



# HOP! Advantage

## Travel Plan



HOP! Advantage is a fixed indemnity travel insurance plan covering pre-existing conditions and is designed for individuals desiring coverage while traveling outside their home country, offering worldwide coverage for travel, medical, and personal assistance needs.

# INTRODUCTION

Welcome to **Your HOP! Advantage** (hereafter referred to as **Advantage**) **Policy**. This **Policy** provides travel insurance benefits for individuals traveling outside of their **Home Country**.

In consideration of the payment of the **Premium** specified in the **Declaration of Insurance**, and subject to the **Terms**, **Conditions**, **Exclusions**, and **Endorsements** set out in or incorporated into the **Policy**, **We** agree to provide **You** with the cover and benefits described herein for **Medically Necessary Non-Elective Treatment**.

The **Policy** constitutes a binding legal contract between **Us** and **You**, the **Insured Person**. This **Declaration of Insurance**, including the accompanying **Policy**, **Application**, and any applicable **Endorsements**, serves as a summary and evidence of the insurance coverage provided under the **Master Policy**. It does not create, extend, alter, or vary the scope of cover beyond that which is provided under the express **Terms** of the **Master Policy**.

The insurance evidenced by this **Declaration of Insurance** is governed in all respects by the provisions of the **Master Policy**, together with **Your Policy**. It is **Your** responsibility to read the entire **Policy** carefully and retain it for **Your** records.

Certain words in this **Policy** have a specific meaning. Wherever words appear in bold in this **Policy**, they will have the meanings shown in the Definitions section.

All documentation and correspondence relating to this **Policy** will be written in English.

The **Master Policy** is underwritten by SiruisPoint International Insurance Corp UK Branch which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 202192.

**We** recognize Integrated Specialty Coverages LLC (**Plan Administrator**) as the manager of this **Policy** and as **Our** authorised agent for the purposes of receiving **Premium**, receiving and holding claims money prior to transmission, and receiving and holding **Premium** refunds prior to transmission.

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# 1. INFORMATION YOU HAVE GIVEN US

**You** are under a continuing obligation to provide complete, accurate, and truthful information to **Us**. This duty applies when **You** apply for, amend, extend, or renew this **Policy**, and continues throughout the **Period of Coverage**.

**You** must disclose all facts that are material to this insurance and notify **Us** promptly of any changes that may affect the **Terms**, conditions, or operation of this **Policy**. If **You** are unsure whether a fact is material, **You** must consult the **Plan Administrator** for clarification.

Failure to provide complete and accurate information, whether at the time of **Application** or during the **Period of Coverage**, may result in one or more of the following actions being taken, at **Our** discretion:

- This **Policy** being declared void;
- Cancellation of this **Policy**;
- Reduction or denial of cover under this **Policy**;
- Rejection or partial payment of any claim made under this **Policy**.

Accordingly, it is **Your** responsibility to:

- Review and verify that all information provided to **Us** is complete and accurate;
- Notify the **Plan Administrator** as soon as reasonably practicable of any inaccuracies or omissions;
- Ensure that the Schedule accurately reflects the cover and benefits **You** have requested;
- Comply at all times with **Your** obligations under this **Policy**.

## **Acute Onset of Pre-Existing Conditions Clause**

This **Policy** provides limited coverage for the **Acute Onset of a Pre-Existing Condition**, defined as a sudden and **Unexpected** recurrence of a previously diagnosed condition that requires immediate medical attention. Coverage applies only if:

- The condition was stable and under control prior to travel.
- Symptoms manifest suddenly and require urgent **Treatment** within 24 hours of onset.
- The insured has not been advised by a medical professional to seek **Treatment** or adjust medication prior to departure.

This benefit does not extend to chronic or gradually worsening conditions, routine medical care, or conditions requiring ongoing **Treatment**. Any claims related to **Pre-Existing Conditions** must be assessed based on medical records and insurer discretion.

If **You** suffer from any form of heart disease or chronic lung disease, **You** are required to carry a copy of **Your** relevant medical records with **You** while traveling.

Failure to comply with these obligations may result in a denial or reduction of cover for any claims arising from or relating to such **Pre-Existing Conditions**.

## 2. IMPORTANT INFORMATION

### ASSISTANCE

Customer Service:

For customer service, eligibility verification, or plan information, contact:

#### INF Plans

7065 Westpointe Blvd, #209

Orlando, FL 32835

Phone number: 408-222-1110

Email: [support@infplans.com](mailto:support@infplans.com)

### CLAIMS

If **You** wish to make a claim under this **Policy**, please contact the **Claims Administrator**:

#### Robin Assist

45 East Lincoln Street, Columbus, OH 43215

Phone number: 1-888-207-1694

Email: [Claims@robinassist.com](mailto:Claims@robinassist.com)

A claim form may also be found at: [www.infplans.com/claims](http://www.infplans.com/claims) or <https://infplans.com/members/>

There are certain Claims Conditions which **You** must comply with, please refer to the Claims Conditions.

### MEDICAL EMERGENCY ASSISTANCE

Medical **Emergency** assistance is available 24 hours a day, 365 days a year to assist **You** where possible with any medical **Emergency** or **Emergency Medical Evacuation** covered under this **Policy**.

This service is provided by the **Claims Administrator**, who will liaise with **Your Doctor** or **Specialist** in arranging **Your** admission to **Hospital**, **Emergency** ambulance transfers and air evacuations where this is **Medically Necessary**.

Robin Assist is available 24-hours a day, 7 days a week, 365 days of the year:

Toll Free Number: 1-888-207-1694

International: +86-108-524-1236

WhatsApp / US: +1 (380) 234 2040

Email: [help@robinassist.com](mailto:help@robinassist.com)

**You** will need to provide the following information:

- Name of **Insured Person**;
- **Policy** number;
- Contact telephone number, fax number and/or e-mail;
- Location of **Insured Person**; and
- A description of the medical **Emergency**.

### CANCELLATION

#### Your Cancellation Rights:

**You** have a period of three (3) days from the Initial **Effective Date of Coverage** to review the benefits, conditions,



limitations, exclusions, and all other **Terms** of this **Policy**. If **You** are not completely satisfied and no claims have been submitted, **You** may request cancellation of this insurance retroactive to the initial **Effective Date** by submitting a written request through the designated customer portal or by email, provided the request is received by the **Company** within the review period. Please note that cancellations are subject to a \$25 cancellation fee.

Upon such cancellation, **You** shall be entitled to a full refund of the **Premium** paid, and neither the **Company** nor **You** shall have any further rights, liabilities, or obligations under this **Policy**.

For cancellation of this **Policy**, please contact the **Plan Administrator**:

Phone number: +1 [408-222-1110](tel:408-222-1110)

Email: [operations@infplans.com](mailto:operations@infplans.com)

Chat: <https://infplans.com/contact-us>

Member Portal: <https://infplans.com/members/>

### **Our Cancellation Rights**

For **Our** cancellation rights, please refer to the General Conditions.

### **COMPLAINTS**

If **You** wish to make a complaint regarding this **Policy**, please follow the procedure explained in the section for Making a Complaint.

### **DATA PROTECTION**

For **Our** privacy notice, please refer to the section for Data Protection.

### **EXCLUSIONS AND CONDITIONS**

This **Policy** contains certain Exclusions, General Conditions and Claims Conditions. Please refer to these sections for more details.

### **HOME COUNTRY**

There is no cover within **Your Home Country**.

### **LAW AND JURISDICTION**

This insurance contract, as evidenced by the **Master Policy** and **Declaration of Insurance**, is deemed issued and concluded in the Cayman Islands. All disputes shall be subject to the exclusive jurisdiction of the courts of the Cayman Islands, to which **You** expressly consent. This **Policy** is governed by the laws of the Cayman Islands, and no part of the coverage shall be deemed to be located in any other jurisdiction.

### **BENEFIT LIMITS**

Most sections of this **Policy** have limits on the maximum amount **We** will pay. Please refer to the Schedule of Benefits.

### **PRE-AUTHORISATION**

For certain benefits under this **Policy**, **You** must obtain **Pre- authorisation** from the **Claims Administrator** before incurring any costs, and follow the procedure outlined in the **Claims Conditions**. This requirement applies, without limitation, to:

- **Hospital** admissions abroad as an **In-Patient** or Day-Patient;
- Specific **Treatments**, services, or medical supplies.

Please refer to the **Claims Conditions** for full **Pre- authorisation** details.

Failure to obtain required **Pre- authorisation** may result in denial of coverage or a reduced payment of **Your** claim.

### **SPORTS AND OTHER LEISURE ACTIVITIES**

**You** may not be covered for **Injuries** sustained while participating in certain sports or activities that carry a heightened risk of harm. Please refer to the Exclusions section for full details.

### **VISA REQUIREMENTS**

When required, **You** must have the appropriate visa in order to enter **Your Host Country**. Failure to obtain a valid visa(s) may result in **You** being denied entry into **Your Host Country** and invalidate **Your Policy**.

### **WHO IS COVERED**

This **Policy** only covers **Insured Persons, Spouses, and Dependent** children who, at the **Effective Date**, are:

- Aged 15 days of age or over;
- Under 89 years of age;
- A person who has legally entered the **Host Country** on a valid visa; and
- An individual whose **Home Country** is outside of Syria, Iran, Russia, North Korea, Cuba, USA, United Kingdom, Gibraltar and the European Union.

Coverage under this **Policy** is excess to any other valid and collectible insurance or benefit available through third parties. If **We** determine that any eligible benefits payable under this **Policy** are also covered under another plan, **We** will only pay the amount in excess of what is payable under such other plan, and may seek to recover any expenses from that plan to the extent of **Your** eligibility for reimbursement

### 3. DEFINITIONS

Certain words and phrases used in this **Policy** are defined below. Other words and phrases may be defined elsewhere in this **Policy**, including where they are first used.

**Accident:** An **Unexpected** occurrence directly caused by external, visible means and resulting in physical **Injury** to the **Insured Person** during the period of cover.

**Acute Onset of Pre-Existing Condition:** A sudden and **Unexpected** outbreak or recurrence of a **Pre-Existing Condition** which occurs 1) spontaneously and without advance warning either in the form of a **Doctor's** recommendation or symptoms, is of short duration, is rapidly progressive, and requires urgent medical care; and 2) after the **Effective Date**. **Treatment** must be obtained within 48 hours of the sudden and **Unexpected** outbreak or recurrence.

**AIDS:** Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

**Amateur Athletics:** An amateur or other non-professional sporting, recreational, or athletic activity that is organized, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games, and/or competitions. **Amateur Athletics** do not include athletic activities that are non-organized, non-contact, non-collision, and engaged in by the **Insured Person** solely for recreational, entertainment or fitness purposes.

**Application:** Means the form or set of forms completed and submitted by the applicant (or their authorised representative) to request insurance coverage under this plan. The **Application** includes all required personal, medical, and travel information as required by the insurer, whether submitted in paper, electronic, or telephonic format. The information provided in the **Application** forms the basis for the issuance of the insurance **Policy**, and any misrepresentation or omission may affect the validity of coverage

**Child; Children:** An **Insured Person** who at the **Effective Date** is at least fifteen (15) days old but less than eighteen (18) years of age.

**Claims Administrator:** The individual or entity responsible for managing and processing insurance claims on behalf of the insurer. This includes reviewing claim submissions, verifying documentation, determining coverage and eligibility, and coordinating payment or settlement of claims. A **Claims Administrator** may be an internal department of the insurance **Company** or an external third-party administrator (TPA) contracted to handle these functions.

**Company:** The **Company**, as referred to in the **Master Policy**, is Sirius International Insurance Corporation UK Branch. This insurance and its risks are underwritten by the **Company** as the insurer and carrier, and the **Company** is solely obligated and liable for the coverage and benefits provided by this insurance.

**Congenital Disorder:** Physical abnormality that is present at birth.

**Co-pay:** The amount the **Insured Person** is responsible for paying for each urgent care or walk in clinic visit as specified in the Schedule of Benefits. This amount applies per eligible visit, irrespective of whether the **Deductible** has been met and does not count towards satisfying the **Deductible** amount.

**Custodial Care:** Those types of **Treatment**, care, or services wherever furnished and by whatever name called, that are designed primarily to assist an individual in activities of daily life.

**Dangerous Occupations:** Jobs or professions that expose the **Insured Person** to a higher risk of injury, illness, or death due to hazardous working conditions or activities. In the context of this **Policy**, **Dangerous Occupations** include, but are not limited to, roles involving work at significant heights, underground, with explosives, hazardous materials, heavy machinery, or in emergency services.

**Declaration of Insurance:** The **Declaration of Insurance** details the **Insured Person's** identity, **Policy** effective dates, chosen plan, maximum benefit limits, deductibles, and **Premium** paid. It forms part of the contract as described in the full **Policy** wording.

**Deductible:** The amount of money that the **Insured Person** is required to pay out of pocket for **Eligible Charges** before the prior to receiving benefits or coverage under this insurance, as specified in the Schedule of Benefits.



**Dental Treatment:** **Treatment** or supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Dependent:** A **Child** who meets all of the following conditions and is under age 18 at the end of the **Period of Coverage** and younger than the **Insured Person** (or **Spouse** if filing jointly). The **Child** must have lived with the **Insured Person** for more than half of the year, the **Child** must not have provided more than half of his or her own support for the year, and the **Child** must not plan on filing or did not file a joint return for any tax year (unless that joint return is filed only to claim a refund of withheld income tax or estimated tax paid). Proof of eligibility must be furnished upon request to the **Company**, or its designee at the beginning of the **Period of Coverage**, and additional proof may be required to show eligibility for coverage. The term **Dependent** excludes an individual for whom an exemption cannot be claimed on the **Insured Person's** federal tax return; any person on active military duty or who is eligible for military medical care benefits; and/or any person who is also an **Insured Person**.

**Durable Medical Equipment (DME):** **Durable Medical Equipment** shall mean exclusively the following items: a standard basic **Hospital** bed; and/or a standard basic wheelchair.

**Educational or Rehabilitative Care:** Care for restoration (by education or training) of a person's ability to function in a normal or near normal manner following an **Illness** or **Injury**. This type of care includes, but is not limited to, vocational or occupational therapy, and speech therapy.

**Effective Date; Effective Date of Coverage:** The date of coverage for the **Insured Person** begins under the **Terms** of the **Master Policy** as evidenced by the **Declaration of Insurance**.

**Eligible Charges:** Means the **Usual, Reasonable, and Customary Charges** for costs, and expenses incurred by **You** during the **Period of Coverage** for **Treatment**, services or medical supplies which are **Medically Necessary**, and which are covered by the **Policy**, as outlined in the Schedule of Benefits.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the **Insured Person's** life or limb(s) in danger if medical attention is not provided within twenty-four (24) hours, based upon a reasonable medical certainty. Immediate medical intervention and attention is required as a result of severe, life threatening or potentially disabling conditions.

**Emergency Medical Evacuation:** **Emergency** transportation from the **Hospital** or medical facility where the **Insured Person** is located to a non-local **Hospital** or medical facility, recommended by the attending **Physician** who certifies, to a reasonable medical certainty, that the **Insured Person** has experienced:

- a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the **Insured Person's** life or limb in danger if medical attention is not provided within twenty-four (24) hours;
- and where **Medically Necessary Treatment** cannot be provided locally, either in the facility of the attending **Physician** or another local facility.

**Emergency Travel Document:** A temporary passport or official travel document issued by a governmental authority, embassy, or consulate to the **Insured Person** while traveling outside their **Home Country**, when the original passport or travel document has been lost, stolen, damaged, or is otherwise unavailable due to circumstances beyond the **Insured Person's** control. This document enables the **Insured Person** to return to their **Home Country** or continue their journey, as required.

**Endorsements:** Any amendments to an existing, bound **Policy** including but not limited to exclusions, additions, and modifications.

**EST:** United States Eastern Standard Time.

**Experimental:** Any **Treatment** that includes completely new, untested drugs, procedures, or services, or the use of which is for a purpose other than the use for which they have previously been approved; new drug procedure or service combinations; and/or alternative therapies which are not generally accepted standards of current medical practice.

**Family:** An **Insured Person**, his/her **Spouse** who is covered as an **Insured Person** under this **Policy**, and his/her **Child** or **Children** who are covered as **Insured Persons** under this **Policy**.

**Governing Body or Authority:** A nationally recognized controlling organization for a sport or activity or an organization that provides guidelines and recommendations in safety practices for a sport or activity.

**HIV:** Human Immunodeficiency Virus, as that term is defined by the United States Centers of Disease Control.

**Home Country:** For non-United States citizens, the **Home Country** is the country of which the **Insured Person** is a citizen or national; including any country where the **Insured Person** maintains his/her primary residence or usual place of abode and any country of which the **Insured Person** pays income taxes or is the possessor of a validly issued passport. In the event there is more than one **Home Country** under the above-listed criteria or the person has dual citizenship, the **Home Country** is the country meeting the above-listed criteria and listed by the **Insured Person** as his or her country of residence on the **Application**.

**Home Nursing Care:** Services and/or **Treatment** provided by a Home Health Care Agency and supervised by a **Registered Nurse**, which are directed toward the personal care of a patient, provided always that such care is **Medically Necessary** and in lieu of **Medically Necessary Inpatient** care, and not primarily for **Custodial Care** or rehabilitative purposes.

**Hospital:** An institution which operates as a **Hospital** pursuant to law; and is licensed by the state or country in which it operates; and operates primarily for the reception, care, and **Treatment** of sick or injured persons as **Inpatients**; and provides twenty-four (24) hour nursing service by **Registered Nurses** on duty or call; and has a staff of one or more **Physicians** available at all times; and provides organized facilities and equipment for diagnosis and **Treatment** of acute medical, surgical or mental/nervous conditions on its premises; and is not primarily a long-term care facility, extended care facility, nursing, rest, **Custodial Care**, or convalescent home, a place for the aged, drug addicts or abusers, alcoholics or runaways; or similar establishment.

**Hospitalized:** Confined and/or **Treated** in a **Hospital** as an **Inpatient**.

**Host Country:** The country or countries other than the **Home Country** that the **Insured Person** is traveling to or within.

**Illness:** A sickness, disorder, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical or health condition. Provided, however, that **Illness** does not include **Mental or Nervous Disorders**. All **Illnesses** that exist simultaneously or which arise subsequent to a prior **Illness**, and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one **Illness**.

**Immediate Family Member:** Your Spouse, Child, brother, sister, parent, grandparent, or in-law.

**Implant:** Any device, object, or medical item that is surgically imbedded, inserted, or installed for medical purposes within or on a patient's body, including for orthotic or prosthetic reasons.

**Injury:** Bodily **Injury** resulting or arising directly from an **Accident**. All **Injuries** resulting or arising from the same **Accident** shall be deemed to be one **Injury**.

**Inpatient:** A person who has been admitted to and charged by a **Hospital** for bed occupancy for purposes of receiving **Inpatient Hospital** services. Generally, a patient is considered an **Inpatient** if billed by the **Hospital** for Charges as an **Inpatient** and formally admitted as an **Inpatient** with the expectation he will occupy a bed and (1) remain at least overnight or (2) is expected to need **Hospital** care for twenty-four (24) hours or more.

**Insured Person:** The person named as the **Insured Person** on the **Declaration of Insurance**, which along with the **Insured Person's Family** shall be beneficiaries under and to the **Master Policy**.

**Intensive Care Unit:** A cardiac care unit or other unit or area of a **Hospital** that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units or local equivalent.

**Investigational:** **Treatment** that includes drugs not yet released for distribution by the United States Food and Drug Administration and/or procedures or services which are still in the clinical stages of evaluation.

**Local Ambulance Transport; Local Ambulance Expense:** Transportation and accompanying **Treatment** provided by designated, licensed, qualified, professional **Emergency** personnel from the location of an **Accident** or acute **Illness** to

a **Hospital** or other appropriate health care facility. **Local Ambulance Transport** does not include subsequent inter-facility transfers of admitted patients.

**Master Policy:** The applicable **Master Policy** for the insurance **Policy** issued by the **Company** to the **Master Policyholder**, and under which insurance coverage and benefits are provided by the **Company** to the **Master Policyholder** and any such beneficiaries under the **Master Policy**, being the **Insured Person**, subject to the Terms thereof, and as outlined and evidenced by the **Policy** wording and subject to the Terms hereof. The **Company**, as insurance carrier and underwriter of the **Master Policy**, is solely liable and responsible for the coverage and benefits provided thereunder.

**Master Policyholder:** The applicable **Master Policy** for the insurance **Policy** issued by the **Company** is ISC STAR Trust to whom the **Company** has issued to the **Master Policy**. The **Master Policyholder** is the only party which can make or request changes to the **Master Policy** and with whom the **Company** has contracted on the provision of insurance under the **Master Policy**. All **Insured Persons** shall hold a beneficial interest to the extent of their **Policy** in the **Master Policy**, but are not contractual parties to such insurance.

**Maximum Limit:** The cumulative total dollar amount of benefit payments and/or reimbursements available to an **Insured Person** under this insurance. When the **Maximum Limit** is reached, no further benefits, reimbursements, or payments will be available under this insurance.

**Medically Necessary; Medical Necessity:** A **Treatment**, service, medicine or supply which is necessary and appropriate for the diagnosis or **Treatment** of an **Illness** or **Injury** based on generally accepted standards of current medical practice as determined by the **Company**. By way of example but not limitation, a service, **Treatment**, medicine or supply will not be considered **Medically Necessary** or a **Medical Necessity** if it is provided or obtained only as a convenience to the **Insured Person** or his/her provider; and/or if it is not necessary or appropriate for the **Insured Person's Treatment**, diagnosis or symptoms; and/or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or **Treatment**.

**Mental or Nervous Disorders:** Any mental, nervous, or emotional **Illness** which generally denotes an **Illness** of the brain with predominant behavioral symptoms; or an **Illness** of the mind or personality, evidenced by abnormal behavior; or an **Illness** or disorder of conduct evidenced by socially deviant behavior. **Mental or Nervous Disorders** include without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; learning disabilities and attitudinal or disciplinary problems; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the U.S. Department of Health and Human Services; and those psychiatric and other mental **Illnesses** listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. For purposes of this insurance, **Mental or Nervous Disorder** does include **Substance Abuse**.

**Mortal Remains:** The physical body of the **Insured Person** after death. In the context of this **Policy**, **Mortal Remains** refers to the bodily remains of the **Insured Person**.

**Natural Disaster:** Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the human population for its safety. The occurrence must be a disaster that is due entirely to the forces of nature and could not reasonably have been prevented.

**Non-Elective Treatment:** Medically necessary treatment or procedures required due to an unexpected illness or injury that cannot be safely delayed without risking serious harm to the **Insured Person's** health. **Non-Elective Treatment** excludes elective or planned procedures and is covered only when urgent or **Emergency** care is needed.

**Newborn:** An infant from the moment of birth through the first thirty-one (31) days of life.

**Outpatient:** A person who receives **Medically Necessary Treatment** by a **Physician** or other healthcare provider and is not an **Inpatient**, regardless of the hour that the person arrived at the **Hospital**, whether a bed was used, or whether the person remained in the **Hospital** past midnight.

**Period of Coverage:** The period beginning on the **Effective Date of Coverage** of this **Declaration of Insurance** and ending on the earliest of the following dates: (a) the termination date specified in the **Declaration of Insurance**; or (b)

the termination date as requested by **Covered Person**. The **Period of Coverage** can be no more than the number of days shown in the Schedule of Benefits.

**Physician:** A practitioner who holds a degree in **Doctor** of Medicine or its equivalent and who holds a valid, unlimited license to practice medicine. Commissioned medical officers, and individuals licensed and legally authorised to provide health care or professional services including a: (a) psychologist; (b) psychiatrist; (c) dentist; (d) registered or licensed practical nurse; (e) certified nurse midwife or a certified direct entry midwife; (g) optometrist; (h) podiatrist; or (i) chiropractor may be considered a **Physician**. A **Physician** must be currently and appropriately licensed by the state or country in which the services are provided, and the services must be within the scope of that license, training, experience, competence, and health professions standards of practice. A person who is not authorised or able to prescribe controlled substances, drugs, medicine, or **Treatment** by the jurisdiction in which the person is acting in the usual course of professional practice; unfit to practice; and/or violates any statute, rule, regulation regulating the profession, or engages in the unlawful or unauthorised practice of medicine or osteopathic medicine is not a **Physician**.

**Plan Administrator:** The entity or organization appointed by the **Company** to administer the **Policy**, including but not limited to managing enrollment, coordinating benefits, processing claims, and providing assistance to **Insured Persons**. The **Plan Administrator** acts on behalf of the **Company** in all matters relating to the administration of the plan, and may be contacted for questions regarding coverage, claims, or plan benefits.

**Policy:** The terms on which the **Insured Person** shall receive benefits and the terms governing such, including the **Application**, **Declarations of Insurance**, **Policy** wording, schedules, **Endorsements**, **Riders**, and any attached documents issued by the **Plan Administrator**. The **Policy** specifies the extent to which your beneficial interest in the **Master Policy** is granted, including the scope of coverage, effective and expiration dates, covered benefits, exclusions, and the rights and responsibilities of both the **Company** and the **Insured Person**. The **Policy** is the definitive source for determining what is and is not covered under the plan and is relied upon for all claims and administrative decisions.

**Pre-authorisation:** **Pre-authorisation** means the process of obtaining prior approval from the **Claims Administrator** before receiving specific medical services, **Treatments**, or procedures while traveling outside **Your Home Country**. This requirement generally applies to significant or high-cost medical events, including planned **Hospitalizations**, surgeries, or advanced diagnostic tests such as MRI and CAT scans, necessitated by **Unexpected Illness** or **Injury**. The purpose of **Pre-authorisation** is to verify that the proposed service is **Medically Necessary**, covered under the **Policy Terms**, and cost-effective, enabling the **Claims Administrator** to evaluate the **Treatment** plan, assist with care coordination, and negotiate rates with healthcare providers. **Pre-authorisation** is not required for **Emergency Hospitalizations**; however, the insurance provider must be notified within a reasonable timeframe following such events. Failure to obtain **Pre-authorisation** for services requiring it may result in financial penalties or denial of claims. **Pre-authorisation** does not guarantee payment or claim reimbursement, as claims remain subject to review based on **Policy Terms** and **Medical Necessity**.

**Pre-existing Condition:** An **Illness**, disease, or other condition of the **Insured Person** that in the 12-month period before the **Insured Person's Effective Date** under the **Policy**: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or **Treatment**; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was **Treated** by a **Doctor** or **Treatment** had been recommended by a **Doctor**.

**Premium:** The payments required to effectuate and maintain the **Insured Person's** insurance coverage and benefits under this **Policy**, in the amounts and at the times ("Due Dates") established by the **Company** in its sole discretion from time to time.

**Pregnancy; Pregnant:** The process of growth and development within a woman's reproductive organs of a new individual from the time of conception through the phases where the embryo grows and the fetus develops to birth.

**Professional Athletics:** A sport activity, including practice, preparation, and actual sporting events, for any individual or organized team that is a **member** of a recognized professional sports organization, is directly supported or sponsored by a professional team or professional sports organization, is a member of a playing league that is directly supported or sponsored by a professional team or professional sports organization; or has any athlete receiving for his or her

participation any kind of payment or compensation, directly or indirectly, from a professional team or professional sports organization.

**Registered Nurse:** A professional nurse (R.N.) who is duly licensed and registered to practice nursing by the appropriate governmental authority in the jurisdiction where the services are provided. The **Registered Nurse** must not be an **Immediate Family Member** of the **Insured Person's**.

**Relative:** A parent, legal guardian, **Spouse**, son, daughter, or **Immediate Family Member** of the **Insured Person**.

**Rider:** Any exhibit, schedule, attachment, amendment, **Endorsement**, or other document attached to, issued in connection with, or otherwise expressly made a part of or applicable to, the **Master Policy**, this **Declaration of Insurance**, or the **Application**, as the case may be.

**Routine Physical Exam:** Examination of the physical body by a **Physician** for preventative or informative purposes only, and not for the **Treatment** of any previously manifested, symptomatic, diagnosed or known **Illness** or **Injury**.

**Self-inflicted:** Action or inaction by the **Insured Person** that the **Insured Person** consciously understands will or may cause or contribute, directly or indirectly, to his or her personal **Injury** or **Illness**. **Self-inflicted** specifically includes failure of an **Insured Person** to follow his or her **Doctor's** orders, complete prescriptions as directed or follow any health care protocol or procedures designed to return or maintain his or her health.

**Serious Illness:** A medical condition or disease that is of such severity that it significantly impairs the **Insured Person's** health, daily functioning, or life expectancy, and typically requires urgent medical intervention. A **Serious Illness** generally includes, but is not limited to, conditions such as cancer, heart attack, stroke, major organ failure, or other life-threatening diseases as specified in the **Policy**. Diagnosis and eligibility for benefits must be confirmed by a **Doctor** or **Specialist**.

**Specialist:** Means a registered **Doctor** or medical practitioner, skilled in a generally accepted medical or surgical specialty or subspecialty, who currently holds a substantive consultant appointment in that specialty, which is recognised as such by the statutory bodies of the relevant country.

**Spouse:** An **Insured Person's** legal **Spouse** or domestic partner. Such a relationship must have met all requirements of a valid marriage contract, domestic partnership, or civil union in the state where the parties' ceremony was performed.

**Substance Abuse:** Alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency.

**Surgery or Surgical Procedure:** An invasive diagnostic or **Surgical Procedure**; or the **Treatment** of **Illness** or **Injury** by manual or instrumental operations performed by a **Physician** while the patient is under general or local anesthesia.

**Terms:** **Terms**, provisions, conditions, definitions, **Deductibles**, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications and/or exclusions.

**Terrorism:** Criminal acts, including against civilians, committed with the intent to cause death or serious bodily **Injury**, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government of international organization to do or to abstain from doing an act.

**Travel Warning:** Published statement or web-site document issued by the United States Department of State, Bureau of Consular Affairs, Centers for Disease Control and Prevention, United Nations, World Health Organization, or similar government or non-governmental agency of the **Insured Person's Home Country**, warning that travel to specific identified countries, regions, or locations is hazardous and is not advised.

**Treated; Treatment:** Any and all undertakings, services and/or procedures rendered or employed with respect to the management and/or care of an **Insured Person** for the purpose of identifying, testing for, analyzing, diagnosing, treating, curing, resolving, preventing, monitoring, attending to, caring for, controlling and/or combating any **Illness** or **Injury** or the symptoms or manifestations thereof, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic or laboratory testing or evaluation of any kind, pharmacotherapy or other medication, and/or **Surgery**.

**Unbundled Services:** Means services and procedures separated for the purposes of billing that would ordinarily not be billed separately when performed by the same provider on the same patient on the same day.

**Unexpected:** Sudden, unintentional, and unforeseen.

**Usual, Reasonable, and Customary Charges:** A typical and reasonable amount of reimbursement for similar services, medicines, or supplies within the area in which the charge is incurred. In determining the typical and reasonable amount of reimbursement, the **Company** may, in its reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider; the amount charged by similar providers or providers in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in the same or similar locality; whether the services or supplies were unbundled or should have been included in the allowance of another service; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or service as compared to national standards and/or benchmarks; the severity or nature of the **Illness or Injury** being **Treated**; and such other factors as the **Company**, in the reasonable exercise of its discretion, determines are appropriate.

**We, Our, Us:** means the insurance **Company** underwriting this insurance or its authorised agent.

**You, Your, Yours:** means the insured **Covered Person**.



## 4. SCHEDULE OF BENEFITS

Subject to the **Terms** of this **Policy** as shown in the **Declaration of Insurance**, the following **Policy** options are available to the **Insured Person** while outside his/her **Home Country** and offer the following benefits and coverage arising out of **Injury** or **Illness** incurred while in the **Host Country**. All benefits offered under this **Policy** require **Pre-authorisation** from the **Claims Administrator**.

LIMIT/OTHER	LIMIT/AMOUNT FOR ELIGIBLE MEDICAL EXPENSES		
Selection	OPTION 1	OPTION 2	OPTION 3
<b>Maximum Limit per Period of Coverage</b>	\$25,000 per Insured Person, as indicated on the Declaration of Insurance	\$50,000 per Insured Person, as indicated on the Declaration of Insurance	\$75,000 per Insured Person, as indicated on the Declaration of Insurance
<b>Period of Coverage</b>	Five (5) day Minimum and three hundred sixty-four (364) day Maximum Limit.		
<b>Maximum Limit for Pre-existing Conditions per Period of Coverage</b>	\$1,750 per Insured Person, as indicated on the Declaration of Insurance	\$2,500 per Insured Person, as indicated on the Declaration of Insurance	\$4,500 per Insured Person, as indicated on the Declaration of Insurance
<b>Maximum Limit for Acute Onset of Pre-existing Conditions</b>	\$25,000 per Insured Person, as indicated on the Declaration.	\$50,000 per Insured Person, as indicated on the Declaration	\$75,000 per Insured Person, as indicated on the Declaration
<b>Area of Coverage</b>	Outside Home Country		
<b>Deductible per Illness</b>	<b>Options:</b> \$0, \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000 per Insured Person, as indicated on the Declaration of Insurance		

The following benefits are subject to the **Deductible**, as described above, and cannot exceed the Maximum Limit. When the eligible medical expense criteria are met, the benefits offered under the **Policy** shown in the **Declaration of Insurance** shall be as follows:

#### MEDICAL BENEFITS SCHEDULE

Maximum Limits per Period of Coverage			
Selection	OPTION 1	OPTION 2	OPTION 3
<b>Maximum Limit per Period of Coverage</b>	\$25,000 per Insured Person, as indicated on the Declaration of Insurance	\$50,000 per Insured Person, as indicated on the Declaration of Insurance	\$75,000 per Insured Person, as indicated on the Declaration of Insurance
Medical Benefit Sub-limits per Person, per Period of Coverage (For Emergency Room Visits, Maximum Benefit Sub-Limits Apply)			
<b>Hospital Room &amp; Board</b>	\$2,700	\$3,900	\$4,750
<b>Intensive Care Unit</b>	\$2,100 in addition the Hospital Room & Board	\$2,650 in addition the Hospital Room & Board	\$3,300 in addition the Hospital Room & Board
<b>Doctor Surgical Expenses</b>	\$2,000	\$3,000	\$4,000
<b>Anesthetics</b>	\$500	\$1,500	\$2,500
<b>Assistant Surgeon Expenses</b>	\$1,250	\$1,500	\$2,500
<b>Emergency Doctor Visits (Outpatient Only)</b>	\$40 per visit, 1 visit per day, a maximum of 5 visits (\$200)	\$60 per visit, 1 visit per day, a maximum of 5 visits (\$300)	\$80 per visit, 1 visit per day, a maximum of 5 visits (\$400)
<b>Surgical Room and Supply Expenses</b>	\$950	\$1,000	\$1,050
<b>Urgent Care</b>	\$25 <b>Co-pay</b> per visit	\$25 <b>Co-pay</b> per visit	\$25 <b>Co-pay</b> per visit
<b>X-rays, laboratory procedures</b>	\$275	\$400	\$525
<b>CAT Scan, PET Scan or MRI</b>	\$275	\$400	\$525
<b>Hospital Emergency Room</b>	\$275	\$350	\$425
<b>Prescription Drug Expenses</b>	\$75	\$100	\$125
<b>Ambulance Expenses</b>	\$375	\$400	\$425
<b>Rehabilitative braces or appliances</b>	\$500	\$550	\$600
<b>Dental Treatment (Injury Only)</b>	\$500	\$550	\$550
<b>Pre-existing Conditions (for out-patient services)</b>	\$1,750	\$2,500	\$4,500

The following benefits are not subject to a **Deductible** but cannot exceed the Maximum Limit. The benefits offered under the **Policy** shown in the **Declaration of Insurance** shall be as follows:

#### ADDITIONAL BENEFITS SCHEDULE

Maximum Limits per Period of Coverage per Insured Person			
Selection	OPTION 1	OPTION 2	OPTION 3
<b>Emergency Medical Evacuation</b>	\$10,000 Maximum Limit per Period of Coverage. Must be approved in advance and coordinated by the Claims Administrator.		
<b>Hotel Expenses for COVID Quarantine, per Policy</b>	\$500		
<b>Lost Passport</b>	\$75	\$100	\$125
<b>Trip Interruption</b>			
<b>Return due to death or Serious Illness of an Immediate Family Member of the Insured Person</b>	Economy Ticket Rebooking up to \$1,250	Economy Ticket Rebooking up to \$1,500	Economy Ticket Rebooking up to \$1,750
<b>Early return due to serious disaster at home</b>	Economy Ticket Rebooking up to \$1,250	Economy Ticket Rebooking up to \$1,500	Economy Ticket Rebooking up to \$1,750
<b>Trip Cancellation</b>	\$1,250	\$1,500	\$1,750
<b>Cancellation of a cruise before beginning</b>	\$1,000	1,500	\$2,000
<b>Cancellation due to COVID</b>	\$1,000	\$1,250	\$1,500
<b>Lost Baggage</b>	\$300	\$400	\$500
<b>Delayed Luggage</b>	\$300	\$400	\$500
<b>Delayed or Cancelled Flight</b>	\$200		
<b>Continuation of Cruise</b>	Economy Ticket		
<b>Repatriation of Mortal Remains</b>	\$15,000 Maximum Limit for return of the Insured Person's Mortal Remains or ashes to Country of Residence or \$2,000 Maximum Limit per Insured Person for preparation, local burial or cremation of the Insured Person's Mortal Remains at the place of death.  Must be approved in advance and coordinated by the Claims Administrator.		
<b>Accidental Death Principal Sum</b>	\$5,000 per Insured	\$7,500 per Insured	\$10,000 per Insured

## 5. YOUR BENEFITS

### A. MEDICAL

The **Effective Date of Coverage** under the Medical Benefits section is the date specified in the **Declaration of Insurance**.

**We** will reimburse **Eligible Charges** for **Medically Necessary, Non-Elective Treatment** in connection with the medical expenses outlined below, provided they relate to an eligible medical condition suffered or sustained by the **Insured Person** during the **Period of Coverage**.

#### 1) Hospital Room and Board

What is covered

- a. **We** will reimburse **Eligible Charges** for **Hospital** accommodation, meals, and nursing care.

What is not covered

- b. **We** will not reimburse charges for **Unbundled Services** or personal items, including but not limited to telephone calls, newspapers, or guest meals.

#### 2) Medical Expenses

What is covered

- a. **Treatment**, services, medical supplies, and **Usual, Reasonable and Customary Charges** rendered by **Doctor, Specialist**, Consultants, Surgeons, Anesthetists, or Nurses.
  - i. If an **Injury** or **Illness** requires multiple **Surgical Procedures** performed through a single incision, **We** will pay only one benefit—corresponding to the procedure with the highest eligible cost.
  - ii. If multiple **Surgical Procedures** are performed during the same operative session through separate incisions, **We** will reimburse the full **Eligible Charges** for the costliest procedure and 50% of the **Eligible Charges** for each additional procedure, as set out in the Schedule of Benefits
- b. Charges incurred for:
  - i. Ambulance service to or from a **Hospital**;
  - ii. **Outpatient** diagnostic X-rays, laboratory procedures and tests
  - iii. Laboratory tests
  - iv. Radiological procedures
  - v. Anesthetics and their administration
  - vi. Blood, blood products, artificial blood products, and the transfusion thereof
  - vii. **Inpatient** Physiotherapy; Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
  - viii. Rental of mechanical equipment for **Treatment** of respiratory paralysis
  - ix. Pre-admission testing
  - x. **Outpatient** injections when administered in a **Doctor's** office
  - xi. Consultation visits

- c. Expenses include **Treatment** and office visits connected with such **Treatment** when prescribed or performed by a **Doctor**, including:
  - i. Medicines or drugs administered by a **Doctor** or that can be obtained only with a **Doctor's** written prescription
  - ii. Dental charges for **Injury** to sound, natural teeth

## B. ADDITIONAL BENEFITS

### 1) Emergency Medical Evacuation

We will pay **Emergency Medical Evacuation** benefits up to the **Maximum Limit** shown in the Benefits Schedule for **Eligible Charges** related to **Your** medical evacuation if:

- **You** experience a Medical **Emergency** during a covered **Trip**;
  - **You** require **Emergency Medical Evacuation**; and
  - **You** are traveling on a covered **Trip**.
- a. Covered Evacuation Expenses Include:
- i. Medical Transport: Costs for transportation under medical **Treatment** to a different **Hospital** or **Treatment** facility for **Medically Necessary Treatment** during a **Medical Emergency**, as requested by the **Doctor** designated by the **Claims Administrator** in consultation with the local attending **Doctor**.
  - ii. Dispatch of a **Doctor** or **Specialist**: Travel expenses and on-site medical services for a **Doctor** or **Specialist** dispatched by the **Claims Administrator** to assess **Your** condition if it cannot be adequately evaluated remotely to determine the need for transport or evacuation.
  - iii. Return of **Dependent Child(ren)**: Costs to return each **Dependent Child** under age 18 to their principal residence if: (a) **You** are 18 or older, (b) **You** are the only person traveling with the **Child(ren)**, and (c) **You** suffer a Medical **Emergency** requiring **Hospital** confinement.
  - iv. **Escort Services**: Costs for an **Immediate Family Member** or companion traveling with **You** to join **You** during Your **Emergency Medical Evacuation** to a different **Hospital, Treatment** facility, or residence.

b. **Conditions for Payment of Benefits:**

Benefits for these **Eligible Expenses** will only be paid if:

- i. The **Doctor** ordering the **Emergency Medical Evacuation** certifies that the severity of **Your** Medical **Emergency** necessitates it;
- ii. All transportation arrangements are made using the most direct and cost-effective route and conveyance possible;
- iii. The charges are **Medically Necessary** and do not exceed typical costs for similar transportation, **Treatment**, services, or supplies in the area where the expense is incurred.

### c. Authorisation Requirements

- i. Benefits will not be paid unless **You** have received **Pre-authorisation** of all expenses in advance through written, electronic, or telephonic **pre-authorisation**, and the services are provided by the **Claims Administrator**. If **You** refuse a recommended **Medical Evacuation**, **We** will not be responsible for any medical expenses incurred after the date of the recommendation.

### 2) Hotel Expenses for COVID-19 (SARS-CoV-2) Quarantine

When in agreement with the treating **Physician** and in common agreement with the Medical Department of the **Claims Administrator**, the **Insured Person** must remain in self-isolation with a positive test for COVID-19 (SARS-CoV-2).

This benefit guarantees hotel expenses as outlined in the Schedule of Benefits, meaning that if two or more people who share the same room are diagnosed with COVID, the expenses to be reimbursed will correspond to the Schedule of Benefits. That said, it is understood that a room will not be paid for each **Insured Person**.

Hotel expenses for quarantine will be covered, provided that **Your** original reservation has concluded. Coverage is limited to a maximum of fourteen (14) nights and will not exceed the coverage amount specified in the Schedule of Benefits.

#### **Maximum Benefit Limit for Multiple Beneficiaries**

If an event involves multiple reservations or beneficiaries under the same plan, the maximum total payout by the **Claims Administrator** for all affected beneficiaries will not exceed the **Maximum Limit** declared in the Schedule of Benefits. If the total compensation due exceeds this limit, each individual payment will be proportionally reduced based on the maximum liability stated in the **Policy**.

### 3) Loss of Passport and Travel Documents Clause

If **Your** passport or essential travel documents are lost or stolen during **Your** trip, this **Policy** provides coverage for:

- The cost of obtaining an **Emergency Travel Document** from the nearest Embassy or Consulate.
- Reasonable travel expenses incurred to collect the **Emergency Travel Document**.
- Fees associated with replacing lost or stolen visas, tickets, or other essential travel documents.

Coverage applies only if:

- The loss or theft is reported to the local police, and a written report is obtained.
- The insured takes reasonable precautions to safeguard their documents.
- The claim is supported by official documentation from the relevant authorities

### 4) Trip Interruption

If **Your** trip is **Unexpectedly** interrupted due to unforeseen circumstances beyond **Your** control, this **Policy** provides coverage for:

- Unused, non-refundable travel and accommodation expenses.
- Additional travel costs incurred to return home earlier than planned.
- Expenses related to resuming **Your** trip after an eligible interruption.

Coverage applies only if the interruption is caused by:



- A medical **Emergency** affecting **You** or an **Immediate Family Member**.
- Severe weather, **Natural Disasters**, or government travel restrictions.
- Airline or transport provider cancellations due to mechanical failure or strikes.
- A personal **Emergency**, such as burglary or fire at **Your** home.

Claims must be supported by official documentation, and reimbursement is subject to **Policy** limits and exclusions.

## 5) Trip Cancellation Clause

If **You** need to cancel **Your** trip before the departure due to unforeseen circumstances, this **Policy** provides coverage for:

- Non-refundable travel and accommodation costs.
- Prepaid excursions or activities that cannot be rescheduled.
- Additional expenses incurred due to cancellation, such as rebooking fees.

Coverage applies only if cancellation is caused by:

- A medical **Emergency** affecting **You** or an **Immediate Family Member**.
- Death, **Serious Illness**, or **Injury** to an **Immediate Family Member**.
- Severe weather, **Natural Disasters**, or government travel restrictions.
- Airline or transport provider cancellations due to mechanical failure or strikes.

### Maximum Benefit Limit for Multiple Beneficiaries

Any event occurring before the issuance of the **Policy** is not covered. If an event involves multiple reservations or beneficiaries under the same plan, the maximum total payout by the **Claims Administrator** for all affected beneficiaries will not exceed FORTY THOUSAND U.S. DOLLARS (US \$40,000.00) for a single incident. If the total compensation due exceeds this limit, each individual payment will be proportionally reduced based on the maximum liability stated in the **Policy**.

#### a. COVID-19 (SARS-CoV-2)

This **Policy** provides coverage for trip cancellation in the event of **Hospitalization** due to a positive COVID-19 (SARS-CoV-2) diagnosis of:

- The **Insured Person**
- A Travel Companion
- An **Immediate Family Member** of the **Insured Person**

For this coverage to be valid, the **Policy** must be issued no later than fourteen (14) days prior to either, whichever occurs first:

- The scheduled date of departure, or
- The **Effective Date** of the Insurance **Policy**

The **Insured Person** must provide appropriate medical documentation confirming the COVID-19 diagnosis and **Hospitalization** to support any claim under this clause.

## 6) Lost Baggage

The **Claims Administrator** will indemnify the **Insured Person** for one lost item of baggage up to the maximum amount specified in the Schedule of Benefits, subject to the following conditions:

- a. The loss must be reported to the airline and the **Claims Administrator** before leaving the airport where the baggage was to be delivered.
- b. The baggage must be lost during transportation on a regularly scheduled international flight; this benefit excludes domestic flights, charter flights, private or military aircraft, or flights without a published itinerary.
- c. The baggage must be registered, labeled, and checked into the aircraft hold with the airline at the airport; hand baggage or unregistered items are not covered.
- d. The loss must occur between the time the baggage is handed over to authorised personnel and the scheduled delivery time to the **Insured Person**.
- e. The airline must acknowledge responsibility for the loss and provide compensation to the **Insured Person**.

Losses during land transportation are excluded. Compensation is limited to one missing bag per **Insured Person**, pro-rated if registered under multiple beneficiaries. If the airline offers a choice between cash or tickets, the **Claims Administrator** will provide compensation after the **Insured Person** confirms their selection.

The **Claims Administrator** acts as a facilitator between the airline and the **Insured Person** and is not directly responsible for the loss or search. Airlines may require direct claims from beneficiaries without the **Claims Administrator** intervention. Compensation will be paid only after the **Insured Person** returns to their country of origin and submits the following: Property Irregularity Report (P.I.R), identification document, **Policy**, and original receipt of airline payment. The **Claims Administrator** will not compensate without proof of airline payment.

This compensation is supplementary to the airline's payment, covering the difference up to the **Maximum Limit** in the **Policy**. No compensation applies if the airline's payment meets or exceeds this limit.

## 7) Delayed Luggage

The **Claims Administrator** will reimburse the **Insured Person** for essential purchases due to delayed luggage, provided original proof of purchase is submitted. Reimbursement applies only if the baggage is not located within six (6) hours of flight arrival.

If the airline declares a total loss of luggage and compensates the **Insured Person**, any amount paid by the **Claims Administrator** for delay expenses will be deducted from the "Lost Luggage" benefit. This service requires prior approval from the **Claims Administrator** and adheres to established reimbursement timelines.

## 8) Delayed or cancelled flight

If the **Insured Person's** flight is delayed by at least six (6) consecutive hours from the original scheduled departure time, and there is no other alternative form of transportation during this period the **Claims Administrator** will reimburse up to the maximum benefit indicated in the **Policy** for reasonable accommodations, traveling expenses, food and communication charges incurred during the hours of delay and until travel becomes possible. Presentation of valid original receipts and a report from the transporting airline indicating the reason for the delay is required. Beneficiaries with stand-by tickets are not eligible for this benefit.

This service does not apply if the cancellation is due to bankruptcy and / or cessation of airline services.

#### 9) Continuation of cruise

The **Claims Administrator** will bear the cost of a ticket in economy class, one-way, from the port of embarkation until the next port of call of the contracted cruise if the **Insured Person** initially missed the scheduled departure of the cruise due to a delayed connecting flight for more than six (6) hours of the scheduled time. This benefit is paid as a reimbursement upon presentation of proper receipts and a report from the airline (PIR).

#### 10) Repatriation of Mortal Remains

In the unfortunate event of the **Insured Person's** death while traveling, the **Claims Administrator** will arrange and cover the costs, up to the limit specified in the selected plan, for the repatriation of remains to the **Insured Person's** country of origin. This includes providing a provisional casket suitable for international transport and handling necessary documentation. Costs related to transportation or cremation within the country of residence, funeral home expenses, or any casket other than the one used for repatriation are explicitly excluded.

If the beneficiary opts for cremation instead of repatriation of remains, the **Claims Administrator** will cover the **Usual, Reasonable, and Customary Charges** of cremation performed locally in the **Host Country**, including the associated paperwork and legal documentation required by local authorities. This benefit is available up to the **Maximum Limit** stated in the Schedule of Benefits for preparation, local burial, or cremation.

Cremation is provided in lieu of repatriation, and no additional benefit will be paid for transporting ashes unless explicitly stated elsewhere in this **Policy**.

The **Claims Administrator** will not provide services or reimburse any expenses under this benefit if the death results from suicide, alcohol or drug consumption. In addition, this benefit does not cover any transportation or return expenses for accompanying **Immediate Family Member**, nor does it include ceremonial, memorial, or funeral-related costs beyond those directly associated with the cremation procedure itself.

#### 11) Accidental Death

This benefit applies to all persons up to the age of 89 who's death is caused by a sudden, **Unexpected**, and unintended event, resulting from a bodily **Injury**. This means the death must be the direct result of an **Accident**, not from a **Pre-Existing Condition**. The payment of the insured sum will be made to the **Insured Person's** legal heirs once the corresponding legal documentation of their country of origin has been presented.

## 6. EXCLUSIONS

These set out the Exclusions to cover under this **Policy**. The following Exclusions apply to the whole of this **Policy**.

1. **We** will not pay any claim under this **Policy** which would result in **Us** being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
2. **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to expenses incurred for any condition directly or indirectly related to or caused by cancer, dialysis, on-going and preventive care
  - a. Alcohol and **Substance Abuse**.

- b. Non-medical nuclear or atomic radiation, and/or radioactive material(s), chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition.
  - c. Suicide or attempted suicide, or any willfully **Self-Inflicted Injury or Illness**, or willful exposure to danger.
  - d. Travel, meals, transportation and/or accommodation, except as expressly covered under this **Policy**.
  - e. Venereal disease or any other sexually transmitted disease.
  - f. War/Extreme Acts of Violence:
    - i. War, or any act or war (whether declared or not), invasion, act of foreign enemy hostilities, warlike operations, civil war;
    - ii. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power, civil commotion;
    - iii. Attempted overthrow of government, any act directed towards overthrow of government or influencing any overthrow by violence; martial law or state of siege;
    - iv. Any use of or exposure to any radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events; or
    - v. Confiscation or nationalization; requisition or destruction of or damage to property by or under the order of any government or local authority.
    - vi. **Your** breaking or failing to comply with any law whatsoever.
    - vii. **Your** travelling against the advice of a **Doctor**.
    - viii. Any act of **Terrorism**. For the purpose of this **Endorsement** an act of **Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
3. **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to eye sickness or **Treatment**, unless there is damage to an eye resulting from a sudden identifiable **Accident**.
4. **We** will not provide cover for any benefits, charges, fees, costs, expenses, and/or claim under this **Policy** directly or indirectly arising from or relating to:
- a. Confinement of the **Insured Person** to receive **Custodial Care, Educational or Rehabilitative Care**.
  - b. Non-skilled personal care, **Treatment**, or services, wherever furnished and by whatever name called, that are designed primarily to assist an individual in activities of daily living.
  - c. Any **Congenital Disorders** and related conditions.
  - d. **Treatment** of any condition of the breast or the prostate; tonsillectomy; adenoidectomy; hemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; intervertebral disc disease; hernia; gall stones or kidney stones; which:

- i. Exist;
  - ii. Manifest themselves; or
  - iii. Involve procedures which take place or are recommended, during the first 30 up to 180 days of cover under this **Policy**, beginning on the **Effective Date**.
- e. Cosmetic or aesthetic **Treatment** or **Surgery**, whether or not for psychological purposes. However, **We** will cover reconstructive **Surgery** where such **Surgery** is **Medically Necessary** and is directly related to and follows a **Surgery** which is covered under this **Policy**.
- f. Except where covered under the section for Dental – **Injury** Due to **Accident** and sudden dental pain, **Dental Treatment**, orthodontic **Treatment**, gingivitis, gum disease of any kind, or periodontitis; damage to dentures whilst not being worn; dental veneers (unless as a result of damage to existing veneers because of an **Accident**); tooth whitening of any kind; missed dental appointments (including sealings, cleanings, root canals and fillings); services and supplies to replace extracted or missing teeth (including crowns, dentures and bridges).
- g. Ear or body piercing.
- h. Education or training to restore **Your** ability to function in a normal or near normal manner after an eligible medical condition (including but not limited to vocational therapy, occupational therapy and speech therapy).
- i. Elective surgery or **Treatment** of any kind.
- j. Any exercise program, whether or not prescribed or recommended by a **Doctor** or **Specialist**.
- k. Genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing.
- l. Hair loss (including but not limited to wigs, hair **Treatments**, hair transplants or any drug that promises to promote hair growth, whether or not prescribed or recommended by a **Doctor** or **Specialist**).
- m. Any **Treatment**, supplies, examination or fitting related to hearing aids; providing, maintaining or fitting any hearing **Implants** or hearing transplants; or any corrective **Surgery** for non-medical or natural degenerative hearing defects.
- n. **HIV, AIDS virus, AIDS related Illness, AIDS related complex, AIDS** and/or any other **Illness** arising from or relating to any complications or consequences of any of these conditions, whether or not the **Insured Person** had knowledge of their **HIV** status prior to the **Effective Date**. This exclusion includes testing for **HIV** and **AIDS virus, AIDS related Illness, AIDS related complex, or AIDS**.
- o. Any **Illness** or **Injury** sustained while taking part in:
  - i. **Dangerous Occupations;**
  - ii. athletic or sporting activities not engaged in by **You** solely for recreational, entertainment or fitness purposes;
  - iii. **Amateur Athletics, Professional Athletics**, athletic activity that is sponsored or sanctioned by any collegiate sanctioning or **Governing Body**, or the International Olympic Committee;

b. Adventure sports and activities:

- i. Abseiling;
- ii. BMX;
- iii. Bobsledding;
- iv. Bungee jumping;
- v. Canyoning;
- vi. Caving;
- vii. Hot air ballooning;
- viii. Jungle zip lining;
- ix. Parachuting;
- x. Paragliding;
- xi. Parascending;
- xii. Rappelling; and
- xiii. Sky diving.

c. Extreme sports and activities:

- i. Aviation piloting a commercial or non-commercial aircraft; or engaged in any lesson, practice session or training exercise during which the **Insured Person** is training to become a pilot or attempting to earn a license, permit, certification, and/or authorisation to pilot commercial or non-commercial aircraft;
- ii. BASE jumping;
- iii. Big game hunting;
- iv. Hang gliding;
- v. Heli-skiing;
- vi. Luge;
- vii. Motocross (MOTO-X);
- viii. Mountaineering above an elevation of 4500 meters; or mountaineering activities where specialized climbing equipment, ropes or guides are normally used by a prudent person but were not used;
- ix. Racing of any kind, including but not limited to by horse, motor or other vehicle (of any type), or motorcycle;
- x. Rodeo activities;
- xi. Ski jumping;
- xii. Snow skiing, snowboarding or snowmobiling where **You** are in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas; taking part in backcountry skiing; taking part in skiing off-piste;
- xiii. Sub aqua pursuits below a depth of 50 meters; and
- xiv. Trekking above an elevation of 4500 meters.



- p. Any **Treatment**, services or supplies of or concerned with the feet (including but not limited to orthopedic shoes; orthopedic prescription devices for shoes); **Treatment** of weak, strained, flat, unstable or unbalanced feet; metatarsalgia; bone spurs, hammer toes or bunions; and any **Treatment** or supplies for corns, calluses or toenails. However, claims for **Treatment**, services or supplies of the feet may be covered, in **Our** sole discretion, when related to:
  - i. An **Injury** to the foot arising from an **Accident** covered under this **Policy**; or
  - ii. An **Illness** for which foot **Surgery** is **Medically Necessary** and a **Doctor or Specialist** has advised it to be the only appropriate method of **Treatment**.
- q. Immunizations and/or **Routine Physical Exams** for preventative or informative purposes only.
- r. Infection of the urinary tract (including but not limited to infection of the kidney, ureter, bladder, prostate or urethra), and any complication, Medical Condition or other condition directly or indirectly arising from it, where such infection, complication, Medical Condition or condition occurs within 90 days of the **Effective Date** and requires **Treatment** of the **Insured Person** in a **Hospital**.
- s. **In-Patient Treatment** which could have been provided on a Day-Patient basis or as an Out-Patient, as determined by the **Claims Administrator**.
- t. Maternity, **Pregnancy** and **Newborn** care (including but not limited to pre-natal care, delivery, post-natal care, care of **Newborns**), complications of **Pregnancy**, miscarriage, complications of delivery and/or complications of **Newborns**.
- u. Any **Medical Condition** sustained:
  - i. As a result of **You** being under the influence of alcohol, intoxicating substances, or drugs (other than **Drugs** taken in strict accordance with prescribed **Treatment** and directed by a **Doctor or Specialist**) including whilst driving or operating a moving vehicle. For the purposes of this Exclusion, “vehicle” shall include both motorized devices, regardless of whether or not a driver or operator license is required (including watercraft and aircraft), and non-motorized bicycles and scooters for which no permit or license is required.
  - ii. As a result of a **Tropical Disease**, if **You** have not had the vaccinations or taken the medication recommended by the department of health for **Your Home Country** or the authorities in the country **You** are visiting.
  - iii. While **You** are participating in any activity where such activity is undertaken in disregard of or against the recommendations, **Treatment** programs, or medical advice of a **Doctor or Specialist** or other healthcare provider.
  - iv. While **You** are participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity.
- v. Medical prescription relating to a special diet, weight control, **Children’s** food, baby supplies or vitamin/mineral supplements; or any alternative medicine (such as chiropodists, optometrists and podiatrist, non-prescription medicines, vitamins, food extracts, or nutritional supplements); vitamin or herbal therapy; drugs not approved by the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA) or the Medicines and Healthcare products Regulatory Agency (MHRA) or which are considered “off label” use; non-drugs or medicines; or drugs or medicines not prescribed by a **Doctor or Specialist**.

- w. Any **Treatment** for an **Illness** or **Injury** requiring a medical product, services, **Surgery**, **Surgical Procedure**, prescription medication, drug, biological product, **Durable Medical Equipment (DME)** or device that is not approved by the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA) or the Medicines and Healthcare products Regulatory Agency (MHRA) unless an **Emergency** Use Authorisation (EUA) is in place issued by the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA) or the Medicines and Healthcare products Regulatory Agency (MHRA).
- x. **Mental or Nervous Disorder.**
- y. Modification of the **Insured Person's** physical body to change or improve the physical appearance or psychological, mental or emotional wellbeing of the **Insured Person** (including but not limited to sex change **Surgery** or **Surgery** relating to sexual performance or enhancement of it).
- z. Any organ, tissue or other transplant or related **Treatment**, service or supply; any artificial or mechanical devices designed to replace human organs temporarily or permanently; or any efforts to keep a donor alive for a transplant procedure.
- aa. Orthoptics, visual therapy, or visual eye training.
- bb. Professional services provided by a psychotherapist, psychologist, **Family** therapist or bereavement counsellor for the **Treatment** of learning difficulties, hyperactivity, attention deficit disorder, developmental or behavioral problems in **Children**; or speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
- cc. Rest cures, institutionalization, isolation, quarantine or sanatorium care.
- dd. Any second or subsequent medical opinion from a **Doctor** or **Specialist** that is not required by **Us**.
- ee. Sleep disorder(s) (including but not limited to sleep apnea, snoring, fatigue, jet lag, or work-related stress).
- ff. Any **Treatment** of the Temporomandibular joint (TMJ).
- gg. Any **Treatment**, service or supply that is/are:
  - i. **Investigational, Experimental**, or for research purposes.
  - ii. Not obtained or received by an **Insured Person** during the **Period of Coverage**.
  - iii. Not administered or ordered by a **Doctor** or **Specialist**.
  - iv. Not **Medically Necessary**.
  - v. Provided at no cost to the **Insured Person** or for which the **Insured Person** is not otherwise liable.
  - vi. Provided, directed or recommended by a chiropractor, unless it is ordered in advance by a **Doctor** or **Specialist**.
  - vii. Provided or performed by a **Relative** of the **Insured Person**.
  - viii. Received at a health hydro, nature cure clinic, spa, health farm or similar establishment, or private bed registered as a nursing home attached to such establishment or a **Hospital** where the **Hospital** has effectively become **Your** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
  - ix. Required or recommended as a result of complications or consequences or a problem arising from or related to any **Treatment**, service, supply, **Injury** or

**Illness** received prior to coverage under this insurance or that is excluded from this **Policy** or otherwise not insured under this **Policy**.

- x. Related to vision correcting spectacles, eyeglasses or contact lenses; eye refraction for any reason; non-medical or natural degenerative sight defects and eye **Surgery** where the primary purpose is to correct near sightedness, farsightedness or astigmatism. However, **We** will pay **Eligible Charges** for corrective sight **Surgery** caused by an **Injury**.
  - hh. Any **Treatment**, service or supply that promotes, enhances, prevents or corrects impotency, sexual performance or sexual dysfunction or any consequence from it.
  - ii. Any **Treatment**, service or supply that promotes or prevents conception of birth (including but not limited to birth control, sterilization or its reversal), contraception, infertility, fertility, surrogacy or abortion, oral contraceptives, or artificial insemination; any **Treatment**, service or supply for infertility or any form of assisted conception or assisted reproduction or any complication from it (including but not limited to premature or multiple births after assisted conception).
  - jj. Any **Treatment**, service or supply within **Your Home Country** or outside the area of cover.
  - kk. Any **Illness** or **Injury** incurred in the **Host Country** or **Home Country** as a result of a Public Health **Emergency** of International Concern, Epidemic, Pandemic, other disease outbreak, or **Natural Disaster**, that may affect a person's health, unless coverage is expressly provided under the Public Health **Emergency** provision of this **Policy**.
    - i. This exclusion DOES NOT apply to charges resulting from COVID-19 (SARS-CoV-2).
  - ll. Entering into or remaining in any **Host Country** for which **You** do not possess the proper license, permits, authority, or exemption from such requirements.
  - mm. Weight loss or weight modification, obesity (including but not limited to wiring of teeth and all forms or procedures of weight loss **Surgery** or reversal).
  - nn. **Your** serving in the military, navy or air force during declared war, or while under orders for war-like operations, or restorations of public orders, or any medical condition sustained whilst on military, naval or air force training exercise.
  - oo. Any charges incurred at a **Hospital** or facility when the **Insured Person** checks themselves out against the medical advice of their **Doctor** or **Specialist** and leaves before reaching a **Medically Necessary** specified endpoint of **Treatment**.
  - pp. Any charges incurred for the worsening of an **Illness** or **Injury** after the **Insured Person** left a **Hospital** or facility against medical advice or was discharged against medical advice.
- 5) **We do not** provide cover for any loss, **Injury**, **Illness**, or expense arising directly or indirectly from the **Insured Person's** travel to or presence in a country, region, or location for which a **Travel Warning** or advisory has been issued prior to the **Insured Person's** date of arrival, under the following conditions:
- a. The warning or advisory is issued by the United States Department of State, Bureau of Consular Affairs, Centers for Disease Control and Prevention, United Nations, World Health Organization, or a similar government or non-governmental agency of the **Insured Person's Home Country**.
  - b. The warning indicates that travel to such specific identified countries, regions, or locations is hazardous and not advised.
  - c. The exclusion applies regardless of the reason for travel, including but not limited to

warnings related to political instability, **Terrorism**, disease outbreaks, **Natural Disasters**, or other conditions deemed unsafe. Coverage will be void for any claims related to events occurring in such warned-against areas if the **Insured Person** has failed to heed the advisory or warning in effect within a specified period, as determined by the **Policy**, prior to their arrival in the affected area.

**6) We do not provide cover for:**

- a. Any charges, fees, costs, or expenses in excess of **Usual, Reasonable, and Customary Charges**.
- b. Any charges, fees, costs, or expenses not expressly included as **Eligible Charges**.
- c. Any charges, fees, costs, or expenses relating to **Hospital** or medical provider membership plans or similar schemes.
- d. Any charges incurred due to fluctuations in exchange rates or for any bank charges **You** incur when a check, bank transfer, or payment is received from **Us**.
- e. Any claim under this **Policy** if **You** refuse disclosure of data to a third party such as a **Doctor** or **Specialist** which prevents **Us** from assessing cover under this **Policy**.

## 7. GENERAL CONDITIONS

These are the conditions of this **Policy** that **You** need to meet as **Your** part of the contract. If **You** do not meet these conditions, the **Policy** may be voided (treated as if it never existed), or may be cancelled, or may not provide full cover, or **Your** claim under the **Policy** may be rejected or not fully paid.

Please read the General Conditions carefully.

**1) Acceptance**

**We** have the right to refuse to accept an **Application** from any person who does not meet the eligibility criteria of the **Master Policy**.

**2) Assignment, Change, Waiver**

This **Policy** cannot be assigned, and any of the **Terms** of this **Policy** cannot be changed or waived, without **Our** prior written consent.

**3) Our Right to Cancel**

The **Company** reserves the right to cancel any and all coverage under this **Policy** under the following circumstances:

- The **Company** may elect to cancel coverage for all **Insured Persons** of the same sex, age, class, or geographic location as the **Insured Person**, provided the **Company** gives no less than thirty (30) days advance written notice by mail to the **Insured Person's** last known residence or mailing address of its intent to exercise such option.
- Termination of coverage will be effective at 12:01 AM **EST** on the date specified in the notice of cancellation or as otherwise determined pursuant to the **Policy** provisions, including but not limited to misrepresentation, fraudulent claims, or failure to meet eligibility requirements.
- Upon such cancellation, neither the **Company** nor the **Insured Person** shall have any further rights, liabilities, or obligations under this insurance for the affected coverage period, except as accrued prior to the termination date.

**4) Eligibility for Insurance**

This **Policy** is only available to **You** if **You** meet the requirements below:

**a. Residential**

**We** will provide cover for an **Insured Person** who is not a US citizen, and their **Home Country** is outside of Syria, Iran, Russia, North Korea, Cuba, USA, United Kingdom, Gibraltar and the European Union.

**Please Note:** If **You** no longer meet the eligibility requirements set forth in this section, then this **Policy** will automatically terminate.

**b. Age**

**You, Your Spouse** and **Your Dependent Child** must be at least 15 days of age, and under 89 years of age at the **Effective Date**.

**5) Entire Agreement**

This **Policy**, together with the **Application**, the Schedule of Benefits, the **Policy** wording, the **Declaration of Insurance**, and any **Endorsements**, is the entire agreement between **You** and **Us** and must be read together.

**6) Fraud**

If **You** make a fraudulent claim under this **Policy**:

- a. **We** are not liable to pay the claim;
- b. **We** may recover from **You** any sums paid by **Us** to **You** in respect of the claim; and
- c. **We** may, by notice in writing to **You**, treat this **Policy** as having been cancelled with effect from the time of the fraudulent act.

**7) Changes in Law and Taxation**

**We** shall have the right to change the **Terms** of this **Policy**, including the **Premium**, if at any time, there is a change to the law, regulatory requirements, tax or government levies.

**8) Misrepresentation and Non-Disclosure**

- a. In deciding to accept the **Application** and to provide this **Policy**, **We** have relied on the information **You** have given **Us**. **You** must take care that all information provided to **Us** is complete and accurate.
- b. If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information, **We** will treat this **Policy** as if it never existed and not pay any claim.
- c. If **We** establish that **You** carelessly provided **Us** with false or misleading information, **We** may:
  - i. Treat this **Policy** as if it never existed and not pay any claim;
  - ii. Amend the **Terms** of this **Policy** and apply these **Terms** as if they were already in place;
  - iii. Reduce the amount **We** pay on a claim; or
  - iv. Cancel this **Policy** in accordance with **Our** cancellation rights.

**9) Premium Payment**

- a. **You** must pay the **Premium** before the **Effective Date**.
- b. **We** will not provide any cover under this **Policy** unless **You** have paid the **Premium**.

## 10) Reasonable Care and Precautions

**You** shall take reasonable care and precautions:

- a. To prevent any **Injury** or **Illness** which may be covered under this **Policy**; and
- b. To minimise any potential claim under this **Policy**.

## 11) Pre-authorisation; Pre-authorise

All sicknesses, **Accidents**, and other benefits must be **Pre-authorized** by the **Claims Administrator** for benefits to be payable, Medical Assistance must be administered by the **Claims Administrator**. **Non-Emergency** sicknesses must be reported within 7 days of the first symptom; emergencies must be reported within 48 hours; other benefits must be reported within 24 hours. General determination of **Medical Necessity** only, made by the **Claims Administrator** in reliance and based upon the completeness and accuracy of the information provided by the **Insured Person** and/or the **Insured Person's** healthcare or medical service providers, guardians, **Relatives** and/or proxies at the time thereof. **Pre-authorisation** is not an assurance or verification of coverage, a verification of benefits, or a guarantee of payment provided to the facility.

## 12) Extensions; Renewals

- a. **You** may request for this **Policy** to be extended or renewed on the following basis.
  - i. **You** may request this **Policy** to be extended for **Periods of Insurance** from 5 days to 12 months;
  - ii. Any one **Period of Coverage** may not exceed 12 months;
  - iii. **We** have the right to refuse any request for a renewal on any lawful basis;
  - iv. If **We** agree to renew this **Policy**, subject to the **Terms** and conditions of the new **Policy**:
    1. Any renewal is subject to **Your** continued Eligibility under this **Policy**.
    2. **You** will take care to provide **Us** with complete and accurate answers to any questions **We** may ask, and **You** must tell **Us** about any changes which have occurred since this **Policy** started or since the last **Renewal Date**.
    3. **We** will write to **You** with **Our** renewal **Terms** and provide **You** with a renewal **Premium** notice before the **Renewal Date**.
    4. The renewal **Premium** must be received by **Us** before the **Renewal Date**.
    5. No renewal is in effect until such time as **We** confirm that the renewal has been accepted in writing by **Us**.
    6. On the **Renewal Date**, the **Maximum Limits** and **Deductible** will restart.
    7. Each renewal is a new contract of insurance between **You** and **Us**.
- b. **You** may not renew this **Policy** if the **Period of Coverage** has lapsed or ended for any reason. However, **You** can apply for a new **Policy** by submitting a new **Application** which **We** will consider in the normal way.

## 13) Notice of Amendment

**We** reserve the right to make changes, additions, or deletions to this **Policy**, including any attached **Endorsements**, at any time during the **Period of Coverage**. Any such amendment will be communicated to **You** in writing, either by post to **Your** last known address or by email to an email address provided at the **Effective Date**.



**You** will be given at least 30 days' advance notice before any changes take effect. The notice will set out the full details of the proposed changes, including the nature and scope of the amendment, the **Effective Date**, and a clear statement of **Your** right to cancel this **Policy** in accordance with **Your** statutory rights.

If **You** do not exercise **Your** right to cancel within the notice period, the changes will be deemed accepted and will take effect on the date specified in the notice.

#### 14) Third Party Rights

The Contracts (Rights of Third Parties) Act 1999, or any subsequent amendment, shall not apply to this **Policy**. Only **You** and **Us** can enforce the **Terms** of this **Policy**. This **Policy** may be changed or cancelled without the consent of any third party.

#### 15) Waiver

Any waiver by **Us** of any term or condition of this **Policy** will not prevent **Us** from relying on such term or condition in other instances.

#### 16) Policy Structure

By purchasing coverage and benefits through this **Policy**, **You** acknowledge that you are purchasing a beneficial interest in the **Master Policy**. This **Policy** provides benefits and coverage through a beneficial interest in a contract of insurance (the **Master Policy**); it is not a contract of insurance itself, and as such, may not attract the same rights and remedies as if the **Policy** were a contract of insurance. If you require further details on your beneficial interest in the **Master Policy**, please contact the **Plan Administrator**.

## 8. CLAIMS CONDITIONS

The **Claims Administrator** is responsible for scheduling appointments for customers with appropriate providers. In the event that the **Claims Administrator** is unable to secure an appointment with a suitable provider, **You** shall have the right to select and visit a provider of **Your** choosing.

These are the Claims Conditions of this **Policy** that **You** need to meet as **Your** part of the contract. If **You** do not meet these conditions, this **Policy** may be voided (treated as if it never existed), or may be cancelled, or may not provide full cover, or **Your** claim under this **Policy** may be rejected or not fully paid.

**You** must provide notification of a claim within 7 days for non-**Emergency** situations, 48 hours for **Emergency** situations, and 24 hours for travel Insurance. Failure to comply with this condition may affect the outcome of **Your** claim. This notice should identify **You** and the **Policy** Number.

#### 1) Medical Evaluation

**We** have the right to request further tests and/or independent medical evaluation where **We** reasonably decide that a **Medical Condition** being claimed for may be directly or indirectly related to an Exclusion.

#### 2) Medical Management Services

##### Pre-authorisation

Please read this section carefully before obtaining any **Treatment**, service or supply.

- a. For many benefits under this **Policy**, **You** must notify the **Claims Administrator** and obtain **Pre- authorisation** before undergoing any **Treatment** or before being admitted to **Hospital**.
  - i. **Pre- authorisation** must be obtained before any of the following **Treatment**, service or supply:

1. For all cover under the Medical Benefits section:
  - a. **In-Patient** or **Day-Patient** admission in **Hospital**;
  - b. **Treatment**, services or medical supplies of any kind in **Hospital**;
  - c. **Surgery** in **Hospital** or in a surgical centre;
  - d. Urgent Care, **Doctor Visit**, or **Doctor** or **Visit**
  - e. **Out-Patient** MRI and CAT scans, echocardiogram (ECG), endoscopy, gastroscopy, colonoscopy and cystoscopy;
  - f. **Home Nursing Care**;
  - g. Physiotherapy;
  - h. Any rental or purchase of **Durable Medical Equipment**.
2. For cover under the International **Emergency Care** and Assistance section:
  - a. **Emergency Medical Evacuation**;
  - b. Costs of transportation of **Your Mortal Remains**; or costs of preparation, local burial or cremation of **Your Mortal Remains**.
  - c. Any other covered medical services
- b. Any decision that the **Claims Administrator** makes on **Pre- authorisation** is based on the completeness and accuracy of the information provided by **You** or on **Your** behalf at the time of the **Pre- authorisation**.
- c. The **Claims Administrator** has the right to change or revoke a previous decision on **Pre- authorisation** if the information it has changes.
- d. For purposes of **Pre- authorisation**, notice to the **Claims Administrator** may be made by **You**, the **Hospital**, **Your Doctor** or **Specialist** or a **Relative**.
- e. **We** understand that it may not be possible for **You** to notify the **Claims Administrator** in advance of an **Emergency** admission to **Hospital**. If this should happen, **You** must notify the **Claims Administrator** and obtain **Pre- authorisation** within **48 hours** or as soon as reasonably possible after such **Emergency** admission.
- f. If **You** are not **Pre-authorised**, or if **You** fail to comply or co-operate with the **Pre- authorisation** requirements, subject to the **Terms** and conditions of this **Policy**, **We** may deny all cover for **Your** claim or **We** may not pay **Your** claim in full.
- g. Where **Pre-authorization** is required, **You** must follow the following procedure:
  - i. Please contact the **Claims Administrator**, on:  
**Robin Assist**  
45 East Lincoln Street, Columbus, OH 43215  
Phone number: 1-888-207-1694  
Email: [Claims@robinassist.com](mailto:Claims@robinassist.com)
  - h. Please contact the **Claims Administrator** as soon as possible **within 7 days** before admission or before the **Treatment**, service or supply is obtained;
  - i. For **Emergency Hospital** admission, **Pre-authorization** must be obtained within **48 hours** after admission, or as soon as is reasonably possible;
  - j. Please comply with the **Claims Administrator's** instructions and submit any information or documentation required by the **Claims Administrator**; and

- k. Please notify all **Doctors** or **Specialists, Hospitals** and other **Treatment**, service or supply providers that this **Policy** contains **Pre-authorisation** requirements and please ask them to co-operate fully with the **Claims Administrator**.
- l. Any **Pre-Authorization** will be confirmed to **You** in writing. A verbal confirmation from the **Claims Administrator** is considered pre-approval when writing is not possible. If **You** are in doubt, please contact the **Claims Administrator**.

### 3) Concurrent / Continuing Review

- a. While **You** are an **In-Patient** in **Hospital**, the **Claims Administrator** has the right to carry an ongoing review of **Your Treatment** to make sure that **You** are not receiving unnecessary **Treatment** and to help assure quality medical care.
- b. When **You** are first admitted as an **In-Patient**, the **Claims Administrator** will approve a limited number of days of confinement based on the **Eligible Medical Condition**.
- c. After that, if additional days of **In-Patient Treatment** are necessary, **Your** continued stay in **Hospital** must be reviewed and approved by the **Claims Administrator**.

### 4) Medical Case Management

- a. The **Claims Administrator** has the right to make recommendations in respect of any **Treatment**, service or supply with respect to an **Eligible Medical Condition**.
- b. Such recommendations will be based on the **Claims Administrator's** assessment of and collaboration with **You, Your Relatives, Doctors** or **Specialists** or other **Treatment**, service or supply providers, to help ensure a well-coordinated continuity of care.
- c. **You** are under no obligation to accept or follow any of the **Claims Administrator's** recommendations.
- d. If **You** do not accept or follow any of the **Claims Administrator's** recommendations, **You** agree that **We** shall not be held liable or otherwise responsible for any **Treatment**, service or supply provided to **You** except for the payment of **Eligible Charges** under the **Terms** and conditions of this **Policy**.
- e. After the **Claims Administrator** has notified **You** of its recommendations, **We** may, at **Our** sole option and discretion, pay for **Treatment**, service or medical supplies, which may not be covered under this **Policy**, but which may be beneficial to **You**.

### 5) Notice of Claims

- a. In the event of a claim, **You** should give notice to:  
**Robin Assist**  
45 East Lincoln Street, Columbus, OH 43215  
Phone number: 1-888-207-1694  
Email: [claims@robinassist.com](mailto:claims@robinassist.com)
- b. A claim form may be obtained at <https://www.infplans.com/claims> or completed online via the INFplans portal at [www.infplans.com/members](http://www.infplans.com/members)
- c. Upon receiving notice of a claim under this **Policy** from **You** or on **Your** behalf, the **Claims Administrator** may provide **You** with a claim form to complete.
- d. All decisions regarding **Your** eligibility for benefits and coverage under this **Policy** will be made after the completed claim form is submitted to the **Claims Administrator** and **We** have had the opportunity to review and investigate the claim. **We** reserve the right to make the final determination of benefits once full proof of the claim has been provided to **Us**.

### 6) Assistance and Co-operation

- a. **You** are required to provide all reasonable assistance and fully cooperate with **Us** in managing any claim under this **Policy**. Failure to do so may result in the suspension of **Your** claim or a partial or full denial of payment.
- b. **You** must, at **Your** own expense, provide all documents, medical reports, and other materials **We** reasonably request. Failure to do so may result in suspension of **Your** claim or a partial or full denial of payment. **We** reserve the right to review all evidence related to **Your** claim as often and whenever reasonably necessary.
- c. **Pre-authorisation**, may be required for certain medical services, **Treatments**, or procedures. The purpose of **Pre-authorisation** is to verify that the proposed service is **Medically Necessary** and is covered under the **Policy Terms**. Failure to obtain **Pre-authorisation** for services requiring it may result in financial penalties or denial of claims. **Pre-authorisation** does not guarantee payment or claim reimbursement, as claims remain subject to review based on **Policy Terms** and **Medical Necessity**.

## 7) Settlement of Claims

- a. All settlement of claims is in accordance with the **Terms** and conditions of this **Policy**, including the applicable **Deductible**.
- b. **You** may choose to have any reimbursement of **Your** claim paid in any currency (but not cryptocurrency) provided that:
- c. Any payment will be converted to the equivalent amount in the currency of this **Policy**;
- d. **We** will apply the Bank of England exchange rate in effect as follows:
  - i. For claims filed and approved **Eligible Charges**: on the date on which **You** paid for **Your Treatment**, service or supply, or, if **Your Treatment**, service or supply was over a period of time, on the date that **We** processed payment;
  - ii. For claims submitted and approved for the Accidental Death Principal Sum: on the date of **Your** death;
- e. **We** are not liable for any loss resulting from currency exchange fluctuations or for any bank fees **You** may incur when receiving payment from **Us**.
- f. If **You** are under the age of 18, **We** will make any payment for claims to the parent or guardian who signed **Your Application**.

## 8) Payment of Claims

- a. At **Our** option, **We** may pay **Eligible Charges** directly to:
  - i. The **Treatment**, supply or service provider; or
  - ii. Payment to **You** may be made by cheque, electronic funds transfer, direct deposit to **Your** VISA or MasterCard, or by mailing a cheque to **Your** last known address.
- b. Where **We** pay or arrange to pay **Eligible Charges** directly with the **Treatment**, service or supply provider, **You** are responsible for direct payment of the **Deductible** amounts, and any non-**Eligible Charges** to the **Treatment**, supply or service provider.
- c. Where **We** do not pay or arrange to pay **Eligible Charges** directly with the **Treatment**, service or supply provider, **You** will be responsible for paying the provider directly and then seeking reimbursement from **Us**.

## 9) Right of Recovery

- a. If **We** overpay any benefit under this **Policy** for any reason, **We** reserve the right to recover the overpaid amount promptly from **You** or, where applicable, from the third party who

received the overpayment.

- b. If **You**, or the relevant third party, do/does not promptly make any such refund to **Us**:
  - i. **We** may reduce or deduct the amount due from any future claim under this **Policy**;
  - ii. **We** may cancel this **Policy** by giving 30 days notice in writing to **Your** last known mailing address or **Your** e-mail address at the **Effective Date**.

#### 10) Subrogation

- a. **You** must notify **Us** without undue delay of any claim or right of action **You** may have against any third party arising from the circumstances that gave rise to a claim under this **Policy**.
- b. **You** are required to take all reasonable steps to pursue such third-party claims and to keep **Us** informed in writing of any material developments. **We** reserve the right, at **Our** sole discretion and in **Your** name, to initiate legal proceedings or take other action against any third party to recover any amounts paid under this **Policy**.
- c. **We** shall have full authority over the conduct and settlement of any such proceedings or claims.
- d. **You** must provide **Us** with all assistance and documentation **We** may reasonably require in connection with the pursuit of any such recovery.

#### 11) Explanation or Verification of Benefits

- a. **We** and the **Claims Administrator** will make reasonable efforts to assist **You** and any provider of **Treatment**, services, or supplies in understanding the scope and extent of the benefits and coverage available under this **Policy**.
- b. If **You** require a definitive interpretation of any benefit or coverage provision, **You** may submit an inquiry to the **Plan Administrator**. If **You** request it, the **Plan Administrator** will provide **You** a written response.
- c. No statement or representation made by **Us** or the **Claims Administrator** shall be deemed to modify, waive, or amend any term or condition of this **Policy** unless such modification, waiver, or amendment is expressly set out in a Notice of **Endorsement** or other written instrument issued by **Us**.

## 9. CLAIMS PROCEDURES

#### 1) General

- a. All claims should be submitted to the **Claims Administrator** with a fully completed claim form, original invoices, original receipts and all other supporting documents within 30 days of **Your Treatment**.
- b. **We** may deny cover for any claim submitted after this time.
- c. **You** are required to adhere to all **Pre-authorisation** procedures; failure to do so may result in a reduction or denial of **Your** claim payment.
- d. **We** will provide **You** with a personalized membership card that includes essential contact information and addresses. Please ensure that **You** keep this card with **You** at all times.
- e. **Insured Persons** are required to notify the **Claims Administrator** within 7 days for non-**Emergency** situations, 48 hours for **Emergency** situations, and 24 hours for travel Insurance requests. If in need of Insurance, regardless of their geographical location, the

**Insured Person** should contact the **Claims Administrator**.

The **Claims Administrator** can be reached via WhatsApp, Phone, and Email per the contact details below:

Email: [hop@robinassist.com](mailto:hop@robinassist.com)  
WhatsApp / US: +1 (380) 234 2040  
Toll Free: +1 (888) 207 1694  
International: +86-108-524-1236

- f. It is the obligation of the **Insured Person** to always call to report the **Emergency**. In case the **Insured Person** cannot do it personally, any companion, friend or **Relative** can do it, but the call or notice must be made no later than within 7 days for non-Emergency situations, 48 hours for **Emergency** situations, and 24 hours to travel Insurance requests. For cases in which the **Insured Person** is unable to communicate with the **Claims Administrator**, they must report the medical facts as soon as practicable. Failure to comply with this rule entails automatic loss of any right to claim by the **Insured Person**.

## 2) Emergency Admissions

- a. In the event of an **Emergency Hospital** admission, **You** must contact the **Claims Administrator** as soon as possible after **Your** admission.
- b. **You** will need to provide full details of **Your** medical condition and **Treatment**, including the date(s) and name(s) of any procedures (if known), as well as the name of the **Doctor** overseeing **Your Treatment**.
- c. Where **Pre-authorisation** is required, **You** must obtain approval from the **Claims Administrator** prior to undergoing any **Treatment** or being admitted to the **Hospital**.
- d. If it is not possible for **You** to notify the **Claims Administrator** before an **Emergency** admission to the **Hospital** to obtain **Pre-authorisation**, **You** must inform the **Claims Administrator** and obtain **Pre-authorisation** within 48 hours, or as soon as reasonably possible following the **Emergency** admission.
- e. Any failure to obtain such **Pre-authorisation** may result in the **Claims Administrator** denying all cover for **Your** claim, or the **Claims Administrator** not paying **Your** claim in full.

## 3) Emergency Doctor Visits (Out-Patient Only)

- a. If **You** pay for any **Treatment**, service or supply which **You** receive as an Out-Patient, then **You** should submit all charges and a claim form to the **Claims Administrator** in accordance with the **Terms** and conditions of this **Policy**.
- b. **You** should fill in the section that is assigned to **You** on the claim form, and date and sign the claim form.
- c. Please attach all original supporting documentation, invoices and receipts to the claim form and send it to the **Claims Administrator**.

## 4) Delayed Luggage

- a. Immediately report the delay to the airline or the personnel responsible at the arrival location and complete the Property Irregularity Report (P.I.R) form as soon as possible.
- b. Notify the **Claims Administrator** of the delay before leaving the airport or within 24 hours of the initial notification to the airline.

## 5) Delayed Luggage

- a. Immediately report the delay to the airline or the personnel responsible at the arrival location and complete the Property Irregularity Report (P.I.R) form as soon as possible.

- b. Notify the **Claims Administrator** of the delay before leaving the airport or within 24 hours of the initial notification to the airline.

#### 6) Claim Criteria

- a. **You** may only claim for:
- b. **Treatment**, service or supply actually given during a **Period of Coverage**; and
- c. **Eligible Charges** which **You** incur before the Expiry Date or the Cancellation Date, whichever is the earlier.

**You** may claim for benefit from the start of the **Treatment** or service or from the date that **You** received the supply, until the time when it is medically confirmed that the **Treatment** or service or supply is no longer necessary or until this **Policy** is no longer in force, whichever is the earlier.

If **You** claim subsequently for a new course of **Treatment** or service or new supply which is not connected with the earlier **Treatment**, service or supply, the subsequent **Treatment**, service or supply will be treated as a new claim under this **Policy**.

## 10. DATA PROTECTION

### 1) Protecting Your Data

Protecting **Your** privacy is very important to **Us**.

### 2) Personal Data You Provide to Us

If **You** provide **Us** with personal data about other people to be insured on this **Policy**, such as **Family** or friends, **You** agree to obtain their agreement and notify them of **Our** use of their personal data.

### 3) How We Use Your Personal Data

**We** will use **Your** personal data to arrange **Your** insurance contract with **Us** and for other related insurance purposes such as to administer this **Policy**, handle claims and offer renewal of this **Policy**. **We** may also use **Your** personal data for modelling or statistical purposes and underwriting decisions made via automated means.

### 4) Special Categories of Personal Data

Some personal data is defined by the current Data Protection legislation as special categories of sensitive personal data such as information about health. **We** may collect such data from **You** for insurance purposes where permitted by relevant legislation. **We** will only use this data for the specific purpose **You** supplied it and to provide the services described in this **Policy**.

### 5) Who We Share Your Information With

**We** may share **Your** personal data with other insurance market participants that **You** have not had direct contact with. These can include other insurers, intermediaries, reinsurers, **Claims Administrators**, loss adjusters and solicitors. **We** may also disclose certain personal data to **Our** service providers, contractors, agents and group **Companies** that perform activities on **Our** behalf. These transfers would always be made in compliance with relevant Data Protection legislation.

**We** do not disclose the information to anyone else except:

- a. Where **We** have **Your** permission;
- b. Where required or permitted to do so by law;
- c. To credit reference;



- d. To other **Companies** that provide a service to **You** or **Us**.

**We** may transfer **Your** data to insurance market participants which are located outside of **Your Home Country**. These transfers would always be made in compliance with relevant Data Protection legislation.

## 6) Data Retention and Erasure

**We** will not keep **Your** data for longer than is necessary for the purposes for which the data is processed and for compliance with legal or regulatory obligations.

## 7) Your Rights

If **You** have any questions about **Our** use of **Your** personal data, **You** should contact **Our** Data Protection Officer. In certain circumstances **You** have the right to request that **We**:

- a. Provide more detail on how **We** use **Your** personal data;
- b. Provide **You** with a copy of **Your** personal data that **You** provided to **Us**;
- c. Correct inaccurate information **We** hold about **You**;
- d. Delete **Your** data;
- e. Provide an electronic copy of **Your** personal data to another data controller.

If **You** ask **Us** to delete **Your** data, **We** may no longer be able to provide **You** with insurance services or deal with any claims, but **We** may still be required to process data about **You** for legal or regulatory reasons.

### Our Contact Details

**INF Plans**  
7065 Westpoint Blvd  
Orlando, FL 32835  
408-222-1110  
[Support@infplans.com](mailto:Support@infplans.com)

If **You** are not satisfied with the way **We** have handled **Your** personal data **You** have the right to complain to a supervisory authority in **Your Home Country**, place of work or place of the alleged infringement. Below are contact details to the supervisory authority in the UK, where the insurer has an establishment.

UK - the Information Commissioners Office (ICO), [www.ico.org.uk/concerns](http://www.ico.org.uk/concerns), telephone 0303 123 1113 or +44 1625 545 700 if **You** are calling from outside the UK.

For more information on how **We** process **Your** personal data, refer to: [www.infplans.com/privacy-Policy](http://www.infplans.com/privacy-Policy)

# 11. MAKING A COMPLAINT

## 1) Complaints Procedure

**We** will do everything possible to ensure that **You** receive a high standard of service. If **You** are not satisfied with the service received please contact **Us**. When **You** contact **Us** please give **Us** **Your** name and contact telephone number. Please also quote this **Policy** and/or claim number and the type of **Policy** **You** hold.

## **Making Your Complaint**

If **Your** complaint relates to the sale / administration or a claim against this **Policy**, please contact;

### **INF Plans**

7065 Westpointe Blvd, #209

Orlando, FL 32835

**Phone number:** 408-222-1110

**Email:** support@infplans.com

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **You** are not satisfied, **You** can take the issue further.

Should you remain dissatisfied with the final response of ISC to your complaint, you may have a right to escalate to the Cayman Island Monetary Authority (CIMA), who can be contacted via the following link: [www.cima.ky/complaints](http://www.cima.ky/complaints).

## **2) Our Promise to You**

**We** will:

- a. Acknowledge all complaints promptly;
- b. Investigate quickly and thoroughly;
- c. Keep **You** informed of progress;
- d. Do everything possible to resolve **Your** complaint; and
- e. Use the information from complaints to continuously improve **Our** service.

### **Notice:**

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). This coverage is not a general health insurance product but is intended for use in the event of a sudden and **Unexpected** event while traveling outside **Your Home Country**. PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. **You** should consult **Your** attorney or tax professional to determine whether the **Policy** meets any obligations **You** may have under PPACA.