or country of residence;
- (b) Twelve (12) months after the effective date of coverage; or
- (c) The requested termination date on the Insured Person’s enrollment form for which premium has been paid.

REFUND OF PREMIUM

Refund of premium, less a \$20 processing fee, will only be allowed if a written request and your original Confirmation of Insurance are received by Travel Insurance Services prior to the effective date of coverage. Once coverage is effective, the premium is considered fully earned and non-refundable.

DESCRIPTION OF COVERAGES

MEDICAL BENEFITS

When a covered Injury or Illness results, the Company will pay:

In Hospital Medical Services	80%* of covered expenses
In Hospital Surgical Services	80%* of covered expenses
Out of Hospital Medical Expenses.....	80%* of covered expenses

*The policy will pay 80% of the first \$5,000 annually for covered medical expenses incurred. Then the policy will pay 100% up to the policy maximum amount as stated in Limits of Coverage. Please note: for policy number 9104883 (Lite Plan Outbound) there is no co-insurance. The policy will pay 100% up to the policy maximum amount as stated in the Limits of Coverage.

DEDUCTIBLE: The above medical expenses are excess of an annual deductible paid per Confirmation number. The Confirmation number will remain the same provided there is no lapse of coverage. The illness medical deductible is \$75.00 per incident. The deductible amount consists of covered expenses which would otherwise be payable under this policy. These expenses must be borne by the Insured Person.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. Benefit period is 26 weeks.

Covered Expenses

For the purpose of this section, only such expenses of which the first expense must be incurred within 30 days of the commencement of covered Injury or Illness, and which are specifically enumerated in the following list of charges and which are not excluded in the Exclusions Section, shall be considered covered expenses:

- 1. Charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services 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 semi-private board accommodation, or two (2) times the average semi-private room charge made by the servicing Hospital if confinement to an intensive care unit is required, or the actual charge for intensive care unit made by the servicing Hospital, whichever is less.
- 2. Charges made for diagnosis, treatment and surgery by a Physician.
- 3. Charges made for the cost and administration of anesthetics.
- 4. Charges made for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment.
- 5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
- 6. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

The charges enumerated above shall in no event include any amount of such charges which are in excess of reasonable and customary charges. A charge incurred by an Insured Person shall be deemed a reasonable and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Illness or bodily Injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

EMERGENCY MEDICAL EVACUATION

The Company will pay benefits for covered expenses incurred if an Insured Person is outside their Home Country up to a maximum stated in the Schedule of this Confirmation if any Injury or Illness commencing during the course of a trip results in the necessary emergency medical evacuation of the Insured Person. Emergency Medical Evacuation means: (a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Insured Person’s medical condition warrants transportation to his/her then Home Country to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency medical evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical route; (b) are subject to prior approval of the Company; and (c) arranged by AIG Travel Assist. (See Section on Emergency Medical Assistance Service.)

Expenses for special transportation must be (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency medical evacuation. Special transportation includes, but is not limited to air ambulance, land ambulance, and private motor vehicles.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury, provided that: (1) Such loss occurs within 365 days after the date of accident causing such loss; (2) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in the Schedule of this Confirmation, as applicable to such person and this Coverage; and (3) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Table of Losses

Loss of Life.....	Principal Sum
Loss of Two Members.....	Principal Sum
Loss of One Member.....	One-Half the Principal Sum

The term “Loss” as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. The term “Member” means hand, foot or eye. Only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person’s body home (to his/her Home Country) if the Insured Person dies, not to exceed the maximum stated in the Schedule of this Confirmation. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins, and transportation. All arrangements must be made by AIG Travel Assist.

EMERGENCY REUNION

In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the Physician feels that it would be beneficial for the Insured Person to have a family member at their side during transport, the Company will reimburse the Insured Person for travel and lodging expenses, up to a maximum of \$10,000. AIGAssist must make all arrangements and must authorize all expenses in advance for any benefits under this Policy to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Travel Assist in advance.

LOST BAGGAGE

The company will pay benefits if an Insured Person’s Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during a covered trip. The Company will reimburse the Insured, up to the Policy Period maximum amount of \$250 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$50.00. Checked Baggage means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier. Common Carrier means any land, water or air conveyance operated under a license for the transportation of passengers for hire. Benefits for baggage and personal effects will be in excess of any amount paid or payable by the Common Carrier responsible for the loss. Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, the Company will be liable only for the excess of the amount of loss over the amount of such other insurance.

TRIP INTERRUPTION

The Company will pay benefits if an Insured Person is unable to continue his/her trip due to: (a) death occurring prior to the Insured’s return to his/her Home Country, or an Insured Person’s Immediate Family Member, or (b) serious damage to the Insured Person’s principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The Company will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket to return home to his/her area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a maximum amount of \$5,000 per policy period. The Insured must notify the Company as soon as reasonably possible in the event of a Trip Interruption claim. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had the Insured notified the Company as soon as reasonably possible. Immediate Family Member means a person’s legal spouse; 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 Insured Person's country of principal residence.

HOME COUNTRY COVERAGE

Medical Expense Coverage will be provided for eligible medical expenses incurred while an Insured Person is in his/her Home Country. Eligible medical expenses are those eligible expenses associated with an Injury or Illness that has occurred during the Insured's visit outside his/her Home Country. Subject to the deductible, co-insurance, benefit period and the maximum limit of Accident and Sickness Medical, Home Country Coverage shall mean the country where an Insured Person(s) has his/her fixed and permanent home establishment and to which he/she has the intention of returning.

OPTIONAL BENEFIT: HAZARDOUS ACTIVITY COVERAGE

If the optional benefit is selected and the premium paid in advance of the Period of Coverage, Medical Expense Coverage will be provided for the following hazardous activities: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

EXCLUSIONS

For **Medical Expense and Trip Interruption Benefits**, this insurance does not cover expenses:

1. For Pre-existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three (3) years prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician, or expenses which are non-medical in nature;
3. For suicide while sane or attempted suicide while insane;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For miscarriage resulting from accident;
8. For routine physicals;
9. For cosmetic or plastic surgery, except as the result of an accident;
10. For elective surgery;
11. For any mental or nervous disorders or rest cures;
12. For dental care, except as the result of injury to natural teeth caused by accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
14. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
15. Incurred as a result of or in connection with intentionally self-inflicted injury;
16. Incurred as a result of or in connection with the commission of a felony offense;
17. For specific named hazards: motorcycling, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing and parasailing;
18. For treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

For **Accidental Death and Dismemberment** Indemnity, this Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat by the Insured Person while insane;
2. War or any act of war, declared or undeclared;
3. Service in the military, naval, or air service of any country;
4. Illness, disease, or any bacterial infection except pyogenic infection which shall occur through an accidental cut or wound;
5. Hernia;
6. Piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger on a scheduled airline;
7. The Insured Person being under the influence of drugs (unless taken under the advice of a physician and within the amounts prescribed by a physician) or intoxicants of any type including alcohol.

For **Medical Evacuation and Repatriation of Remains Expense**, this Policy does not cover any loss, fatal or nonfatal, caused by 1, 2, 3, or 6 above.

For **Lost Baggage**, benefits will not be provided for any loss of animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

For Trip Interruption, this insurance does not cover: (1) war or any act of war, whether declared or not; (2) participation in a felony, riot or insurrection; (3) participation in contests of speed; (4) a pre-existing condition that exists prior to the Insured's departure from his/her Home Country that has the likelihood of causing death.

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

POLICY PROVISIONS

1. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administration Office of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
3. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which the policy provided any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of a claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be immediately paid upon receipt of due written proof.
5. **PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Insured Person.
If any indemnity of the Policy shall be payable to the estate of an Insured Person, or an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.
Subject to any written direction of the Insured Person all or a portion of any indemnities provided by the Policy on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing no later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.
6. **PHYSICAL EXAMINATION AND AUTOPSY:** The Company at its own expense shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **LEGAL ACTIONS:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of the Policy. No such action shall be brought after expiration of three (3) years after the time written proof of loss is required to be furnished.

This Confirmation of Insurance is presented for general information purposes and is not intended to replace the Master Policy on file with Travel Insurance Services and The Insurance Company of the State of Pennsylvania. In the event of a conflict between this Confirmation and the Master Policy, the Master Policy will govern.

2/09