

## General Conditions for Hop Mindoro

Hop! (Hereinafter identified as Hop) is a provider of international assistance products for travelers worldwide. All services provided by the assistance plan, are provided through Hop, a company whose principal purpose is to provide, among others, health care services, legal assistance, and personal assistance during the course of an international trip. These general conditions define the way of obtaining the assistance to which the Member of a Hop plan will be able to request in cases while abroad during the period of validity of the plan. Note: This Hop! Product is a travel assistance membership program, not an insurance plan.

Hop! is a travel assistance membership program arranging worldwide legal, health, personal, and other assistance and emergency consultation services. Members are provided with access to a 24 x 7 x 365 Assistance team which provides arrangements for medical treatment in emergencies, legal assistance, and other personal or travel assistance needs when visiting away from the member's home country. In addition, Hop! provides Members with access to medical professionals for consultations and other Member services.

There is no waiting period to access the assistance provided by this membership if the membership is enrolled in before the trip start date. There is a 5 day waiting period for medical assistance and travel assistance if purchased after the trip start date.

If in need of assistance, regardless of their geographical location, the Member should contact the Hop Assist. All assistance is provided by and administered by Hop Assist. Hop Assist must be informed before any assistance can be provided to the Member, and can be contacted via email, phone call, or through WhatsApp. Hop Assist is open 24/7/365, and operates in any country across the globe not sanctioned by the United States.

The Member is advised to access Hop Assist for assistance services in order to access benefits. Expenses rendered outside of Hop Assist are not eligible for benefits. It is the obligation of the Member to always call to report the emergency. In case the Member cannot do it personally, any companion, friend or relative can do it, but the call or notice must be made to the assistance service after the emergency or encumbrance has occurred. For cases in which the Member is at open seas, and therefore prevented from communicating with the Assistance Center, they must report the medical encumbrance after disembarking at the first port they arrive at. Failure to comply with this rule entails automatic loss of any right to assistance by the Member.

## Eligibility for Assistance Service Membership

Hop provides travel assistance services to Members under various membership plans depending on the length chosen by the member. This assistance membership program is available to any person traveling outside their home country. Hop memberships are nontransferable and are nonrefundable after the membership's effective date. By enrolling as a Member, you accept and agree to the terms and conditions of membership. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person. The eligible person does not have the right to continue in the program if they have used any of the services within the first period of the voucher validity.

A Hop! membership provides access to Hop! authorized affiliates only. All arrangements for medical transport and repatriation, travel, medical, legal, and personal assistance will be made by Hop!

Hop! Mindoro is a membership program and not an insurance plan; Hop! will not reimburse Members for expenses they incur on their own and not arranged by the Hop 24/7 concierge service. Members should also maintain appropriate health insurance in their Home Country that will provide for inpatient admission, if available to the member.

## Hop! Mindoro Membership Benefits

<b>Travel Assistance while Traveling Outside Your Home Country</b>	
Trip Cancellation	\$10,000 (Optional)
Trip Delay	\$600 (Optional)
Missed Connection / Coordination	\$500 (Optional)
Baggage Delay / Lost Bag Search	\$500 (Optional)
Lost Baggage / Lost Bag Search	\$1000 (Optional)
Flight Rebooking	INCLUDED
Hotel Rebooking	INCLUDED
Rental vehicle booking	INCLUDED
Lost Passport & Travel Docs	INCLUDED
Emergency Cash Transfer	INCLUDED
Guaranteed Hotel Check-in	INCLUDED
Roadside Assistance	INCLUDED
Up-to-the-minute Travel Delay Reports	INCLUDED
<b>Security Assistance while Traveling Outside Your Home Country</b>	
Malicious product tamper and contamination	INCLUDED
General travel risk and travel security	INCLUDED
Assistance in mass public disturbances, violent terrorist, or extremist incidents	INCLUDED
24/7 point of contact to report emergencies and get security and safety advice from duty managers	INCLUDED
Assistance in cases of major disasters	INCLUDED
Emergency political and security evacuations	INCLUDED
Hijacking (any form of conveyance)	INCLUDED
Illegal detention and arrest	INCLUDED
Kidnap for ransom	INCLUDED
Monitoring and telephone advice throughout the crisis	INCLUDED
<b>Medical Assistance while Traveling Outside Your Home Country</b>	
Air Ambulance	\$50,000
Commercial Airline (including medical stretcher)	\$20,000
Medical clearances & Fit-to-Fly Assessments	INCLUDED
Physician, hospital, dental, and vision referrals via Hop Assist	INCLUDED
Return Travel Arrangement	INCLUDED
Emergency Prescription Replacement	INCLUDED
Medical Cost containment, expense recovery, and overseas investigation	INCLUDED
Dispatch of Doctor or Specialist	INCLUDED
Arrangement of visitor to bedside	INCLUDED
Medical Payment Arrangements	INCLUDED
Medical Bill Audit	INCLUDED
Shipment of Medical Records	\$75

Medical Equipment Rental & Replacement	\$1,000		
In-Patient / Out-Patient Care Management	INCLUDED		
Eyeglasses & Corrective lens replacement	INCLUDED		
<b>Medical Assistance</b>			
	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Total Maximum for all Accident or Sickness Expense Benefits:</b>	<b>\$25,000</b>	<b>\$50,000</b>	<b>\$75,000</b>
<b>Medical Access Expense</b>	<b>\$0, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000</b>		
<b>Maximum for Inpatient:</b>			
Room & Board Charges:	\$2,700	\$3,900	\$4,575
ICU Room & Board Charges:	\$2,100	\$2,650	\$3,300
Doctor Surgical Expenses:	\$2,000	\$3,000	\$4,000
Anesthetics:	\$500	\$1,500	\$2,500
Assistant Surgeon Expenses:	\$1,250	\$1,500	\$2,500
Doctor Office Visits (Non-Surgical)	\$40 per visit, 1 visit per day, a maximum of 10 visits	\$60 per visit, 1 visit per day, a maximum of 10 visits	\$80 per visit, 1 visit per day, a maximum of 10 visits
Pre-admission tests within 14 days before Hospital Admission:	\$950	\$1,000	\$1,050
Admission:	\$950	\$1,000	\$1,050
<b>Outpatient Assistance</b>			
Surgical Room and Supply Expenses:	\$950	\$1,000	\$1,050
Urgent Care (Optional)	\$25 Urgent Care Copay		
Doctor Surgical Expenses:	\$2,000	\$3,000	\$4,000
Anesthetics:	\$500	\$750	\$1,000
Assistant Surgeon Expenses:	\$500	\$750	\$1,000
Doctor Office Visits (Non-Surgical)	\$40 per visit, 1 visit per day, a maximum of 10 visits	\$60 per visit, 1 visit per day, a maximum of 10 visits	\$80 per visit, 1 visit per day, a maximum of 10 visits
X-rays, laboratory procedures:	\$275	\$400	\$525
CAT Scan, PET Scan or MRI:	an additional \$275	an additional \$400	an additional \$525
Hospital Emergency Room:	\$275	\$350	\$425
Prescription Drug Expenses:	\$75	\$100	\$125
<b>Other Medical Assistance</b>			
Ambulance Expenses:	\$375	\$400	\$425
Rehabilitative braces or appliances:	\$500	\$550	\$600
Dental Treatment (Injury Only):	\$500	\$550	\$550
Pre-existing Conditions:	\$1,750	\$2,500	\$4,500
<b>Assistance Payment Rate</b>	100% of the Usual and Customary Charges		
<b>Incurral Period:</b>	90 days after the date of Covered Accident or Sickness		
<b>Benefit Period:</b>	The earlier of the date the Covered Person's Trip ends, or 364		
	days from the date of a Covered Accident or Sickness		
<b>Maximum Period of Membership:</b>	364 days		
<b>Accidental Death and Dismemberment Benefit:</b>	\$25,000		
<b>Emergency Medical Evacuation</b>	\$20,000		

Benefit:			
<b>Repatriation of Remains</b>	\$15,000	\$25,000	\$45,000

### Terms of Use

When assistance is required by the Member, regardless of their geographic location, the Member must contact Hop! Assistance Services (HAS) for symptom, accident, or mishap which has happened during the journey. Failure to report directly to Hop! Assistance will result in a denial of coverage. In an emergency, the Member may go directly to the hospital, and contact the Hop! Assistance Services within 96 hours.

Regardless of the case, the Member must do the following:

1. Request and obtain authorization from the HAS before taking any step or incurring any expenses in relation to the benefits provided by the plan. In cases where authorization has not been obtained by the Assistance Center, no refund will be made, or give rights to claims
2. It is clearly understood that the notification to the Assistance Center is essential and required, even if the issue is completely resolved, as HAS cannot take over the cost of any assistance without previous knowledge and authorization to the Assistance Center.
3. The Member accepts that HAS reserves the right to record and audit telephone conversations as needed for the proper development of the provision of services. The Member expressly accepts the established procedure and agrees on the eventual use of the records as evidence in case of existence of disputes concerning the assistance provided.
4. Agree to abide the solutions indicated and recommended by HAS and, if necessary, consent to repatriation to their country of origin when, according to medical opinion, if the Member's health condition allows it and requires it.
5. Provide documentation that confirms the merits of the case and all original receipts for expenses to be evaluated for possible reimbursement by HAS and all medical information (including prior to departure), which allows the Central an assessment of the case.
6. Provide all necessary authorizations and releases to HAS to obtain the Member's medical history, by filling and signing the RECORD RELEASE FORM which will be sent by the Assistance Center and faxed back to it. The Member authorizes in an absolute and irrevocable manner HAS to request on their behalf, any medical records and information from professional overseas and in their country of residence, to evaluate and eventually decide about the applicability of the restrictions in case of chronic or preexistence illness, affections or diseases that could derive in the request of assistance.

It is understood that the Hop! Travel Assistance Membership are not medical insurance in any capacity. Hop! is a travel assistance membership with travel medical assistance benefits, which are designed to cover emergency treatments of acute and unpredictable sickness and accidents, where the illness or accidents impedes the normal continuation of the trip. Hop! is designed to ensure the Member is stabilized to the point where they can continue the trip or travel back to their home country for continuation of treatment. Therefore- Hop! is not designed to cover: Elective treatment, Routine treatment, or screenings, starting of long terms treatments, specialist / on-going treatment for a diseases, sicknesses, or accidents.

Medical Assistance provided by HAS for new sickness or accidents include:

1. Medical consultation for any random, acute accident or sickness during travel
2. Specialist Care only when referred by the general practitioner and approved by the Medical Department at HAS to stabilize the individual. Follow up / routine visits after stabilization are not covered by TAS
3. Bloodwork / X-ray and other scans when indicated as necessary for stabilization during the acute episode and approved by the HAS Travel Assistance Team
4. Hospitalizations which are required to stabilize the individual whenever HAS advises, and the Member shall go to the nearest facility for treatment. No benefits will be applied for an accompanying person.
5. Surgical Interventions when authorized by the medical department of HAS and in the cases were

treatment is required immediately, and cannot be deferred to the moment that the Member returns to their place of residence.

6. Medicine expenses prescribed by the treating physician in case of ambulatory assistance and the medicine used while hospitalized. The purchase made by the Member and authorized by HAS will be reimbursed, once the Member returns to their place of residence, within the limits of coverage, providing the original documentation.

**Please Note: HAS reserves the right to decide the most appropriate among the treatments proposed by the medical profession or repatriation to the country of residence if their physical condition permits it. If in the judgment of the treating physicians of the Assistance Center is possible to return the Member to their country of residence for long-term treatment, programmable surgery or non-urgent surgeries, the Assistance Center will proceed with the repatriation of the Member, who is obliged to accept such solution, in case of rejection, the Member will lose all benefits provided by the plan.**

In those cases in which the Member specifically contracts the coverage for emergencies suffered by a pre-existing and / or chronic condition, it will be covered the amount that is clearly specified in your voucher. The coverage provided for chronic and / or pre-existing diseases includes the following eventualities:

Acute episode or unpredictable event, decompensation of chronic and / or pre-existing diseases known or previously asymptomatic. This coverage is provided exclusively for primary medical care in the acute episode, or case not predictable, the emergency must require assistance during the trip and cannot be postponed until the return to the country of residence, the Assistance Center reserves the right to decide the most appropriate treatment among those proposed by medical personnel and / or repatriation to their country of residence. Repatriation will be a solution in cases in which treatments require long-term evolution, scheduled surgeries or non-urgent surgeries, the Member is obliged to accept this solution, losing in case of rejection of the solution of all the benefits offered by the patient. assistance plan.

Excluded from this benefit is the initiation or continuation of treatments, diagnostic procedures, research, or diagnostic and therapeutic behavior, which are not related to the acute and unpredictable episode.

## Definitions

**Accident** means an accident that occurs while assistance is in force for a Member and results directly and independently of all other causes in a loss or Injury covered by the Policy for which assistance are payable. You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Participating Organization, and the Policy Number. **Checked Baggage** means Personal Effects brought by You for planned use on Your Trip for which a claim check has been issued to You by a Common Carrier. **Covered Expenses** means expenses actually incurred by or on behalf of a Member for treatment, services and supplies covered by the Policy. Assistance under the Policyholder's Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Assistance access expense** means the dollar amount of Covered Expenses that must be paid by each Member per Covered Accident or Sickness basis before Medical Expense Assistance and/or other Additional Assistance paid on an expense incurred basis are payable under the Policy. **Dependent** means an Member's lawful spouse or an Member's unmarried child, from the moment of birth to age 19, who is chiefly dependent on the Member for support. A child, for eligibility purposes, includes an Member's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Member or depends on the Member for financial support. A Dependent may also include any person related to the Member by blood or marriage and for whom the Member is allowed a deduction under the Internal Revenue Code. Assistance will continue for any Dependent child who reaches the age limit and

continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Member for support and maintenance. The Member must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. **“Home**

**Country”** means a country from which the Member holds a passport. If the Member holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country. Home Country also includes the Member’s Country of Permanent Assignment or Country of Permanent Residence. **“Injury”** means accidental bodily harm sustained by a Member that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **“Member”** means a person in a Class of Eligible Persons for whom the required membership fee is paid making assistance in effect for that person. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**“Medically Necessary”** means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Member’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not

Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. **“Pre-existing Condition”** means an illness, disease, or other condition of the Member that in the 1-month period before the Member’s

assistance became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor. **“Sickness”** means an

illness, disease, or condition of the Member that causes a loss for which a Member incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **“Trip”** means Policyholder sponsored

travel by air, land, or sea from the Member’s Home Country. It includes the period of time from the start of the trip until its end provided the Member is engaged in a Covered Activity or Personal Deviation if covered under the Policy. **“Usual and Customary Charge”** means the average

amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply

is provided. **“We,” “Our,” “Us”** means the assistance company underwriting this assistance or its authorized agent. **“You, Your, Yours”** means the Member

## Eligibility for Assistance Service Membership

Hop provides travel assistance services to Members under various membership plans depending on the length chosen by the member.

Hop memberships are nontransferable and are nonrefundable after the membership’s effective date. By enrolling as a Member, you accept and agree to the terms and conditions of membership.

A Hop! membership provides access to Hop! authorized affiliates only. All arrangements for medical transport and repatriation will be made by Hop!.

Hop! Mindoro is a membership program and not an insurance plan; Hop! will not reimburse

Members for expenses they incur on their own and not arranged by Hop.

### **Term of Membership**

Subject to the limitations identified herein, the term of a Hop! membership commences on the Effective Start Date selected by the Member during the enrollment process.

The Expiration Date of the Short-Term Membership is 11:59 PM EASTERN Time determined by the length of membership purchased.

To be eligible for Hop! services for a specific trip, the Effective Start Date must be prior to or the day of the Member's initial departure from his or her Residence Address, and the Member's hospitalization date must be prior to or on the Expiration Date of the selected membership.

Regardless of the Effective Start Date selected by the Member, Hop! membership is valid only when the membership fee is collected. A membership is not valid if the membership fee payment is declined, returned or otherwise unpaid. In such a case, the Effective Start Date shall be the date the membership fee is successfully collected.

Hop! reserves the right to revoke, rescind or cancel any membership or refuse any renewal at the company's sole discretion.

Should Hop exercise its rights to revoke, rescind or cancel a membership, Hop! shall refund the Member a portion of the membership fee prorated based on the remaining term of the membership.

All membership applications and enrollment forms must include accurate information in order to ensure program eligibility. Any false or inaccurate information that would affect a Member's eligibility for Hop! membership is grounds for revocation, cancellation or rescission of the Membership.

### **Effective Date of Assistance**

An Eligible person will be enrolled as a Member on the later of Policy Effective Date or the date he or she is eligible.

### **Period of Assistance**

You will be Member on the later of the Policy Effective Date or the date that you become eligible.

Your assistance will end on the earliest of the date:

- 1) the Policy terminates;
  - 2) you return to your Home Country;
  - 3) the scheduled Trip return date;
  - 4) you are no longer eligible; or
  - 5) the period ends for which the required Membership Fee is paid.
- Dependents assistance will end on the earliest of the date:
- 1) he or she is no longer a Dependent;
  - 2) your assistance ends; or
  - 3) the period ends for which the required Membership Fee is paid.

### **Activities Qualifications**

We will provide assistance as described in this membership agreement only if You suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

- 1) anywhere worldwide and outside of his or her Home Country; and
- 2) up to 364 days.

This assistance will start on the actual start of the Trip. It does not matter whether the Trip starts at Your home, place of work, or other place.



You may elect from the plan options set forth above. Maximum Benefit Amounts and where applicable Assistance access expenses will be based on these elections. Assistance are payable based on the options elected provided the required Membership Fee is paid. Should there be a conflict between the option elected and the actual Membership Fee paid, assistance will be payable according to the plan of assistance that would have been purchased for the amount of Membership Fee paid.

## Description of Assistance

### Medical Assistance

We will pay for assistance that result directly from a eligible Accident or Sickness. These assistances are only payable the earlier of the date your Trip ends, or 364 from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness assistance for you are shown in the Schedule above, subject to the Assistance access expense. The Maximum Benefit for Pre-Existing Conditions is shown in the Schedule above and is subject to the Pre-Existing Condition Assistance access expense. Other limitations, if any, may apply as shown in the Policy.

Medical Expense Assistance are only payable:

- 1) for Usual and Customary Charges incurred after the Assistance access expense, if any, has been paid;
- 2) for those Medically Necessary Covered Expenses that you incur;
- 3) for charges incurred for services rendered to you while on a covered Trip; and
- 4) provided the first charge is incurred within 90 days after the date of the Covered Accident or Sickness.

### *Covered Medical Assistance*

- Hospital semi-private room and board (or room and board in an intensive care unit);
- Hospital ancillary services (including, but not limited to, use of the operating room or emergency room) to a maximum of \$30,000
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor
- Doctor's Surgical Expenses (as shown in the Assistance Schedule). If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Assistance Schedule for the most expensive procedure and 50% of Covered Expenses for the additional surgeries
- Assistant Surgeon Expenses when Medically Necessary
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Outpatient diagnostic X-rays, laboratory procedures and tests
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Inpatient Physiotherapy;
- Expenses include treatment and office visits connected with such treatment when prescribed or performed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription



- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Pre-admission testing
- Outpatient injections when administered in a Doctor's office
- Consultation visits

### Trip Interruption Benefit

Assistance will be paid, up to the Maximum Benefit Amount shown in the Schedule of Assistance, for the cost of expenses related to the return travel to your Home Country which must be organized by Our assistance provider.

Trip Interruption must be due to a Covered Accident or Sickness to you while you are on your Trip or the death of an Immediate Family Member.

### Trip cancellation

Hop Assist will cover the penalties for canceling in advance a trip known as a tour, tour package, excursion, air tickets and cruises organized by a recognized professional tour operator in the trips destination. To be eligible to these assistance the holder must:

1. Acquire the plan a maximum of 15 day after the first payment of the tour services that could be canceled.
2. Notify Hop in a maximum of 72 hours after the event of the cancelation occurs.
3. Present all documentation that Hop considers to evaluate the validity of the assistance including but not limited to: Documents that clearly show the motive of cancelation, respective paperwork of the service contracted, invoices and payment receipts.
4. The Beneficiary has up to thirty (30) days from the date of the event to present the complete documentation and backups necessary to initiate the reimbursement process. After that period, documents will not be accepted to process any refund.

### Cancellation of a cruise before beginning

In this case, the Beneficiary must immediately:

1. Notify their decision to the shipping company and obtain written proof of this unequivocally indicating the date of the formal notification of the inability to start the cruise trip on the boat and date originally contracted.
2. The Beneficiary shall also obtain from the shipping company the General Conditions of cruise, where the application, procedure, penalties or penalty clauses for early termination of a contract and fully paid cruise are clearly indicated.
3. The Beneficiary must obtain proof of the shipping company showing the amount of the penalty applicable to their particular cruise contract and the amount of the refund if applicable.

Once the above documentation must demonstrate in writing to Hop clearly and authoritatively as the cause or causes that led to the cancellation of travel and send to the Assistance Center such documentation for eventual verification by Hop and eventual refund if appropriate.

**The causes are justified for the purposes of the present benefit:**

1. Your Sickness, Accidental Injury or death, including due to a pre-existing condition, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Departure Date
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You, that results in medically imposed restrictions as certified by a Physician that causes Your Trip to be cancelled.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. The death or Hospitalization of Your Host at Destination within thirty (30) days of the date of Your Trip.
5. After five (5) years of continuous employment at the same company, You are terminated or laid-off, from full time employment by that company through no fault of Your own;
6. Your transfer of employment of two hundred fifty (250) miles or more. The transfer must require Your Home to be relocated.
7. You, Your Traveling Companion or Family Member, who are military personnel, are called to emergency duty to provide aid or relief in the event of a Natural Disaster (this does not include war).
8. Weather at the departure site that causes complete cessation of services for at least forty-eight (48) consecutive hours of the Common Carrier with whom You are scheduled to travel and prevents You from reaching Your destination. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
9. Natural Disaster at the site of Your destination that renders Your destination accommodations Uninhabitable. This benefit will not apply if the Natural Disaster has been forecasted or a storm has been named prior to purchase of this Policy.
10. A Terrorist Incident that occurs in Your departure city or in a city listed on Your Trip itinerary and within thirty (30) days prior to Your Scheduled Departure Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary. This does not include flight connections or other transportation arrangements to reach Your destination. Your Scheduled Departure Date must be no more than fifteen (15) months beyond Your Effective Date. A Terrorist Incident that occurs onboard an in-flight aircraft is not covered.
11. You or Your Traveling Companion are a victim of a felonious assault.
12. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury, or subpoenaed within ten (10) days of departure; having Your Home made Uninhabitable by Natural Disaster; or burglary of Your Home within ten (10) days of departure.
13. You or Your Traveling Companion being directly involved in a traffic accident (substantiated by a police report provided by You to the Company) while en route to departure.
14. Death, accident or serious (non-preexistent) illness of the Beneficiary or immediate family member (spouse, children, parents, siblings). A serious illness is defined as a sudden alteration of health that requires hospitalization or total rest, and that according to the Hop Medical Department of the Assistance Center, prevents the initiation of the trip on the designated travel date.
15. Medical quarantine which prohibits the Member from leaving the country.
16. Emergency call to provide military, medical or public service.
17. Pre-Existing Conditions, provided medical documentation
18. For epidemic, natural disaster or volcanic ashes. In the cases of cruise products, the emission of volcanic ashes will not be a valid reason to access this benefit.

**Note:** Any event that occurs prior to the issuance of the Assistance Plan is excluded from coverage. In the case that an event involves more than one reservation and whatever the number of

beneficiaries involved in it, the maximum indemnity responsibility of Hop for all affected beneficiaries, will not be greater than TWENTY THOUSAND NORTH AMERICAN DOLLARS US \$ 20,000.00 as global maximum amount for the same incident. In the event that the sum of the compensation to be paid exceeds the aforementioned amount, each individual compensation will be made prorated of the maximum liability defined in the Voucher.

### **Trip cancellation by COVID-19**

If contemplated within the voucher, the Beneficiary may cancel the trip in advance for the following reasons:

In case of hospitalization for positive diagnosis of COVID-19 of the Beneficiary, Travel Companion or Family Member in the first degree of consanguinity.

In any case, the membership must be issued at least 14 days before the date of departure, or effective date, whichever comes first.

Note: Does not apply to Beneficiaries over 70 years of age. Travel Cancellation requests will not be covered, if it were to occur due to a closure of borders by the Government of origin or destination. Additionally, if the hotel provider, airline or any other tour operator offers the Beneficiary the option of leaving the dates open, reschedule, credit in favor, and among other solutions, even if the Beneficiary rejects said option, there will be no refund for expenses incurred.

### **Late arrival**

If the Beneficiary suffers loss of connection flight or direct flight for any reason different than cancellation or delay of the Beneficiary's scheduled flight on the part of the airline, Hop will take up the maximum limited of the contracted plan, the payment of penalties, purchase of new tickets, food, calls and hotel.

This coverage applies even for flights within the country of residence, excluding flights in the city of habitual residence of the passenger or originating within 100 kms away. This service operates by reimbursement, prior approval of the Assistance Center. In order to apply for this benefit, the Beneficiary should contact the Assistance Center from the airport where the application of this coverage is motivated. To apply for this benefit, the Member must communicate from the airport where the application of this coverage is motivated.

### **Baggage Delay**

Hop will provide assistance for You for the expense to replace Your necessary Personal Effects in Your Checked Baggage up to the Maximum Benefit shown on the Schedule of Assistance, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours, while on a Trip. You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection.

### **Theft or loss of passport**

Hop will indemnify the Beneficiary of the plan that establishes it up to the limit indicated in the table of benefits, for the costs that could have caused the replacement of his passport for theft or loss abroad.

In order to make this benefit effective, the event must have been informed to the Hop Assistance Service Center within 72 hours and the Beneficiary must submit to Hop the proof of denunciation granted by the relevant authorities both in the country of Origin and destination country.

### **Emergency Medical Evacuation Benefit**

We will pay Emergency Medical Evacuation assistance up to the Benefit maximum shown in the Assistance Schedule above for Covered Expenses incurred for your medical evacuation if you:

- 1) suffer a Medical Emergency during the course of the Trip;
- 2) require Emergency Medical Evacuation; and

3) are traveling on a covered Trip.

*Covered Expenses:*

1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment.

3) Return of Dependent Child (ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital.

4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility, or your place of residence.

**"Immediate Family Member"** means your spouse, child, brother, sister, parent, grandparent, or in-law.

Assistance for these Covered Expenses will not be payable unless:

- 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation;
- 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
- 3) the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
- 4) do not include charges that would not have been made if there were no assistance.

Assistance will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

### Repatriation of Remains Benefit

We will pay Repatriation Assistance as shown in the Assistance Schedule above for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include:

- 1) expenses for embalming or cremation;
- 2) the least costly coffin or receptacle adequate for transporting the remains;
- 3) transporting the remains; and
- 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

Assistance will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

### Accidental Death and Dismemberment Assistance

We will pay up to the Principal Sum of \$25,000, if Injury to You results within 365 days, in any one of

the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

### Schedule of Covered Losses

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
One Member.....	50% of the Principal Sum

“Member” means Loss of Hand or Foot, and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Severance” means the complete separation and dismemberment of the part from the body.

**Aggregate Limit** - We will not pay more than \$125,000 for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the assistance payable to each person with a valid claim will be reduced proportionately.

**Full Excess Assistance** - We pay Covered Expenses: 1) after you satisfy any Assistance access expense; and 2) only when they are in excess of amounts paid by any other Health Care Plan. We pay assistance without regard to any Coordination of Assistance provisions in any other Health Care Plan.

“Health Care Plan” means a policy or other benefit or service arrangement for medical or dental care or treatment under:

- 1) group or blanket assistance, whether on an Member or self-funded basis;
- 2) hospital or medical service organizations on a group basis;
- 3) Health Maintenance Organizations on a group basis;
- 4) group labor-management plans;
- 5) employee benefit organization plans;
- 6) association plans on a group or franchise basis; or
- 7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.

### Exclusions and Limitations

We will not pay assistance for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while you are on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any Membership Fee paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident assistance only).
- you being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.

- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Assistance for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- Continuing and ongoing treatment beyond stabilization
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the your household. "Immediate Family Member" means your spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which you would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care
- services or expenses incurred in your Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile assistance policy without regard to fault.
- organ or tissue transplants and related services.
- Any expense paid or payable by any other valid and collectible group assistance plan.
- Injury or Sickness for which assistance are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- expenses incurred for birth control including surgical procedures and devices.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- group or blanket assistance, whether on an Member or self-funded basis;
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders.



- expenses incurred for any condition directly or indirectly related to or caused by cancer, dialysis, on-going and preventive care
- expenses incurred for cataract surgeries, eye sickness or treatments
- Pre-existing Conditions, unless otherwise provided in the Policy

If We determine the assistance paid under the Policy are eligible assistance under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement.

This assistance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing assistance, including, but not limited to, the payment of claims. You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Participating Organization, and the Policy Number.

**Assistance Administrator:**

This Assistance program is administered by Hop!, located at 7065 Westpointe Blvd, #209, Orlando, FL 32835

**Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact:**

Robin Assist, 45 East Lincoln Street, Columbus, OH 43215. Phone number: 1-888-207-1694; or 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 in the MyINFPlans portal.