# Patriot America Plus®

## Certificate of Insurance



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***IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)***: *This insurance is not subject to, and does not provide benefits required by, PPACA. Since January 1, 2014, PPACA has required United States citizens, United States nationals and resident-aliens to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely your responsibility to determine if PPACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required PPACA compliant coverage.*

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# BENEFIT SUMMARY

| Coverage Limit / Maximum Amount for Eligible Medical Expenses | | | |
|---|---|---|---|
| Period of Coverage | 5 days up to 12 months | | |
| Period of Coverage limit<br>• As indicated on the Declaration | • Through age 69: $50,000, $100,000, $250,000, $500,000 or $1,000,000<br>• Ages 70 through 79: $50,000 or $100,000<br>• Ages 80 and older: $10,000 | | |
| Area of Coverage | Worldwide excluding the Insured Person's Country of Residence | | |
| **Benefit Plan Features** | | | |
| Benefit Levels | **United States** | **United States** | **International** |
| | In-Network | Out-of-Network | International |
| **Deductible for Eligible Medical Expenses** | | | |
| Deductible | $0, $100, $250, $500, $1,000 or $2,500 per Insured Person, as indicated on the Declaration | | |
| **Coinsurance for Eligible Medical Expenses** | | | |
| Coinsurance<br>• In addition to Deductible | Plan pays 100%<br>Insured pays 0% | Plan pays 90%<br>Insured pays 10% | Plan pays 100%<br>Insured pays 0% |
| Out of Pocket Maximum | $0 | $500 | $0 |
| **Pre-certification** | | | |
| • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.<br>• Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.<br>• All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.<br>• Deductible is taken after reduction.<br>• Coinsurance is applied to remainder of the reduced amount.<br>• Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. | | | |
| **Pre-existing Conditions** | | | |
| Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance. | | | |
| **Acute Onset of Pre-existing Conditions**<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
| Acute Onset of Pre-existing Conditions<br>• Insured Person must be under 70 years of age<br>• Refer to the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision for further details and requirements | • Up to the Period of Coverage limit | | |
| Emergency Medical Evacuation<br>• Arises or results directly from a covered Acute Onset of a Pre-existing Condition<br>• Insured Person must be under 70 years of age | • Maximum Limit: $25,000 | | |

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| Inpatient or Outpatient Services<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
|---|---|---|---|
| **Benefit** | **In-Network Plan Pays** | **Out-of-Network Plan Pays** | **International Plan Pays** |
| Eligible Medical Expenses | 100% | 90% | 100% |
| Physician Visits / Services | 100% | 90% | 100% |
| Urgent Care Clinic<br>• Not subject to Deductible<br>• Copayment: $25<br>• Copayment is not applicable if the Declaration states a $0 Deductible | 100% | 90% | 100% |
| Walk-in Clinic<br>• Not subject to Deductible<br>• Copayment: $15<br>• Copayment is not applicable if the Declaration states a $0 Deductible | 100% | 90% | 100% |
| Hospital Emergency Room: United States<br>• Injury: Not subject to Emergency Room Deductible<br>• Illness: Subject to a $250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission | 100% | 90% | Not Applicable |
| Hospital Emergency Room: International | Not Applicable | Not Applicable | 100% |
| Hospitalization / Room & Board<br>• Average semi-private room rate<br>• Includes nursing services, miscellaneous and Ancillary services | 100% | 90% | 100% |
| Intensive Care | 100% | 90% | 100% |
| Bedside Visit<br>• Not subject to Deductible<br>• Maximum Limit: $1,500<br>• Hospitalized in an Intensive Care Unit<br>• Refer to the BEDSIDE VISIT provision for further details | 100% | 90% | 100% |
| Outpatient Surgical / Hospital Facility | 100% | 90% | 100% |
| Laboratory | 100% | 90% | 100% |
| Radiology / X-ray | 100% | 90% | 100% |
| Chemotherapy / Radiation Therapy | 100% | 90% | 100% |
| Pre-admission Testing | 100% | 90% | 100% |
| Surgery | 100% | 90% | 100% |
| Reconstructive Surgery<br>• Surgery is incidental to and follows Surgery that was covered under the plan | 100% | 90% | 100% |
| Assistant Surgeon<br>• 20% of the primary surgeon's eligible fee | 100% | 90% | 100% |

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| Inpatient or Outpatient Services<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
|---|---|---|---|
| **Benefit** | **In-Network Plan Pays** | **Out-of-Network Plan Pays** | **International Plan Pays** |
| Anesthesia | 100% | 90% | 100% |
| Durable Medical Equipment | 100% | 90% | 100% |
| Chiropractic Care<br>• Medical order or Treatment plan required | 100% | 90% | 100% |
| Physical Therapy<br>• Medical order or Treatment plan required | 100% | 90% | 100% |
| Extended Care Facility<br>• Upon direct transfer from an acute care Facility | 100% | 90% | 100% |
| Home Nursing Care<br>• Provided by a Home Health Care Agency<br>• Upon direct transfer from an acute care Facility | 100% | 90% | 100% |
| **Prescription Drugs and Medication**<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
| **The following Prescription Drugs and Medication Maximum Limit accumulates toward the plan Maximum Limit per Period of Coverage** | | | |
| Prescription Drugs and Medication<br>• Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits<br>• Dispensing maximum for Retail Pharmacy: 90 days per prescription | Not Applicable | 90% | 100% |
| | If the Certificate of Insurance Maximum Limit is $10,000, $50,000, $100,000 or $250,000 the Prescription Drugs and Medications limit is up to the plan Maximum Limit<br>If the Certificate of Insurance Maximum Limit is $500,000 or $1,000,000, the Prescription Drugs and Medications Maximum Limit is up to $250,000 per Period of Coverage | | |
| **Emergency Services**<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
| Emergency Local Ambulance<br>• Subject to Deductible and Coinsurance<br>• Injury<br>• Illness resulting in an Inpatient Hospital admission | 100% | 90% | 100% |
| Emergency Medical Evacuation<br>• Maximum Limit: $1,000,000<br>• Approved in advance and coordinated by the Company | 100% | 100% | 100% |
| Emergency Reunion<br>• Maximum Limit: $100,000<br>• Maximum days: 15<br>• Meal maximum per day: $25<br>• Reasonable and necessary travel costs and accommodations<br>• Approved in advance by the Company | 100% | 100% | 100% |

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| Emergency Services<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
|---|---|---|---|
| **Benefit** | **In-Network Plan Pays** | **Out-of-Network Plan Pays** | **International Plan Pays** |
| Interfacility Ambulance Transfer<br>• Transfer must be a result of an Inpatient Hospital admission | 100% | 100% | 100% |
| Natural Disaster Evacuation<br>• Maximum Limit: $25,000<br>• Approved in advance by the Company | 100% | 100% | 100% |
| Political Evacuation and Repatriation<br>• Maximum Limit: $100,000<br>• Approved in advance by the Company | 100% | 100% | 100% |
| Remote Transportation<br>• Maximum Limit: $20,000<br>• Limit: $5,000<br>• Approved in advance by the Company | 100% | 100% | 100% |
| Return of Minor Children<br>• Maximum Limit: $100,000<br>• Approved in advance by the Company | 100% | 100% | 100% |
| Return of Mortal Remains<br>• Up to the Period of Coverage limit<br>• Local Burial / Cremation Maximum Limit: $5,000<br>• Return of Insured Person's Mortal Remains to Country of Residence<br>• Approved in advance by the Company | 100% | 100% | 100% |
| **Other Services**<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
| Accidental Death & Dismemberment<br>• Principal Sum Maximum Limit: $50,000<br>• Death must occur within 90 days of the Accident | Accidental Death: 100% of Principal Sum<br>Dismemberment:<br>Accidental Loss — Percent of Principal Sum<br>Sight of one eye — 50%<br>One hand or one foot — 50%<br>One hand and the loss of sight of one eye — 100%<br>One foot and the loss of sight of one eye — 100%<br>One hand and one foot — 100%<br>Both hands or both feet — 100%<br>Sight of both eyes — 100% | | |
| Common Carrier Accidental Death<br>• Maximum Limit per adult: $100,000<br>• Maximum Limit per Child: $25,000<br>• Maximum Limit per Family: $250,000 | 100% | 100% | 100% |

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| Other Services<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
|---|---|---|---|
| **Benefit** | **In-Network Plan Pays** | **Out-of-Network Plan Pays** | **International Plan Pays** |
| Dental Treatment<br>• Subject to Deductible and Coinsurance<br>• Limit: $300 (Unexpected pain or Treatment due to an Accident) | Not Applicable | 90% | 100% |
| Traumatic Dental Injury<br>• Subject to Deductible and Coinsurance<br>• Treatment at a Hospital due to an Accident<br>• Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% | 100% | 90% | 100% |
| Emergency Eye Examination<br>• Subject to Coinsurance<br>• Deductible per occurrence: $50 (plan Deductible waived)<br>• Limit: $150<br>• Loss or damage to prescription corrective lenses due to an Accident | Not Applicable | 90% | 100% |
| Hospital Indemnity<br>• Overnight limit: $250<br>• Maximum nights: 10<br>• Outside Insured Person's Country of Residence and the United States<br>• Inpatient Hospitalization only | Not Applicable | Not Applicable | 100% |
| Identity Theft<br>• Limit: $500 | 100% | 100% | 100% |
| Incidental Trip<br>• Maximum days: 14<br>• Insured Person's Country of Residence is not the United States | 100% | 100% | 100% |
| Lost Luggage<br>• Limit: $500<br>• Limit: $50 per item | 100% | 100% | 100% |
| Natural Disaster<br>• Limit per day: $250<br>• Maximum days: 5 | 100% | 100% | 100% |
| Personal Liability<br>• Secondary to any other insurance<br>• No coverage for Injury to a related third party or damage to related third person's property<br>• Refer to the PERSONAL LIABILITY provision for further details and requirements | Combined Maximum Limit: $25,000 | | |
| | Injury to third person:<br>• Per Injury Deductible: $100<br>Damage to third person's property:<br>• Per damage Deductible: $100 | | |

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| Other Services<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable and Customary<br>Limits per Period of Coverage unless stated as Maximum Limit | | | |
|---|---|---|---|
| **Benefit** | **In-Network Plan Pays** | **Out-of-Network Plan Pays** | **International Plan Pays** |
| Pet Return<br>• Limit: $1,000<br>• For a pet cat or dog travelling with the Insured Person | 100% | 100% | 100% |
| Small Pet Common Air Carrier Accidental Death Benefit<br>• Maximum Limit per pet: $500<br>• For a pet cat or dog up to 30 pounds travelling with the Insured Person | 100% | 100% | 100% |
| Supplemental Accident Benefit<br>• Maximum Limit per covered Accident: $300 | 100% | 100% | 100% |
| Terrorism<br>• Maximum Limit: $50,000 | 100% | 100% | 100% |
| Return Travel<br>• Limit: $10,000 | 100% | 100% | 100% |

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**A.** **BENEFIT SUMMARY**: Subject to the Terms of this insurance, including the AGREEMENT provision, the following benefits are available to the Insured Person while outside their Country of Residence and coverage is available to the Insured Person arising out of Injury or Illness incurred while in the Destination Country.

**B.** **AGREEMENT**: SiriusPoint Specialty Insurance Corporation (the Company) promises and agrees to provide the Insured Person with the benefits described in the Master Policy, as outlined herein and coverage for which is certified hereunder by the Company. The Company makes this promise and agreement in consideration of the Assured's Application and the accuracy and truthfulness of the Insured Person's Application and payment of Premium and subject to all of the Terms of the Master Policy, Declaration and any Riders. The Master Policy is effective as of October 1, 2025 and shall remain in effect until terminated in accordance with the CONDITIONS AND GENERAL PROVISIONS, TERMINATION OF MASTER POLICY provision. This Certificate shall be effective as of the Effective Date of Coverage and shall remain in effect until terminated in accordance with the CONDITIONS AND GENERAL PROVISIONS, TERMINATION OF COVERAGE FOR INSURED PERSONS provision. This Certificate is not part of the insurance contract. The contract is the Master Policy, the Application, the Declaration and any applicable Riders (such insurance being sometimes referred to herein as "this insurance" or "the plan"). This Certificate is merely a description of and evidence of the Insured Person's rights and benefits under the contract. The Declaration likewise is evidence of the coverage under the contract and a statement of the Effective Date of Coverage, subject always to the Terms of coverage contained within the contract. The Company hereby recognizes International Medical Group®, Inc., as the Company's authorized representative and as the Plan Administrator of the Master Policy and this Certificate. Subject to the Terms of the CONDITIONS AND GENERAL PROVISIONS, SERVICE OF SUIT; VENUE; CHOICE OF LAW; TRIAL BY COURT provision, all communications, notices and payments to the Company that are required or permitted under the Master Policy and/or as described in this Certificate shall be transmitted through the Plan Administrator, and receipt of same by the Plan Administrator shall be considered receipt by the Company. **SURPLUS LINES NOTICE**: This insurance is issued pursuant to applicable surplus lines law. Persons insured by surplus lines carriers do not have the protection of state Insurance Guaranty laws to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

**C.** **CONDITIONS AND GENERAL PROVISIONS**: The following Terms are conditions precedent to the Company's liability under the insurance provided to the Insured Person pursuant to and in accordance with the Terms of this insurance:

**(1)** **ENTIRE AGREEMENT**: The Master Policy, the Application, the Declaration and any Riders shall constitute the entire agreement among the Company, the Assured and the Insured Person. This Certificate is an outline and evidence of the insurance provided by the Master Policy. This Certificate does not extend or change the coverage provided by the Master Policy. The insurance evidenced by this Certificate is subject to all Terms of the Master Policy, the Application, the Declaration and any Riders.

**(2)** **PREMIUM**: Payment of required Premium shall be remitted to the Company:

(a) on or before the Due Date(s) specified on the Declaration

(b) on or before any renewal date subject to the CONDITIONS AND GENERAL PROVISIONS, RENEWAL; AMENDMENTS provision

**(3)** **CLAIMS NOTIFICATION**: All claims and related claim information should be filed with the Company through the Plan Administrator via the MyIMG customer portal at www.imglobal.com/member within the timely filing requirements outlined below. Alternatively, claims can be filed at the contact information below:

International Medical Group

Attn: Claims Department

PO Box 240429

Apple Valley, MN 55124

USA

**Proof of Claim**: When the Insured Person receives Treatment or the Company receives notice of a claim for benefits under this insurance, the Insured Person shall submit an International Medical Group (IMG) Claim Form as a necessary component of the Proof of Claim. An IMG Claim Form may be completed online via the MyIMG customer portal at www.imglobal.com/member or obtained by contacting the Company.

(a) A Proof of Claim shall not be effective and will not satisfy the Terms of this insurance unless it includes all the following:

(i) a duly completed, timely submitted and signed IMG Claim Form for each new Illness, diagnosis or Injury unless the Company waives such requirement in writing

(ii) an Authorization for Release of Medical Information when specifically requested by IMG

(iii) all original Universal Billing Forms, Superbill and statements of service rendered from Physicians, Hospitals, and other healthcare or medical service providers involved with respect to the claim

(iv) all original receipts for any costs, prescription medications, fees or expenses that have been incurred or paid by, or on behalf of, the Insured Person with respect to the claims, including without limitation all original receipts for any cash and/or credit card payments. The provider of service's full name, address, telephone number

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(including area/country code), date of service, description of service (applicable procedure codes), and diagnosis codes must be included on the receipts.

(v) If the claims are submitted electronically, copies of the above items are acceptable; however, the Company reserves the right to request the original documents.

(b) **TIMELY FILING REQUIREMENTS**: The Insured Person and/or Physician, Hospital and other healthcare and medical service providers and suppliers shall have one hundred eighty (180) days from the date a claim is incurred to submit a complete Proof of Claim. The Company at its option may pend resolution and adjudication of submitted claims and/or may deny coverage due to any of the following:

(i) IMG's receipt of an incomplete Proof of Claim

(ii) failure to submit any Proof of Claim

(iii) Insured Person's, Physician's or Hospital's failure to submit a timely Proof of Claim

(c) The Company may require the Insured Person to sign an Authorization for Release of Medical Information to request medical records on their behalf or supply us with additional documentation if we are unable to make a benefit determination based on the submitted Proof of Claim. The Insured Person and/or Physician, Hospital and other healthcare and medical service providers and suppliers shall have sixty (60) days from the date of the request to submit the requested information. If the information is not received within the designated time period, previously submitted and subsequent claims will be denied.

(d) **SECONDARY INSURANCE**: When IMG is the secondary payer to all other insurance, the Insured Person must notify the Company within one hundred eighty (180) days of submitting a claim with the primary payer. To claim for costs left uncovered by the primary coverage, the Insured Person must submit to the Company within three hundred sixty (360) days of the initial date of service previously submitted to the primary payer and provide the following information to IMG:

(i) all original receipts for any costs, prescription medications, fees or expenses that were submitted to the primary payer

(ii) a copy of the Explanation of Benefits (EOB) from primary payer

(iii) a complete Proof of Claim

(iv) any additional information to substantiate the claim.

**(4) APPEALING A CLAIM**: In the event the Company denies all or part of a claim, the Insured Person shall have ninety (90) days from the date that the notice of denial was mailed to the Insured Person's last known residence or mailing address within which to appeal the determination. The Insured Person must file an appeal prior to bringing any legal action under the contract of insurance. The Insured Person should submit a written request for an appeal along with comments, all relevant, pertinent or related documents, medical records and other information relating to the claim.

The appeal must be sent to:

International Medical Group

Attn: Benefit Review

PO Box 240429

Apple Valley, MN 55124

USA

The Company's review will take into account all comments, documents, records and other information submitted by the Insured Person relating to the claim without regard to whether such information was submitted or considered in the initial claim determination. Upon receipt of a written appeal, the Company shall have an opportunity for further reasonable investigation and/or review as set forth in the CONDITIONS AND GENERAL PROVISIONS, EXPLANATION OR VERIFICATION OF BENEFITS provision and will respond in writing as soon as reasonably practicable, and in any event within ninety (90) days from receipt thereof.

**(5) ASSIGNMENT, CHANGE OR WAIVER**: Notwithstanding any law, statute, judicial decision or rule to the contrary that may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare or medical service provider, no transfer or assignment of any of the Insured Person's rights, benefits or interests under this insurance shall be valid, binding on or enforceable against the Company or Plan Administrator unless first expressly agreed and consented to in writing by the Company. Any such purported transfer or assignment not in compliance with the foregoing Terms shall be void ab initio and without effect as against the Company or Plan Administrator, and the Company shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto. The Terms of the Master Policy as evidenced by this Certificate shall not be waived or modified except by the express written agreement of the Company.

**(6) SERVICE OF SUIT; VENUE; CHOICE OF LAW**: No action or proceeding of any kind can be brought by an Insured Person to recover on the contract of insurance prior to the later of (a) expiration of sixty (60) days after written Proof of Claim has

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been furnished in accordance with the contract of insurance or (b) exhaustion of one (1) appeal under the CONDITIONS AND GENERAL PROVISIONS, APPEALING A CLAIM provision above. No action or proceeding can be brought after the expiration of three (3) years after the time written Proof of Claim is required to be furnished under the contract of insurance. The contract of insurance between the Insured Person and the Company, as evidenced by the Master Policy and this Certificate, shall be deemed issued, finalized and made in Indianapolis, Indiana. Sole and exclusive jurisdiction and venue for any action or proceeding of any kind relating to or arising from this insurance and/or the Terms and conditions of this Certificate (including any amendment thereto) shall be in Marion County, Indiana, for which the Company and the Insured Person expressly consent. The subjects, risks and benefits of insurance covered by the Master Policy and evidenced by this Certificate are not intended or considered by the Insured Person or the Company (or the Plan Administrator) to be resident, located, or performed in any particular State of the United States. Indiana surplus lines law shall govern all rights and claims relating to or arising from this insurance and/or this Certificate (including any amendment thereto).

In the event of the failure of the Company to provide benefits or pay or reimburse any amount claimed to be due under this insurance, the Company, at the request of the Insured Person and upon receipt of lawful process or summons, will submit to the jurisdiction of a court of competent subject matter jurisdiction located in Marion County, Indiana, provided there exists an independent statutory and constitutional basis for in *personam* jurisdiction over the Company in said court and by said forum State. The Company and the Insured Person consent to personal jurisdiction and venue in the Circuit and/or Superior Courts of Marion County, Indiana, and in the United States District Court for the Southern District of Indiana, Indianapolis Division (assuming that federal jurisdiction is otherwise appropriate and lawful). The Company reserves the right, acting by and through the Plan Administrator or otherwise, to initiate and pursue actions for declaratory judgment and/or other appropriate relief with respect to the validity, binding effect, administration of and/or any dispute, claim, or controversy relating to or arising from this insurance. In any suit instituted by or against the Company or the Insured Person pursuant to the Terms of this provision, the Company and the Insured Person will abide by the final decision of such Indiana court or of any appellate court in the event of an appeal. Nothing in this provision constitutes or should be deemed, considered or understood to constitute a waiver of the Company's or the Insured Person's rights to: (i) oppose venue or jurisdiction in any forum other than the Circuit or Superior Courts of Marion County, Indiana, or the United States District Court for the Southern District of Indiana, Indianapolis Division (assuming that federal jurisdiction is otherwise appropriate and lawful), or (ii) remove an action to the United States District Court for the Southern District of Indiana, Indianapolis Division (assuming that federal jurisdiction is otherwise lawful and appropriate); all of which rights are expressly reserved and retained.

Subject to and without limiting, expanding, superseding, modifying or waiving any of the foregoing Terms contained in this provision pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or their successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of the Insured Person arising out of this insurance, including specifically the Commissioner of Insurance for the Indiana Department of Insurance 311 West Washington Street, Suite 300, Indianapolis, IN 46204, and hereby designates and appoints John N. Emmanuel, Locke Lord, LLP, Brookfield Place, 200 Vesey Street, 20th Floor, New York, New York 10281-2101, as its attorney-in-fact and agent for service of process to whom said officer or Commissioner is authorized to mail or serve any such process or a true copy thereof.

In the event that the Company is the prevailing party in any litigation, arbitration, or other proceeding of any kind relating to or arising from this insurance and/or the Terms and conditions of this Certificate (including any amendment thereto), regardless of the nature of the claim, the Company shall be awarded its reasonable attorney fees, and costs and expenses incurred in addition to any compensatory damages or other remedies in law or equity.

**For Florida residents only**: Any dispute, claim, or controversy of any kind, whether sounding in contract, tort, or otherwise, relating to or arising from this insurance and/or the Terms and conditions of this Certificate may be resolved by binding arbitration upon the request of the Company, the Assured, or the Insured Person. Any such arbitration shall be conducted in accordance with the procedures of the American Arbitration Association. Any such arbitration shall be held within fifty (50) miles of the Insured Person's residence, with the Company to pay costs and fees (not including any attorney fees) of the proceeding in excess of five hundred dollars ($500.00).

**(7) WAIVER OF ANY RIGHT TO JURY TRIAL**: THE COMPANY AND THE INSURED PERSON EACH KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY WAIVE ANY RIGHT TO A TRIAL BY JURY FOR ANY CLAIM, DEMAND, ACTION, OR PROCEEDING OF ANY KIND, WHETHER SOUNDING IN CONTRACT, TORT, OR OTHERWISE, RELATING TO OR ARISING FROM: (I) THIS INSURANCE; AND/OR (II) THIS CERTIFICATE, INCLUDING ANY AMENDMENT THERETO. THE COMPANY AND THE INSURED PERSON EACH KNOWINGLY, VOLUNTARILY AND IRREVOCABLY AGREE THAT ANY SUCH CLAIM, DEMAND, ACTION, OR PROCEEDING SHALL BE EXCLUSIVELY PRESENTED TO AND DETERMINED SOLELY BY THE COURT AS THE TRIER OF FACT, AND NOT BEFORE A JURY. NO ATTEMPT SHALL BE MADE TO CONSOLIDATE, BY COUNTERCLAIM OR OTHERWISE, ANY ACTION OR PROCEEDING WITH ANY OTHER ACTION OR PROCEEDING IN WHICH THERE IS A TRIAL BY JURY OR IN WHICH A JURY TRIAL CANNOT OR HAS NOT BEEN WAIVED. THE COMPANY AND THE INSURED PERSON EACH AGREE THAT A COPY OF THIS PROVISION MAY BE FILED WITH ANY COURT AS WRITTEN EVIDENCE OF THE AGREEMENT OF THE WAIVER OF ANY RIGHT TO TRIAL BY JURY.

**(8) ECONOMIC SANCTIONS**: The Company will not cover any person as an Insured Person if such cover would result in the Company 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 the United States of America.

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**(9)** **MISREPRESENTATION**: Any false representation, incomplete information, misleading statement, misstatement, omission, concealment or fraud, whether or not innocently made, either in the Insured Person's Application or in relation to any claim form, statement, certification or warranty made by the Insured Person or their representatives, agents or proxies, whether in writing or otherwise, to the Company or the Plan Administrator or their respective agents, employees or representatives, or in connection with the making of any claim under this insurance, shall render the Declaration and this Certificate null and void and all claims and benefits under this insurance shall be forfeited and waived.

**(10)** **INSOLVENCY**: The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Assured or any Insured Person shall not impose upon the Company any liability or obligation other than that specifically included in this insurance.

**(11)** **SUBROGATION CLAUSE**: The Insured Person shall undertake to pursue in their own name and stead, and to fully cooperate with the Company in the pursuit and prosecution of, any and all valid claims that the Insured Person may have against any third party who may be liable or responsible for any loss or damage arising out of any act, omission or occurrence that results or may result in a loss payment, provision of benefits or coverage of claim by the Company under this insurance and to fully account to the Company for any amounts recovered or recoverable in connection therewith, on the basis that the Company shall be reimbursed and entitled to recover first in full for any sums paid or to be paid by it before the Insured Person shares in any amount so recovered, regardless of whether or not the Insured Person has been made whole or has been fully compensated for their injuries.

The Insured Person further agrees and understands that the Company requires the Insured Person to complete a subrogation questionnaire, sign an acknowledgment of the Company's subrogation rights and sign an agreement before the Company considers paying, or continues to pay, any claims. Should the Insured Person fail to so cooperate, account or prosecute any valid claims against any such third party or parties, and the Company thereupon or otherwise becomes liable or otherwise obligated to make payment under the Terms of this insurance, then the Company shall be fully subrogated to all rights and interests of the Insured Person with respect thereto and may prosecute such claims in its own name as subrogee.

The Insured Person's submission of Proof of Claim or acceptance of coverage or benefits under this insurance shall be deemed to constitute an authorization, consent and assignment of such subrogation rights by the Insured Person to the Company. The Insured Person agrees that the Company has a secured proprietary interest in any settlement proceeds the Insured Person receives or may be entitled to receive.

The Insured Person understands and agrees that the Company is entitled to a constructive trust interest in the proceeds of any settlement or recovery. The Insured Person agrees to include the Company as a co-payee on any settlement check or check from any third party or insurer. The Insured Person agrees he/she will not release any party or their insured without prior written approval from the Company and will take no action that prejudices the Company's rights.

The Insured Person is obligated to inform their legal representative of the Company's rights and lien and to make no distributions from any settlement or judgment that will in any way result in the Company receiving less than the full amount of its lien without the written approval of the Company. Any amount recovered by the Company in accordance with the foregoing shall first be used to pay in full the costs and expenses of collection incurred by the Company, including reasonable attorneys' fees, and for reimbursement to the Company for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts recovered shall be paid to the Insured Person or other persons lawfully entitled thereto, as applicable. In the event that the Insured Person receives any form or type of settlement and either fails or refuses to abide by the Terms of this insurance contract, in addition to any other remedies the Company may have, the Company retains a right of equitable offset against future claims.

**(12)** **OTHER INSURANCE**: The Company shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim under this insurance if there is any other insurance, membership benefit, workers' or workplace compensation coverage program or other government programs, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Other Coverage") that would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except in respect of any excess beyond the amount payable or provided under such Other Coverage had this insurance not been effected. Notwithstanding the foregoing, the Company shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for any Insured Person in respect to Treatment or supplies furnished by any program or agency funded by any government or governmental authority.

The Company reserves the right to cancel any and all coverage if it is determined an Insured Person has Stacked Insurance.

**(13)** **CANCELLATION BY INSURED PERSON**: The Insured Person shall have three (3) days from the Initial Effective Date, as defined herein, (the "Review Period") to review the benefits, conditions, limitations, exclusions and all other Terms of the Master Policy as evidenced and outlined by this Certificate. If not completely satisfied, the Insured Person may request cancellation of this insurance retroactive to the Initial Effective Date via the MyIMG customer portal (www.imglobal.com/member) or by sending a written request to the Company by email, mail or fax and received by the Company within the Review Period, thereby qualifying to receive a full refund of Premium paid. Upon effectuation of such cancellation and refund, neither the Company nor the Insured Person shall have any further rights, liabilities or obligations under this insurance. After the Review Period, the Insured person may request cancellation via the MyIMG customer portal or by sending a written request to the Company by email, mail or fax. However, the following conditions apply for Premium refund:

(a) If any claims have been filed with the Company, the Premium is fully earned and is non-refundable.

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(b) If no claims have been filed with the Company:

(i) a cancellation fee of fifty dollars ($50.00 USD) will be charged, regardless of the reason for cancellation; and

(ii) any refund amount that is less than the cancellation fee is non-refundable; and

(iii) only Premium covering time periods after the requested cancellation date are refundable.

**(14) APPLICABLE CURRENCY**: All benefit amounts, coverage, monetary limits and sub-limits, and other amounts stated in the Master Policy, the Application, the Declaration, this Certificate, and in any Riders, including Premium, are in USD (United States Dollars).

**(15) COOPERATION**: The Insured Person and their Physicians, Hospitals and other healthcare and medical service providers and suppliers shall undertake to cooperate fully with the Company and the Plan Administrator in reviewing, investigating, adjudicating, considering an appeal of, and/or administering any claim for benefits under this insurance, including granting full right of access to all relevant, pertinent or related records, medical documentation, medical histories, reports, laboratory or test results, x-rays, and all other available evidence relating to or affecting the review, investigation, adjudication or administration of the claim. The Company at its own expense shall have the right and opportunity to examine all evidence related to a claim when and as often as it may reasonably require during the pendency of a claim hereunder. The Company at its option may suspend or pend adjudication of a claim and/or may deny benefits and/or coverage for a claim when any of the following has occurred:

(a) a refusal to so cooperate

(b) an unreasonable delay in such cooperation

(c) any other act or omission on the part of the Insured Person and/or their healthcare providers which hinders, delays, impairs or otherwise prejudices the performance of the Company's obligations under this insurance.

**(16) CLAIM SETTLEMENT**: Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have previously been paid by or on behalf of the Insured Person at the time of the Company's favorable adjudication thereof will be reimbursed by the Company directly to the Insured Person, by check, at their last known residence or mailing address. While this insurance is in effect, in order to effectuate proper administration, the Insured Person shall undertake to promptly notify the Company of any change in such addresses. Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have not been paid by or on behalf of the Insured Person at the time of adjudication will be paid by the Company by check or electronic funds transfer to the Insured Person at their last known residence or mailing address, or, at the sole option and discretion of the Company (but without obligation to do so), and as an accommodation to the Insured Person, directly to the provider(s), as applicable. All claim settlements, payments and reimbursements are subject to the insurance plan shown in the Declaration and all other Terms of this insurance. No healthcare or medical service provider or supplier, or any other third-party, shall have any direct or indirect interest, claim or right of action against the Company under this Certificate, the Declaration or the Master Policy, whether by purported assignment of benefits, subrogation of interests or otherwise, unless first expressly agreed and consented to in writing by the Company, and notwithstanding the Company's exercise or failure to exercise any option or discretion under this provision regarding the method of claim payment. No such provider, supplier or other third-party is intended to have or shall have any rights as a third-party beneficiary under this Certificate, the Declaration, or the Master Policy.

**(17) FRAUDULENT CLAIMS**: A person who knowingly and with intent to defraud the Company files a statement of claim containing any false, incomplete, or misleading information commits a felony. If any claim or request for benefits under this insurance shall knowingly be in any respect false, incomplete, misleading, concealing, fraudulent or deceitful or if the Insured Person or anyone acting for or on their behalf under this insurance knowingly uses any false, incomplete, misleading, concealing, fraudulent or deceitful statements regarding the Insured Person, the insurance contract and all coverage thereunder may be cancelled, voided, rescinded and terminated by the Company in its sole and absolute discretion, and the Company shall have no obligation or liability for any such benefits, coverage or claims.

**(18) ARBITRATION**: With the exception of Florida residents' option to refer to arbitration, no claim for benefits for which liability, eligibility, or coverage under this insurance has been denied in whole or in part by the Company nor any other dispute or controversy arising under or related to this insurance shall be arbitrable or subject to arbitration under any circumstances or for any reason.

**(19) TERMINATION OF MASTER POLICY**: The Master Policy can be terminated at any time by either the Company or the Assured by giving at least thirty (30) days written notice to the other and to the Insured Person. Such termination will have no effect on this Certificate prior to the date of the termination or on eligible coverage or benefits under this insurance accrued prior thereto. No additional Certificates will be issued or further Applications accepted for the plan after the date the Master Policy is terminated.

**(20) TERMINATION OF COVERAGE FOR INSURED PERSONS**: Coverage and benefits for the Insured Person under this insurance will terminate effective at 12:01 AM EST on the earliest of the following dates:

(a) the date the Master Policy is terminated pursuant to the CONDITIONS AND GENERAL PROVISIONS, TERMINATION OF MASTER POLICY provision

(b) the next day following the end of the coverage period for which Premium has been fully and timely paid

(c) the termination date as shown on the Declaration for this Certificate

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(d) the date the Insured Person first fails to meet or no longer meets the eligibility requirements for this insurance as set forth in the Master Policy and outlined in this Certificate

(e) the date the Insured Person returns to their Country of Residence unless covered as an INCIDENTAL TRIP

(f) the date the Company, at its sole option, elects to cancel from this plan 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

(g) the cancellation date specified by the Company pursuant to the CONDITIONS AND GENERAL PROVISIONS, CANCELLATION BY INSURED PERSON provision

(h) the cancellation date specified by the Insured Person pursuant to the CONDITIONS AND GENERAL PROVISIONS, RENEWAL; AMENDMENTS provision

(i) the next day following the maximum time period pursuant to the CONDITIONS AND GENERAL PROVISIONS, RENEWAL; AMENDMENTS provision

(j) the date specified by the Company in any notice of cancellation, forfeiture or rescission issued pursuant to or as a result of the circumstances described in the MISREPRESENTATION, FRAUDULENT CLAIMS and RIGHT OF RECOVERY subparagraphs of the CONDITIONS AND GENERAL PROVISIONS, or as otherwise permitted by the Terms of this insurance.

Coverage for the Insured Person shall remain in full force and effect unless terminated pursuant to this provision, except as otherwise provided in the Master Policy, the Declaration, or this Certificate.

**(21) RENEWAL; AMENDMENTS**: Subject to the Terms of the TERMINATION OF MASTER POLICY and TERMINATION OF COVERAGE FOR INSURED PERSONS subparagraphs of the CONDITIONS AND GENERAL PROVISIONS, an Insured Person can request coverage under this insurance plan to be extended a minimum of five (5) days for up to a three hundred sixty-five (365) day period until reaching a maximum of twenty-four (24) continuous months in accordance with and subject to the Terms of the plan then in effect (including the Terms of the then applicable Master Policy) and so long as extension Premium is paid when due and the Insured Person otherwise continues to meet the applicable eligibility requirements of the plan.

The Company's commitment and the Insured Person's ability to request extension is also subject to termination upon thirty (30) days written notice to the other party prior to the expiration date of the then existing Period of Coverage. The Company reserves the right in its sole discretion to make changes, additions, and/or deletions to the Terms of the Master Policy, this Certificate, extensions or replacements of either, and/or to the insurance plan (including the issuance of Riders to effectuate same) at any time or from time to time after the Effective Date of Coverage of this Certificate, upon no less than thirty (30) days prior written notice to the Assured and the Insured Person (Notice of Amendment). The Notice of Amendment shall include a complete description of the changes, additions, and/or deletions to be made, the Effective Date thereof (the Change Date), and notice of the Insured Person's cancellation rights and shall be sent first class mail, postage prepaid, to the last known residence or mailing address of the Insured Person. Upon issuance of the Notice of Amendment, the Assured and/or the Insured Person shall have the right to request cancellation of this Certificate, at any time prior to the Change Date; provided, however that cancellation under this provision shall be at the option of the Insured Person and coverage under this insurance shall terminate with effect from the cancellation date specified by the Insured Person (subject to the Terms of the CONDITIONS AND GENERAL PROVISIONS, TERMINATION OF COVERAGE FOR INSURED PERSONS provision). If the Insured Person does not elect to cancel this Certificate in accordance with the foregoing, the changes, additions, and/or deletions as made by the Company and specified in said Notice of Amendment shall take effect as of the Change Date specified in the Company's Notice, and this insurance shall thereafter continue in effect in accordance with its Terms, as so amended and modified.

**(22) PATIENT ADVOCACY**: Neither the Company nor the Plan Administrator shall have any right, obligation, or authority of any kind to ultimately select Physicians, Hospitals or other healthcare or health service providers for the Insured Person or to make any medical Treatment decisions for or on behalf of the Insured Person, and all such decisions shall be made solely and exclusively by the Insured Person and/or their guardians, Relatives, Treating Physicians and other healthcare providers. Subject to the foregoing, the Company may determine that a particular claim, benefit, Treatment or diagnosis occurring under or relating to this insurance may be placed under the Company's Patient Advocacy program to ensure that Medically Necessary Treatment and supplies are provided in the most cost-effective manner. In the event the Company determines that a claim, benefit, Treatment, or diagnosis meets the Company's Patient Advocacy program guidelines, the Company will notify the Insured Person as soon as reasonably practicable, and a Patient Advocate will be assigned to the Insured Person. Thereafter, the Company's Patient Advocate may make evaluations and/or recommendations of Treatment settings, procedures and/or supplies that may be more cost effective for the Company and/or the Insured Person. Such recommendations will be made with input from the Insured Person and/or the Insured Person's guardians, Relatives, Treating Physicians and/or other healthcare providers and will be made only when it can be reasonably demonstrated that the Medically Necessary Treatment and/or supplies can be provided in a more cost-effective manner to the Company and/or the Insured Person. The Company will use its best efforts to evaluate and recommend Treatment settings, procedures and/or supplies that can reasonably be expected to result in the same or better care of the Insured Person. The Insured Person is under no obligation to accept or follow any of the Company's recommendations. However, if the Insured Person accepts and follows any of the Company's recommendations, the Insured Person agrees to hold the Company and the Company's agents and representatives, including the Patient Advocate, harmless from same, and the Company shall not be held liable or otherwise responsible for any Treatment or supply provided to the Insured Person except for the payment

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of claims and benefits eligible for coverage under the Terms of this insurance. After the Insured Person has been notified that the claim, Treatment, benefit or diagnosis meets the Company's Patient Advocacy program guidelines, the Company reserves the right, at its option and in its sole discretion without liability:

(a) to make payment for Treatment and/or supplies that, although not expressly covered under this insurance, may be beneficial to the Insured Person and cost-effective to the Company

(b) to deny coverage and/or benefits for any Charges, including Eligible Medical Expenses otherwise eligible for coverage but for the Terms of this provision, which exceed the amount the Company would have covered had the Insured Person accepted and followed the recommendations of the Patient Advocacy program.

**(23)** **RIGHT OF RECOVERY**: In the event of overpayment by the Company of any claim for benefits under this insurance, for any reason, including without limitation because of any of the following:

(a) all or part of the claim was not incurred by or paid by or on behalf of the Insured Person

(b) the Insured Person or any of the Insured Person's Relatives, whether or not the Relative is or was an Insured Person under this insurance plan, is repaid or is entitled to be repaid for all or part of the claim in accordance with the CONDITIONS AND GENERAL PROVISIONS, OTHER INSURANCE provision, for defective equipment or medical devices covered under a warranty, or by or from a source other than the Company

(c) all or part of the claim was not eligible for payment or coverage under the Terms of this insurance

(d) all or part of the claim was paid or reimbursed based on an incorrect or mistaken application of benefits under this insurance

(e) all or part of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider

(f) the Insured Person is not liable or responsible as a matter of law for all or part of a claim

The Company shall have the right to receive a refund and to recover the amount of overpayment from the Insured Person and/or the Hospital, Physician and/or other provider of services or supplies (as the case may be). The amount of the refund and recovery for overpayment of claims shall be the difference between the amount actually paid by the Company and the amount, if any, that should have been paid by the Company under the Terms of this insurance.

For all other overpayments, the amount of the refund and recovery shall be the amount overpaid.

If the Insured Person, Hospital, Physician, or other provider of services or supplies does not promptly make any such refund to the Company, the Company may, in addition to any other rights or remedies available to it (all of which are reserved):

(i) reduce or deduct from the amount of any future claim that is otherwise eligible for coverage or payment under this insurance, to the full extent of the refund due to the Company; and/or

(ii) cancel this Certificate and all further coverage of the Insured Person under the Master Policy by giving thirty (30) days advance written notice by mail to the Insured Person at their last known residence or mailing address and offset against the amount of any refund of Premium due the Insured Person to the full extent of the refund due to the Company.

**(24)** **EXPLANATION OR VERIFICATION OF BENEFITS**: In the event of any verbal or telephone inquiry, every attempt will be made to help the Insured Person and their healthcare providers and suppliers understand the status, scope and extent of available benefits and coverage under this insurance, provided, however, that no statement made by any agent, employee or representative of the Company or the Plan Administrator will be deemed or construed as an actionable representation, promise or estoppel or will create any liability against the Company or the Plan Administrator or be deemed or construed to bind the Company or to modify, replace, waive, extend or amend any of the Terms of the Master Policy or this Certificate, unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Actual eligibility determinations, benefit verifications, final coverage decisions, claim adjudications, final payments, reimbursements of benefits, or claims shall be determined and adjudicated only after or at the time a proper and complete Application and/or Proof of Claim is submitted (as the case may be), an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder received, and all facts and supporting information, including relevant data, information and medical records when deemed necessary or appropriate by the Company, are presented in writing. Appealed claims may be further investigated and/or reviewed. The Terms of the Master Policy govern all available coverage and payments made or to be made. If a definite answer to a specific benefits or coverage question is required for any reason, the Insured Person or their healthcare providers may submit a written request to the Company, including all pertinent medical information and a statement from the attending Physician (if applicable), and a written reply will be sent by the Company and kept on file. If the Company elects to verify generally and/or preliminarily to a provider or the Insured Person that an Injury, Illness, diagnosis or proposed Treatment is or may be covered under this insurance, or that benefits for same are or may be available as outlined in this Certificate, any such verification of benefits does not guaranty either payment of benefits or the amount or eligibility of benefits. Final eligibility determinations, coverage decisions, claim appeals and actual reimbursement or payment of claims or benefits are subject to all Terms of this insurance, including without limitation filing a proper and complete Proof of Claim and complying with the CONDITIONS AND GENERAL PROVISIONS, COOPERATION provision.

**D.** **ELIGIBILITY**: If an Insured Person is not eligible, this Certificate is void ab initio and all Premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements:

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**(1)** complete and sign an Application as the Insured Person (or be listed thereon by proxy as an applicant and proposed Insured Person), and/or as the Insured Person's Spouse, Child and/or Grandchild

**(2)** pay the required Premium on or before the Effective Date of Coverage

**(3)** receive written acceptance of their Application, renewal or extension from the Company

**(4)** be an individual at least fourteen (14) days old

**(5)** on the Effective Date and on subsequent renewal dates, must have legally departed the Country of Residence and legally entered the Destination Country

**(6)** not have established a Habitual Residency in the Destination Country

Once the Insured Person and/or Spouse reaches the ages of seventy (70) and eighty (80) and at the time of their renewal, the Period of Coverage limit will be reflective of their new age range as listed in the BENEFIT SUMMARY.

**E.** **PRE-CERTIFICATION REQUIREMENTS**: Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or their Relatives, guardians and/or healthcare providers at the time of Pre-certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-certified by the Company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. The Company's consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the Terms of this insurance, including exclusions for Pre-existing Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual, Reasonable and Customary. Any consideration or determination of a Pre-certification request shall not be deemed or considered as the Company's approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalves) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Insured Person, or to make any diagnosis or medical Treatment decisions on behalf of the Insured Person, and all such decisions must be made solely and exclusively by the Insured Person and/or their family members or guardians, Treating Physicians and other healthcare providers. If the Insured Person and their healthcare providers comply with the Pre-certification requirements of the Master Policy and this Certificate, and the Treatment or supplies are Pre-certified as Medically Necessary, the Company will reimburse the Insured Person for Eligible Medical Expenses up to the amount shown in the BENEFIT SUMMARY incurred in relation thereto, subject to all Terms of this insurance. Eligibility for and payment of benefits are subject to all of the Terms of this insurance.

**(1)** **SPECIFIC REQUIREMENTS**: The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies:

(a) Chemotherapy

(b) Extended Care Facility

(c) Home Nursing Care

(d) Inpatient Hospitalization

(e) Interfacility Ambulance Transfer

(f) Radiation Therapy

(g) Surgery or Surgical procedure.

**(2)** **GENERAL REQUIREMENTS**: To comply with the Pre-certification requirements of this insurance for the Treatments and/or supplies or services listed in the SPECIFIC REQUIREMENTS provision, above, the Insured Person or their Physician or healthcare provider must perform all of the following:

(a) contact the Company through the Plan Administrator at the contact information below and on the Insured Person's ID card as soon as possible and before the Treatment or supply is to be obtained.

Inside the United States: +1.800.628.4664

Outside the United States: +1.317.655.4500 (Collect if necessary)

E-mail: precertification@imglobal.com

Website: www.imglobal.com/member/precertification

(b) comply with the instructions of the Company and submit any information or documents required by the Company

(c) notify all Physicians, Hospitals and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.

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**(3)** **LOSS OF COVERAGE / BENEFITS FOR NON-COMPLIANCE OF PRE-CERTIFICATION REQUIREMENTS**: If the Insured Person or their healthcare providers do not comply with the Pre-certification requirements for the Treatment or supplies identified in the SPECIFIC REQUIREMENTS subparagraphs above, or if such Treatment or supplies are not Pre-certified:

(a) Eligible Medical Expenses incurred with respect to said Treatment and/or supplies will be reduced by the amount shown in the BENEFIT SUMMARY

(b) the Deductible will be subtracted from the remaining amount

(c) Coinsurance will be applied.

**(4)** **EMERGENCY PRE-CERTIFICATION**: In the event of an Emergency Hospital admission, Pre-certification must be completed within forty-eight (48) hours after the admission, or as soon as is reasonably possible.

**(5)** **CONCURRENT REVIEW**: For Inpatient Treatment of any kind, the Company will Pre-certify a limited number of days of confinement based upon the disclosed medical condition. Thereafter, Pre-certification must again be requested and approved if additional days of Inpatient Treatment are necessary.

**(6)** **APPEAL PROCESS**: If the Insured Person disagrees with a Pre-certification decision of the Company, the Insured Person may in writing ask the Company to reconsider the decision and may supply additional documentation to support the appeal. The Company may reconsider its decision based on review of the additional documentation and facts, if any. The Company will advise the Insured Person of its decision within a reasonable time frame following receipt of additional documentation and facts.

The appeal must be sent to:

Phone: +1.317.655.4500, Option #2

Fax: +1.317.833.1990: ATTN: Pre-certification–- Appeals

Email: precertification@imglobal.com

**F.** **UNITED STATES PREFERRED PROVIDER ORGANIZATION (PPO)**:

**(1)** **SPECIAL BENEFITS**: If Treatment or supplies eligible for coverage under this insurance are received directly from the Company's approved list of independent Preferred Provider Organization (PPO) providers while the Insured Person is in the United States, the Company will adjust the Deductible and/or Coinsurance applicable to such claims according to the amount shown in the BENEFIT SUMMARY. However, all claims for Treatment or supplies received in the United States from a non-PPO provider will remain subject to the applicable Deductible and Coinsurance, whether or not the Insured Person may be eligible for the foregoing special benefit relating to Treatment or supplies received from PPO providers.

**(2)** **PPO INFORMATION**: The Company, through the Plan Administrator, endeavors to maintain a contractual arrangement with one (1) or more independent Preferred Provider Organizations (PPO) that has established and maintains a network of United States-based Physicians, Hospitals and other healthcare and health service providers who are contracted separately and directly with the PPO and who may provide repricings, discounts or reduced Charges for Treatment or supplies provided to the Insured Person. Neither the Company nor the Plan Administrator has any authority or control over the operations or business of the PPO or over the operations or business of any provider within the independent PPO network. Neither the PPO nor providers within the PPO network nor any of their respective agents, employees or representatives has or shall have any power or authority whatsoever to act for or on behalf of the Company or the Plan Administrator in any respect, including without limitation no power or authority to perform any of the following:

(a) approve Applications or enrollments for initial, renewal or reinstated coverage under this insurance plan or accept Premium payments

(b) accept risks for or on behalf of the Company

(c) act for, speak for or bind the Company or the Plan Administrator in any way

(d) waive, alter or amend any of the Terms of the Master Policy or this Certificate, or waive, release, compromise or settle any of the Company's rights, remedies or interests thereunder or hereunder

(e) determine Pre-certification, coverage eligibility or verification of benefits, or make any coverage, benefit or claim adjudications or decisions of any kind.

It is not a requirement of this insurance that the Insured Person seek Treatment or supplies exclusively from a provider within the independent PPO network. However, the Insured Person's use or non-use of the PPO network may affect the scope and extent of benefits available under this insurance, including without limitation any applicable Deductible, Coinsurance and benefit reduction, as set forth above.

An Insured Person may contact the Company through the Plan Administrator and request a PPO directory for the area where the Insured Person will be receiving consultation or Treatment (therein listing the Physicians, Hospitals and other healthcare providers within the PPO network by location and specialty), or an Insured Person may visit the Plan Administrator's website at www.imglobal.com/member to obtain such information.

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**G.** **ELIGIBLE MEDICAL EXPENSES**: Subject to the Terms of this insurance, and the insurance plan shown in the Declaration, the Company will reimburse the Insured Person up to the amount shown in the BENEFIT SUMMARY for the following costs, Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Illness or Injury is covered under this Certificate, Charges are Usual, Reasonable and Customary, and Charges are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses"):

**(1)** Charges incurred at a Hospital for:

(a) daily room and board, nursing services, and Ancillary Services not to exceed the average semi-private room rate. A private room will be considered when no semi-private room is available or if medical necessity warrants this type of room. The private room rate is not to exceed the average private room rate.

(b) daily room and board, nursing services and Ancillary Services in an Intensive Care Unit

(c) use of operating, Treatment or recovery room

(d) services and supplies that are routinely provided by the Hospital to persons for use while an Inpatient

(e) Emergency Treatment of an Injury, even if Hospital confinement is not required

(f) Emergency Treatment of an Illness; however, an additional Deductible (as shown in the BENEFIT SUMMARY) will be required unless the Insured Person is directly admitted to the Hospital as Inpatient for further Treatment of that Illness

**(2)** Charges incurred for Surgery at an Outpatient Surgical Facility, including services and supplies

**(3)** Charges by a Physician for professional services rendered, including Surgery; provided, however, that Charges by or for an assistant surgeon will be limited and covered at the rate of up to twenty percent (20%) of the Usual, Reasonable and Customary charge of the primary surgeon; and provided, further, that the standby availability of a Physician or surgeon will not be deemed to be a professional service and is not eligible for coverage

**(4)** Charges incurred for:

(a) dressings, sutures, casts or other supplies that are Medically Necessary

(b) diagnostic testing using Radiology, ultrasonography or laboratory services. Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services

(c) Implant devices that are Medically Necessary; however, any Implants provided outside the PPO network are limited to a payment of no more than one hundred fifty percent (150%) of the established invoice price and/or list price for that item

(d) basic functional artificial limbs, eye or larynx or breast prostheses, but not the replacement or repair thereof

(e) reconstructive Surgery when the Surgery is incidental to and follows Surgery that was covered hereunder

(f) radiation therapy or Treatment, and chemotherapy

(g) hemodialysis for the Treatment of acute renal failure only and the Charges by a Hospital for processing and administration of blood or blood components

(h) oxygen and other gases and their administration

(i) anesthetics and their administration by a Physician

(j) drugs that require a prescription by a Physician for Treatment of Illness or Injury, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of ninety (90) days of any one (1) prescription

(k) care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital

(l) Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital

(m) Emergency Local Ambulance Transport necessarily incurred in connection with:

(i) an Injury

(ii) an Illness resulting in Hospital confinement as an Inpatient

(n) Interfacility Ambulance Transfer must be a result of an Inpatient Hospital Admission, Medically Necessary and from one licensed health care Facility to another licensed health care Facility via air or land ambulance

(o) chiropractic services prescribed by a Physician and performed by a professional chiropractor and necessarily incurred to continue recovery from a covered Injury or covered Illness; services include manipulations, x-rays and laboratory tests ordered by the chiropractor

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(p) physical therapy prescribed by a Physician and performed by a professional physical therapist and necessarily incurred to continue recovery from a covered Injury or covered Illness

(q) Durable Medical Equipment, as defined herein, deemed to be Medically Necessary

(r) a Telehealth, Teleconsultation or Virtual Physician Visit

**(5)** Charges incurred for Treatment at an Urgent Care Clinic

**(6)** Charges incurred for Treatment at a Walk-in Clinic

**(7)** Charges for Treatment of an Injury to the foot due to an Accident covered hereunder

**(8)** Charges for Treatment of an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of Treatment

**(9)** Charges for Dental Treatment as follows up to the amount shown in the BENEFIT SUMMARY:

(a) Charges for Treatment following Traumatic Dental Injury from a covered Accident that resulted in physical Injury to the Insured Person

(b) Charges for necessary Dental Treatment of Unexpected pain to sound natural teeth

(c) Charges incurred for non-emergency Dental Treatment necessary due to an Accident covered hereunder

**(10)** Charges for an Emergency eye examination performed by a licensed optometrist or ophthalmologist to obtain a Medically Necessary prescription for corrective lenses that were lost or damaged due to an Accident covered hereunder, but not for the replacement of prescription corrective lenses or contact lenses

**(11)** Charges for Treatment resulting from COVID-19/SARS-CoV-2

**(12)** Charges for value-added tax (VAT) or like tax incurred on Eligible Medical Expenses.

**H. <u>ACCIDENTAL DEATH AND DISMEMBERMENT</u>**:

**(1) <u>ACCIDENTAL DEATH</u>**: Subject to the Terms of this insurance, and in the event the Insured Person has an Accident during the Period of Coverage that results in death during the Period of Coverage, the Company will pay an Accidental Death benefit in the amount of the Principal Sum shown in the BENEFIT SUMMARY.

The Insured Person's death must occur within ninety (90) days of the Accident and result, directly and independently of all other causes, from an accidental bodily Injury that is unintended, unexpected and unforeseen. The bodily Injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily Injury must be the sole cause of death. The Company will pay the benefit owed upon proper application therefor, in the following order:

(a) to the beneficiary designated in writing by the Insured Person

(b) to the Insured Person's closest surviving Relative

(c) the Insured Person's estate

(d) to a claimant entitled to payment under applicable small estate affidavit laws.

**(2) <u>DISMEMBERMENT</u>**: Subject to the Terms of this insurance and if the Insured Person has an Accident during the Period of Coverage which results in a loss identified in the BENEFIT SUMMARY within ninety (90) days from the date of the Accident and during the Period of Coverage, the Company will reimburse the Insured Person the applicable loss/dismemberment shown in the BENEFIT SUMMARY.

The maximum benefit payable for all dismemberments or losses resulting from any one (1) Accident or Injury shall not exceed the Principal Sum shown in the BENEFIT SUMMARY for Accidental Death.

The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the entire and irrecoverable loss of sight. The Insured Person's dismemberment must result, directly and independently of all other causes, from an accidental bodily Injury which is unintended, unexpected, and unforeseen. The bodily Injury must be evidenced by a visible contusion or wound. The bodily Injury must be the sole cause of dismemberment.

**I. <u>ACUTE ONSET OF PRE-EXISTING CONDITIONS</u>**:

**(1)** Subject to the applicable Deductible and Coinsurance and the various limits and sub-limits set forth in the BENEFIT SUMMARY, and the Terms of this insurance, including without limitation the CONDITIONS AND RESTRICTIONS subparagraph below, and in the event the Insured Person suffers or experiences an Acute Onset of a Pre-existing Condition during the Period of Coverage for which immediate Treatment is essential and necessary to stabilize the Pre-existing Condition, the Insured Person will be reimbursed up to the amount shown in the BENEFIT SUMMARY for Eligible Medical Expenses incurred during the Period of Coverage with respect to the Acute Onset of the Pre-existing Condition.

**(2) <u>CONDITIONS AND RESTRICTIONS</u>**: To be eligible for the foregoing limited coverage and benefits for an Acute Onset of a Pre-existing Condition, the Insured Person must be in compliance with all Terms of this insurance. The Company will provide such coverage and benefits only when all of the following conditions and restrictions have been met. At the time of the Acute Onset of the Pre-existing Condition:

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(a) Treatment must be obtained within twenty-four (24) hours of the sudden and Unexpected outbreak or reoccurrence

(b) the Insured Person must be under seventy (70) years of age

(c) the Insured Person must not be traveling against or in disregard of the recommendations, established Treatment programs, or medical advice of a Physician or other healthcare provider

(d) the Insured Person must not be traveling with the intent or purpose to seek or obtain Treatment for the Pre-existing Condition

(e) the Insured Person must not be traveling during a period of time when the Insured Person is preparing or waiting for, involved in, or undertaking a new, changed or modified Treatment program with respect to the Pre-existing Condition, and is not traveling subsequent to any such new, changed or modified Treatment program having been advised or recommended

(f) the Pre-existing Condition must have been stabilized for at least thirty (30) days prior to the Effective Date without change in Treatment

(g) the Insured Person must be traveling outside their Country of Residence.

**J.** **BEDSIDE VISIT**: Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and if the Insured Person is Hospitalized as an Inpatient in the Intensive Care unit of a Hospital for a covered life-threatening Injury or Illness during the Period of Coverage, the Company will reimburse the cost of a round-trip economy commercial airline ticket for one (1) Relative from the airport nearest to the location of the Relative at the time of the Insured Person's Inpatient Intensive Care Hospitalization to the airport serving the area where the Insured Person is Hospitalized.

**K.** **COMMON CARRIER ACCIDENTAL DEATH**: Subject to the Terms of this insurance, including the EXCLUSIONS provision, and in the event of an Unexpected death of an Insured Person during the Period of Coverage as a result of an Accident that occurred during the Period of Coverage and while the Insured Person was traveling on a Common Carrier, the Company will reimburse a Common Carrier Accidental Death benefit up to the amount shown in the BENEFIT SUMMARY provided, however, that such Common Carrier Accidental Death benefits shall not exceed the maximum amount shown in the BENEFIT SUMMARY per Family involved in the same Accident.

**(1)** The Company will pay the benefit owed, upon proper application therefor, in the following order:

(a) to the beneficiary designated in writing by the Insured Person

(b) to the Insured Person's closest surviving Relative

(c) the Insured Person's estate

(d) to a claimant entitled to payment under applicable small estate affidavit laws.

**L.** **EMERGENCY MEDICAL EVACUATION**:

**(1)** Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and the CONDITIONS AND RESTRICTIONS subparagraph below, the Company will reimburse the Insured Person for the following transportation costs, when the Company or Plan Administrator arranges such transportation, and expenses incurred by the Insured Person arising out of or in connection with an Emergency Medical Evacuation occurring while this Certificate is in effect and during the Period of Coverage:

(a) Emergency air transportation to a suitable airport nearest to the Hospital where the Insured Person will receive Treatment

(b) Emergency ground transportation necessarily preceding Emergency air transportation and from the destination airport to the Hospital where the Insured Person will receive Treatment

(c) Return ground and air transportation, upon medical release by the attending Physician, to the country where the evacuation initially occurred or to the Insured Person's Country of Residence, at the Insured Person's option.

**(2)** **CONDITIONS AND RESTRICTIONS**: To be eligible for coverage for Emergency Medical Evacuation benefits, the Insured Person must be in compliance with all Terms of this insurance. The Company will provide Emergency Medical Evacuation benefits only when the condition, Illness, Injury or occurrence giving rise to the Emergency Medical Evacuation is covered under the Terms of this insurance. The Company will provide Emergency Medical Evacuation benefits only when all of the following conditions and restrictions are met:

(a) Medically Necessary Treatment cannot be provided locally

(b) transportation by any other means or methods would result in loss of the Insured Person's life or limb within twenty-four (24) hours, based upon a reasonable medical certainty

(c) Emergency Medical Evacuation is recommended by the attending Physician who certifies to the matters in subparagraphs (a) and (b), above

(d) Emergency Medical Evacuation is agreed to by the Insured Person or a Relative of the Insured Person

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(e) Emergency Medical Evacuation is provided by designated, licensed, qualified, professional emergency personnel acting within the scope of such license and approved in advance and all arrangements are coordinated by the Company

(f) the condition, Illness, Injury or occurrence giving rise to the need for the Emergency Medical Evacuation:

(i) occurred outside the Insured Person's Country of Residence suddenly, Unexpectedly, and spontaneously, and without: (1) advance warning, or (2) advance Treatment, diagnosis or recommendation for Treatment by a Physician, or (3) prior manifestation of symptoms or conditions that would have caused a reasonably prudent person to seek medical attention prior to the onset of the Emergency

(ii) was not a Pre-existing Condition unless otherwise expressly provided for under the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision

(g) The Company will cover reimbursement for the above-described costs and expenses and will arrange Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary Treatment to prevent the Insured Person's loss of life or limb.

The Insured Person may select a different Hospital in their Country of Residence at their option, but in such event the Insured Person shall be solely responsible for all costs and expenses in excess of the amounts that would have been incurred had the Insured Person used the nearest qualified Hospital. If a Hospital other than the nearest qualified Hospital is selected by the Insured Person, then the attending Physician, Insured Person or a Relative of the Insured Person shall certify to the Company the Insured Person's understanding and acknowledgement of such responsibility for excess costs and expenses in addition to the matters set forth in the CONDITIONS AND RESTRICTIONS subparagraph, above. In all cases the Company will make the necessary arrangements for the Emergency Medical Evacuation and will use its best efforts to arrange with independent, third-party contractors any Emergency Medical Evacuation within the least amount of time reasonably possible.

By acceptance of this Certificate and request for Emergency Medical Evacuation benefits hereunder, the Insured Person understands, acknowledges and agrees that the timeliness, duration, occurrences during and outcome of an Emergency Medical Evacuation can be directly and indirectly affected by events and/or circumstances that are not within the supervision or control of the Company, including but not limited to: the availability, limitations, physical condition, reliability, maintenance and training schedules and procedures and performance or non-performance of competent transportation equipment, supplies and/or staff of such third-party contractors; delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes, and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences.

The Insured Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above.

The Insured Person further agrees that upon seeking an Emergency Medical Evacuation, he or she will cooperate fully as required by the CONDITIONS AND GENERAL PROVISIONS, COOPERATION provision. Failure to so cooperate and/or failure to use or accept Emergency Medical Evacuation once it has been arranged by the Company or Plan Administrator will require the Insured Person to reimburse the Company for costs incurred for any Emergency Medical Evacuation that was arranged, but not used, by the Insured Person. Furthermore, the Insured Person may be required to arrange for payment of any subsequent Emergency Medical Evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent Emergency Medical Evacuation.

**M. EMERGENCY REUNION**:

**(1)** Subject to the Terms of this insurance, including without limitation the CONDITIONS AND RESTRICTIONS subparagraph below, Emergency Reunion expenses will be reimbursed to an Insured Person as outlined in the BENEFIT SUMMARY, in cases where there has been an Emergency Medical Evacuation covered under the Terms of this insurance. Subject to the applicable Deductible and Coinsurance and other limits and sub-limits as specified in the BENEFIT SUMMARY, and subject to the CONDITIONS AND RESTRICTIONS subparagraph below, the following costs and expenses incurred in respect of travel by a Relative or friend of the Insured Person will be reimbursable to the Insured Person upon the recommendation and prior approval of the Company:

(a) the cost of a round-trip economy commercial airline ticket for one (1) Relative or friend from the airport nearest to the location of the Relative or friend at the time of the Emergency to the airport serving the area where the Insured Person is Hospitalized as a result of the Emergency or is to be Hospitalized as a result of the Emergency Medical Evacuation (to be determined pursuant to the Terms of the CONDITIONS AND RESTRICTIONS subparagraph, below), and return from whichever of such locations is actually selected to the point of the original departure

(b) reasonable and necessary travel costs, meals (up to the amount shown in the BENEFIT SUMMARY), transportation and accommodation expenses incurred in relation to the Emergency Reunion (but excluding entertainment).

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**(2) CONDITIONS AND RESTRICTIONS**:

(a) the allowable maximum coverage for the Emergency Reunion shall not exceed fifteen (15) days, including travel days, and all costs and expenses incurred beyond fifteen (15) days shall be retained for the sole account and responsibility of the Insured Person, Relative or friend

(b) the Emergency Reunion must be due to an Emergency Medical Evacuation covered under the Terms of this insurance

(c) the Insured Person must be so seriously ill that the attending Physician deems it necessary and recommends the presence of a Relative or friend at either the location where the Insured Person is being evacuated from or the destination of the Emergency Medical Evacuation, whichever is considered by the attending Physician and the Company to be the more reasonable

(d) all Emergency Reunion travel, transportation and accommodation arrangements and benefits must be approved in advance by the Company in order to be eligible for coverage under this insurance

(e) the Insured Person, Relative and/or friend must submit to the Company upon completion of the Emergency Reunion travel legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses so incurred for which reimbursement is sought.

**N. HOSPITAL INDEMNITY**: Subject to the Terms of this insurance and in the event the Insured Person has been Hospitalized in a Facility outside the Country of Residence and the United States, during the Period of Coverage, the Company will pay the Insured Person the amount shown in the BENEFIT SUMMARY for each overnight Hospitalization as an Inpatient, so long as the Treatment received during the overnight Hospitalization is considered to be an Eligible Medical Expense.

**O. IDENTITY THEFT**: Subject to the Terms of this insurance and in the event the Insured Person's identity is stolen, the Company will reimburse the Insured Person the Reasonable and Customary costs incurred by the Insured Person up to the amount shown in the BENEFIT SUMMARY for:

**(1)** re-filing loan or other credit applications that are rejected solely as a result of the Insured Person's stolen identity

**(2)** notarization of legal documents

**(3)** long distance telephone calls and postage incurred solely as a result of necessary reporting of the Insured Person's stolen identity

**(4)** amending and/or rectifying records as a result of the Insured Person's stolen identity

**(5)** up to three (3) credit reports obtained within one (1) year of the Insured Person's knowledge of the stolen identity

**(6)** stop payment orders placed on missing or unauthorized checks as a result of the Insured Person's stolen identity.

**P. INCIDENTAL TRIP**: As an accommodation and supplemental benefit and subject to the Terms of this insurance, the Insured Person will be covered under this insurance during incidental return trips to their Country of Residence up to the number of days shown in the BENEFIT SUMMARY during the Period of Coverage beginning with the date the Insured Person first arrives back in their Country of Residence provided that:

**(1)** the Insured Person has departed their Country of Residence prior to any Incidental Trip

**(2)** the Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage

**(3)** the Country of Residence is not the United States

**(4)** the intention or purpose of the Insured Person's return trip to the Country of Residence is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of their Country of Residence

**(5)** the Insured Person's return trip to the Country of Residence does not result in receiving Treatment for an Illness or Injury incurred or sustained while traveling outside of their Country of Residence.

**Q. LOST LUGGAGE**: Subject to Terms of this insurance and the limits set forth in the BENEFIT SUMMARY, the Company will reimburse the Insured Person for the cost of lost Checked Luggage when such Luggage was permanently lost in transit by a Common Carrier during the Period of Coverage, subject to the following conditions:

**(1)** the Insured Person must submit to the Company a copy of the Common Carrier's claim form and such other documentation as the Company may reasonably require proof that the Insured Person's Luggage was permanently lost

**(2)** the Common Carrier must first reimburse the Insured Person the full amount that it is legally required to pay for lost Checked Luggage, and proof of such reimbursement shall be provided to the Company by the Insured Person. Lost Luggage benefits under this insurance will be provided only if and to the extent the amount of the Insured Person's loss suffered as a result of Lost Luggage exceeds any such reimbursement by the Common Carrier.

**R. NATURAL DISASTER**: Subject to the Terms of this insurance and in the event of a Natural Disaster that occurred during the Period of Coverage, the Company will reimburse the Insured Person up to the amount shown in the BENEFIT SUMMARY if the Insured Person is displaced from scheduled, paid accommodations due to an evacuation before a forecasted Natural Disaster or following a Natural Disaster. The evacuation must have been ordered and mandated by the governmental authorities having jurisdiction over the location of the predicted or actual Natural Disaster.

**S. NATURAL DISASTER EVACUATION**:

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**(1)** Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and the CONDITIONS AND RESTRICTIONS subparagraph below, the Company will reimburse the Insured Person for the following transportation and accommodation costs, when the Company or Plan Administrator arranges such transportation and accommodations, and expenses incurred by the Insured Person arise out of or in connection with an evacuation due to a Natural Disaster that makes your Destination Country Uninhabitable during the Period of Coverage:

(a) air or ground transportation to the nearest safe location

(b) the cost of a one-way economy commercial airline ticket, if the Conditions and Restrictions are met below, to return the Insured Person to their Country of Residence following the Natural Disaster evacuation

(c) a maximum of three (3) days for reasonable and necessary lodging accommodations if the Insured Person is delayed in a safe location and unable to return to their Country of Residence.

**(2)** **CONDITIONS AND RESTRICTIONS**: To be eligible for coverage for Natural Disaster Evacuation benefits, the Insured Person must be in compliance with all Terms of this insurance. Expenses for non-emergency transportation are the Insured Person's sole responsibility. The Company will provide Natural Disaster Evacuation benefits only when all of the following conditions and restrictions are met:

(a) the Natural Disaster Evacuation must have been ordered and mandated by the recognized governmental authorities having jurisdiction over the location within the Insured Person's Destination Country

(b) the Insured Person is unable to leave their Destination Country by normal means, including but not limited to changing an existing Common Carrier reservation to arrange for an earlier return due to the Natural Disaster

(c) the Insured Person is unable to obtain commercial transportation within the Destination Country to travel to the nearest safe location in a time period that would:

(i) avoid Imminent Bodily Harm

(ii) comply with the time allowed to leave the Destination Country pursuant to the orders of the recognized government of the Insured Person's Destination Country

(iii) comply with the time allowed by officials of the Destination Country or the U.S. Embassy

(d) the Insured Person's location in the Destination Country is deemed Uninhabitable by the Company

(e) the Insured Person must contact the Company as soon as reasonably possible after the Destination Country has issued an official disaster declaration

(f) Natural Disaster Evacuation is approved in advance by the Company.

By acceptance of this Certificate and request for Natural Disaster Evacuation benefits hereunder, the Insured Person understands, acknowledges and agrees that the timeliness, duration, occurrences during and outcome of an Natural Disaster Evacuation can be directly and indirectly affected by events and/or circumstances that are not within the supervision or control of the Company, including but not limited to: the availability, limitations, physical condition, reliability, maintenance and training schedules and procedures and performance or non-performance of competent transportation equipment, supplies and/or staff of such third-party contractors; delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes, and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences.

The Insured Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above.

The Insured Person further agrees that upon seeking a Natural Disaster Evacuation, he or she will cooperate fully as required by the CONDITIONS AND GENERAL PROVISIONS, COOPERATION provision. Failure to so cooperate and/or failure to use or accept Natural Disaster Evacuation once it has been arranged by the Company or Plan Administrator will require the Insured Person to reimburse the Company for costs incurred for any Natural Disaster Evacuation that was arranged, but not used, by the Insured Person. Furthermore, the Insured Person may be required to arrange for payment of any subsequent Natural Disaster Evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent Natural Disaster Evacuation.

**T.** **PERSONAL LIABILITY**:

**(1)** The Company will pay up to the amount shown in the BENEFIT SUMMARY if the Insured Person is legally responsible for:

(a) accidentally injuring someone; or

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(b) damaging or losing somebody else's property.

**(2)** **CONDITIONS AND RESTRICTIONS**: The following conditions apply to Personal Liability:

(a) the Insured Person must notify the Company of any cause for a legal claim against them as soon as they know about it or no later than five (5) days of any act, omission or occurrence that may create or impose any Personal Liability upon them

(b) the Insured Person must provide all the information the Company requires to allow the Company to take action on the Insured Person's behalf including any related documents

(c) the Insured Person must not have committed an intentional act that resulted in bodily Injury, damage to or loss of somebody else's personal property

(d) the Insured Person must not negotiate, pay, settle, admit or deny any claim unless they get the Company's permission in writing

(e) the Company will have full control over any legal representatives and any proceedings. The Company will be entitled to take over and carry out any claim in the Insured Person's name for their defense or prosecute for the Company's benefit.

**(3)** **NOT COVERED**: The Company will not provide cover for any legal responsibility, injury, loss or damage:

(a) to members of the Insured Person's family, household, or a person the Insured Person employs

(b) that results from or is connected to the Insured Person's trade, profession or business

(c) that results from the Insured Person owning, using or living on any land or in buildings (except temporarily for the trip)

(d) that results from the Insured Person owning or using mechanically propelled vehicles (including e-bikes and drones), watercraft or aircraft, animals (other than horses and pet cats or dogs), guns or weapons (other than guns that are used for sport)

(e) that results from the Insured Person infecting any other person with any sexually transmitted disease or condition

(f) that results from punitive damages assessed against the Insured Person which is the result of intentionally inflicting bodily injury, damage to, or loss of personal property of somebody else's property.

**U.** **PET RETURN**: Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and if the Insured Person is Hospitalized for Treatment of an Illness or Injury during the Period of Coverage, the Company will reimburse the cost of a one-way economy commercial airline or ground transportation ticket to return a pet cat or dog to the airport within the Insured Person's Country of Residence, provided that all of the following conditions are met:

**(1)** the Insured person is over the age of eighteen (18) and travelling alone with a pet cat or dog

**(2)** the Insured Person's pet cat or dog will be left unattended for thirty-six (36) hours or longer.

**V.** **POLITICAL EVACUATION AND REPATRIATION**: If the United States Department of State, Bureau of Consular Affairs or similar government organization of the Insured Person's Country of Residence orders the evacuation of all non-emergency government personnel from the Destination Country, due to political unrest, that becomes effective on or after the Insured Person's date of arrival in the Destination Country, the Company will reimburse up to the amount shown in the BENEFIT SUMMARY for transportation to the nearest place of safety or for repatriation to the Insured Person's Country of Residence provided that all of the following conditions are met:

**(1)** the Insured Person contacts the Company within ten (10) days of the United States Department of State, Bureau of Consular Affairs or similar government organization of the Insured Person's Country of Residence issuing the evacuation order

**(2)** the evacuation order pertains to persons from the same Country of Residence as the Insured Person

**(3)** Political Evacuation and Repatriation is approved by the Company.

In no event will the Company pay for a Political Evacuation if there is a Travel Warning or Emergency Travel Advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Destination Country. This coverage will provide the most appropriate and economical means of travel consistent under the circumstances of the Insured Person's health and safety.

**W.** **PUBLIC HEALTH EMERGENCY**: Subject to all other Terms of this insurance, in the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, the Company will cover an Illness or Injury incurred during the Period of Coverage and caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster when, prior to the issuance of a Travel Warning for the Destination Country or a Global Travel Warning:

**(1)** the Effective Date of Coverage has occurred; and

**(2)** the Insured Person has arrived in the Destination Country or Affected Area.

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In the event that the applicable Travel Warning is removed for the Destination Country or Affected Area, coverage for an Illness or Injury incurred during the Period of Coverage after the Travel Warning is removed, which was caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster will be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

Notwithstanding the above provisions of this section PUBLIC HEALTH EMERGENCY, COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

**X. REMOTE TRANSPORTATION**:

**(1)** Subject to the Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the CONDITIONS AND RESTRICTIONS subparagraph below, the Company will reimburse the Insured Person for the following expenses incurred by the Insured Person arising out of or in connection with a Remote Transportation expenses occurring while this Certificate is in effect:

(a) direct costs and other reasonable and customary expenses arising out of travel to the nearest Qualified Facility where the Insured Person will receive Treatment

(b) accommodation Charges with respect to the Insured Person's transportation to the Qualified Facility.

**(2) CONDITIONS AND RESTRICTIONS**: To be eligible for coverage for Remote Transportation benefits the Insured Person must be in compliance with all Terms of this insurance. The Company will provide Remote Transportation benefits only when the condition, Illness, Injury or occurrence giving rise to the Remote Transportation is covered under the Terms of this insurance. The Company will provide Remote Transportation benefits only when all of the following conditions are met:

(a) if, after the Insured Person receives the first Treatment required to stabilize or diagnose the medical situation in a Hospital or a clinic, the Insured Person's condition is still considered to be:

(i) life-threatening by the Treating Physician

(ii) a critical medical situation which is not necessarily immediately life-threatening, but is severe enough to result in death or a permanent disability if not treated right away

(iii) a critical medical situation for which no official diagnosis can be obtained at the current Facility

(b) Remote Transportation is recommended by the attending Physician who certifies to the matters in subparagraphs (2)(a)(i) thru (iii), above

(c) Remote Transportation is agreed to by the Insured Person or a Relative of the Insured Person

(d) Remote Transportation is approved in advance by the Company

(e) the severity of the critical medical situation, the absence of a Qualified Facility, and the necessity of the Remote Transportation must be confirmed by both the local Treating Physician and the Company.

**Y. RETURN OF MINOR CHILDREN**: Subject to the Terms of this insurance, in the event the Insured Person is Hospitalized for a covered Injury or Illness as an Inpatient or dies during the Period of Coverage and at the time of such Hospitalization the Insured Person was traveling alone with a Child, the Company will reimburse the Insured Person up to the amount shown in the BENEFIT SUMMARY for the cost of a one-way economy commercial airline ticket to return the Child to their Country of Residence, including such economy commercial airline ticket cost for a chaperone if necessary and required by the airline for the safety of the Child, subject to the following conditions and limitations:

**(1)** the Insured Person must be outside the Country of Residence at the time of the Hospitalization as an Inpatient

**(2)** the return of the Child must occur during the Insured Person's Hospitalization

**(3)** reimbursable costs are only for a one-way economy commercial airline ticket from the airport nearest to the Child at the time of the Insured Person's Hospitalization to the airport within the Child's Country of Residence

**(4)** all travel and transportation arrangements for the Child must be approved in advance by the Company in order to be eligible for coverage under this insurance

**(5)** the Company will deduct from the return transportation benefits payable hereunder the value, if any, of the unused commercial airline return ticket(s) possessed by or for the benefit of the Child at the time of the Insured Person's Hospitalization. The Insured Person and/or the Child must first attempt to receive credit for or deduct toward the costs of the return trip.

The Company will not provide any benefits, reimbursements or coverages for any costs or expenses incurred by the Insured Person and/or by the Child for a return trip, if any, to the original location of the Child at the time of the Hospitalization.

**Z. RETURN OF MORTAL REMAINS**: In the event of the death of the Insured Person during the Period of Coverage as a result of an Illness or Injury covered under this insurance while the Insured Person is outside of their Country of Residence, the Company will reimburse the authorized personal representative or the estate of the Insured Person up to the amount shown in the BENEFIT SUMMARY for the costs and expenses incurred to return the Insured Person's Mortal Remains to their Country of Residence and thereafter to the place of burial or other final disposition (but not including any costs of burial

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or other disposition); provided, however, that the Company must approve all costs and expenses related to the return of the Insured Person's Mortal Remains in advance as a condition to the availability of this benefit; or up to the amount shown in the BENEFIT SUMMARY for preparation, local burial or cremation of the Insured Person's Mortal Remains at the place of death in accordance with the commonly accepted cultural and religious beliefs practiced by the Insured Person. Coverage is not provided for burial and cremation costs incurred for religious practitioners, flowers, music, food or beverages.

**AA.** **RETURN TRAVEL**: Subject to the Terms of this insurance and in the event of the Unexpected death of a Relative of the Insured Person, or in the event the Insured Person's trip or travel plans must be cancelled or interrupted as a result of a break-in or substantial destruction due to a fire or Natural Disaster of the Insured Person's principal residence in their Country of Residence, the Company will reimburse the Insured Person's actual expense up to the amount shown in the BENEFIT SUMMARY for the costs of a one-way commercial airline or ground transportation ticket of the same class as the unused travel ticket to transport the Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to (1) the location of the Relative's funeral or place of burial, or (2) the Insured Person's destroyed principal residence; subject to the following conditions and limitations:

**(1)** the Insured Person must be outside of their Country of Residence at the time of the Unexpected death of the Relative or the substantial destruction of the principal residence

**(2)** the Unexpected death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage and was not caused by, due to, or a result of negligence or willful misconduct by the Insured Person

**(3)** the Company will deduct from any Return Travel benefits payable hereunder the value of any unused return tickets held by the Insured Person at the time of the event. The Insured Person must promptly undertake all necessary actions to apply for and receive credit for any unused tickets.

The Company will not provide any benefits, reimbursements or coverages for any of the costs or expenses incurred by the Insured Person for a return trip, if any, to the location of the Insured Person at the time of learning of such death or destruction.

**BB.** **SMALL PET COMMON AIR CARRIER ACCIDENTAL DEATH BENEFIT**: Subject to the Terms of this insurance, in the event of the Unexpected death of a pet cat or dog, up to thirty (30) pounds in weight, travelling with a covered Insured Person on a common air carrier, the Company will pay to the Insured Person up to the amount shown in the BENEFIT SUMMARY. This benefit applies only to the Insured Person's originating flight from his Country of Residence and returning flight to his Country of Residence, and the pet must be checked in with the air carrier, whether traveling in the airplane cabin with the Insured Person or in the cargo/baggage area of the airplane.

**CC.** **SUPPLEMENTAL ACCIDENT BENEFIT**: In the event of an Accident which gives rise to benefits covered under the Terms of this insurance, as a supplemental benefit the Company will also reimburse the Insured Person up to the amount shown in the BENEFIT SUMMARY related to the Treatment of an Injury resulting from such Accident, before applying any Deductible.

**DD.** **EXCLUSIONS**: Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

**(1)** **ECONOMIC SANCTIONS**: The Company will not cover any person as an Insured Person if such cover would result in the Company 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 the United States of America.

**(2)** **WAR; MILITARY ACTION**: The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:

(a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war

(b) mutiny, riot, strike, military or popular uprising, insurrection, insurgency, rebellion, revolution, military or usurped power

(c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type

(d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege

(e) any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).

Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and

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considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.

**(3)** **TERRORISM**: The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:

(a) the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism

(b) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country

(c) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.

**(4)** **PRE-EXISTING CONDITIONS**: Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance except and unless the Charges resulted directly from an Acute Onset of Pre-existing Condition, in which case the Charges will be covered only according to the Terms of the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision.

**(5)** **MATERNITY AND NEWBORN CARE**: Charges for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns are excluded from this insurance.

**(6)** **MENTAL OR NERVOUS DISORDERS**: Charges for Treatment of Mental or Nervous Disorders are excluded from coverage under this insurance.

**(7)** **PREVENTATIVE CARE**: Charges for Routine Physical Examinations and Immunizations are excluded from coverage under this insurance.

**(8)** Charges for any Treatment or supplies that are:

(a) not incurred, obtained or received by an Insured Person during the Period of Coverage

(b) not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred

(c) not administered or ordered by a Physician

(d) not Medically Necessary for the diagnosis, care or Treatment of the physical condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician

(e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable

(f) in excess of Usual, Reasonable and Customary

(g) related to Hospice Care

(h) incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of their HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions

(i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician

(j) performed or provided by a Relative of the Insured Person

(k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision

(l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home

(m) required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance

(n) for Congenital Disorders and conditions arising out of or resulting therefrom

**(9)** Charges incurred for failure to keep a scheduled appointment

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**(10)** Charges incurred due to fluctuations in exchange rates or for any bank charges the Insured Person incurs when a check, bank transfer, or payment is received from the Company

**(11)** Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental and for research purposes

**(12)** Charges incurred related to Genetic Medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by Genetic Medicine or genetic testing, including, but not limited to amniocentesis, drugs, recombinant adeno-associated virus vector-based gene therapy, and other Medication Treatments associated with diagnoses related to genetic testing and discovery, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy

**(13)** Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing

**(14)** Charges incurred for Custodial Care

**(15)** Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy

**(16)** Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling

**(17)** Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)

**(18)** Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance

**(19)** Elective Surgery or Treatment of any kind

**(20)** Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy; reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion

**(21)** Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction

**(22)** any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority, including but not limited to the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee

**(23)** any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; and windsurfing

**(24)** any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; big game hunting; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering or trekking above elevation of 4500 meters; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 40 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying

**(25)** any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas

**(26)** any Illness or Injury sustained while taking part in backcountry skiing

**(27)** any Illness or Injury sustained while taking part in skiing off-piste

**(28)** any Illness or Injury sustained while taking part in Collision Sports

**(29)** any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities

**(30)** any Illness or Injury sustained while 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

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**(31)** any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider

**(32)** any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse

**(33)** any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include 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

**(34)** any willfully Self-inflicted Injury or Illness

**(35)** any sexually transmitted or venereal disease

**(36)** any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS-related Illnesses, ARC Syndrome, AIDS

**(37)** any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations

**(38)** any Substance Abuse

**(39)** biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy

**(40)** orthoptics, visual therapy or visual eye training

**(41)** any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in 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; except as otherwise expressly set forth

**(42)** hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician

**(43)** any sleep disorder, including without limitation sleep apnea

**(44)** any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician

**(45)** any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)

**(46)** any organ or tissue or other transplant or related services, Treatment or supplies

**(47)** any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status

**(48)** any efforts to keep a donor alive for a transplant procedure

**(49)** any Illness or Injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance

This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.

**(50)** Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason, except as otherwise expressly provided for hereunder

**(51)** Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism

**(52)** Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints

**(53)** Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance

**(54)** Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance

**(55)** Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration (FDA) or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician

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**(56)** any Treatment for an Illness or Injury requiring an unapproved U.S. Food and Drug Administration (FDA) medical product, services, Surgery, Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device when an Emergency Use Authorization (EUA) is in place issued by the U.S. Food and Drug Administration (FDA)

**(57)** Charges incurred at a Hospital or Facility when the Insured Person checks themself out Against Medical Advice of their Physician and leaves before reaching a Medically Necessary specified endpoint of Treatment

**(58)** Charges incurred for the Worsening of an Illness or Injury after the Insured Person left a Hospital or Facility Against Medical Advice or was a Discharge Against Medical Advice

**(59)** any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other Illness directly or indirectly arising therefrom, that occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Insured Person in a Hospital as an Inpatient

**(60)** Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies

**(61)** Charges or expenses incurred if it was later determined that the Insured Person was advised in writing by a Physician that they were not medically fit to travel at the time coverage under this insurance was purchased

**(62)** Charges incurred for Dental Treatment, except as specifically provided for hereunder

**(63)** Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies

**(64)** Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and Treated in a dental office

**(65)** Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays

**(66)** Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law

**(67)** Charges incurred for massage therapy

**(68)** Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

(a) bodily or mental infirmity, Illness or disease

(b) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

**EE. DEFINITIONS**: Certain words and phrases used in this Certificate are defined below. Other words and phrases may be defined elsewhere in this Certificate, 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.

**Acute Onset of Pre-existing Condition**: A sudden and Unexpected outbreak or reoccurrence that is of short duration, is rapidly progressive, and requires urgent medical care. A Pre-existing Condition that is chronic or congenital, or that gradually becomes worse over time is not an Acute Onset of Pre-existing Condition. An Acute Onset of Pre-existing Condition does not include any condition for which, as of the Effective date, the Insured Person (i) knew or reasonably foresaw he/she would receive, (ii) knew he/she should receive, (iii) had scheduled, or (iv) were told that he/she must or should receive, any medical care, drugs or Treatment.

**Adventure Sports**: Activities undertaken for the purposes of recreation, an unusual experience or excitement. These activities are typically undertaken outdoors and involve a medium degree of risk.

**Affected Area(s)**: Any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an Epidemic, Pandemic or other disease outbreak, or Natural Disaster.

**Against Medical Advice; Discharge Against Medical Advice**: Against Medical Advice, or AMA, sometimes known as DAMA, Discharge Against Medical Advice, is a term used with a patient who checks themself out of a Hospital against the advice of their Treating Physician.

**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 does not include athletic activities that are non-organized, non-Collision, and engaged in by the Insured Person solely for recreational, entertainment or fitness purposes.

**Ancillary Services**: All Hospital services for a patient other than room and board and professional services. Laboratory tests and Radiology are examples of Ancillary Services.

**Application**: The fully answered and signed individual or Family Application/enrollment form submitted by or on behalf of the Insured Person for acceptance into, renewal of coverage under this insurance plan, which Application shall be incorporated in and become part of the Master Policy and this Certificate and the insurance contract. Any insurance

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agent/broker or other person or entity assigned to, soliciting, or assisting with the Application is the agent and representative of the applicant/Insured Person and is not and shall not be deemed or considered as an agent or representative for or on behalf of the Company or the Plan Administrator.

**ARC**: AIDS-related complex, as that term is defined by the United States Centers for Disease Control.

**Assured**: The Global Medical Services Group Insurance Trust, c/o RBB Financial LLC, 6368 Oxbow Way, Indianapolis, IN, 46220.

**Authorization for Release of Medical Information**: A written authorization by the Insured Person for health providers to release medical records and information regarding their past and current Treatment.

**Certificate; Certificate of Insurance**: This document as issued to the Insured Person, that describes and provides an outline and evidence of eligible coverages and benefits payable to or for the benefit of the Insured Person under the insurance contract, which includes the Master Policy, Application, Declaration and any Riders.

**Charges**: Any cost, fee or tax incurred for Eligible Medical Expenses incurred in the Treatment of an Injury or Illness.

**Checked Luggage**: The Insured Person's Luggage placed in possession of the Common Carrier during travel in exchange for a receipt for the Luggage.

**Child; Children**: An Insured Person who is at least fourteen (14) days old but less than nineteen (19) years of age.

**Class VI**: A section of a river, stream or other waterway or watercourse where the current moves with enough speed or force to meet, but not to exceed, the qualifications of Class VI as determined by the International Scale of River Difficulty or as commonly published by a local authority or government agency.

**Coinsurance**: The payment by or obligations of the Insured Person for payment of ELIGIBLE MEDICAL EXPENSES at the percentage specified in the BENEFIT SUMMARY contained herein and not including any applicable Deductible.

**Collision Sports**: A sport in which the participants purposely hit or collide with each other or inanimate objects, including the ground, with great force and limited to the following (or other similar style) sports: American football, boxing, ice hockey, lacrosse, full contact martial arts, rodeo, rugby and wrestling.

**Common Carrier**: A company or organization that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or water for compensation, offering its scheduled services to the public generally, and is licensed by a recognized and approved government authority to transport fare-paying passengers. The term Common Carrier does not include taxi, motorcar, motorcycle, or limousine services, or transportation by animal or human means (for example, by horse, camel, elephant or rickshaw).

**Company**: The Company, as referred to in the Master Policy and this Certificate, is SiriusPoint Specialty Insurance Corporation, located at One World Trade Center, 47th Floor, New York, NY 10007. 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**: Any abnormality, deformity, disease, Illness, Injury or medical condition present at birth, whether diagnosed or not.

**Convalescent**: Treatment, services and supplies provided to aid in the recovery of a patient to reach a degree of body functioning to permit self-care in essential daily activities.

**Copayment**: The amount the Insured Person is responsible to pay for each Urgent Care or Walk-in Clinic visit.

**Country of Residence**: The Country of Residence is the country in which the Insured Person maintains their current primary residence or usual place of abode and any country to which the Insured Person pays income taxes based upon employment in that country. In the event there is more than one Country of Residence under the above-listed criteria, the Country of Residence is the country meeting the above-listed criteria and listed by the Insured Person as their Country of Residence on the Application.

**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.

**Declaration**: The Declaration of Insurance issued by the Plan Administrator for and on behalf of the Company to the Insured Person contemporaneously with this Certificate (and/or upon renewal hereof) evidencing the Insured Person's insurance coverage under the Master Policy as evidenced by this Certificate.

**Deductible**: The dollar amount, as selected on the Application and specified in the Declaration, that the Insured Person must pay of ELIGIBLE MEDICAL EXPENSES per Period of Coverage prior to receiving benefits or coverage under this insurance, and not including any applicable Coinsurance.

**Dental Provider; Dentist**: A person duly licensed to practice dentistry in the state or country in which the dental service is rendered.

**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.

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**Destination Country**: All the geographical areas that the Insured Person is traveling to or within other than the primary place of residence declared on the application as the Country of Residence.

**Disabled**: A person who has a congenital or acquired mental or physical defect that interferes with normal functioning of the body system or the ability to be self-sufficient.

**Durable Medical Equipment (DME)**: 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 job training, counseling, vocational or occupational therapy, and speech therapy.

**Effective Date; Effective Date of Coverage**: The later of (a) the date of coverage for the Insured Person as indicated on the Declaration or (b) the date that the Insured Person departs their Country of Residence.

**Elective**: Any Treatment or Surgery that is elected by the Insured Person, a Physician or a medical provider, that is scheduled in advance, is not urgent, and does not involve a medical Emergency.

**Emergency**: 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, based upon a reasonable medical certainty. Immediate medical intervention and attention is required as a result of a severe, life-threatening or potentially disabling condition.

**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 following the recommendation by the attending Physician who certifies, to a reasonable medical certainty, that the Insured Person has experienced:

(a) 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

(b) where Medically Necessary Treatment cannot be provided locally, either in the Facility of the attending Physician or another local Facility.

**Emergency Use Authorization (EUA)**: A temporary authorization issued by the U.S. Food and Drug Administration (FDA) to allow the use of unapproved medical product, service, a Surgery or Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device; or by allowing an otherwise unapproved use or application of an approved medical product, service, Surgery or Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device.

**Epidemic**: The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

**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 by the U.S. Food and Drug Administration (FDA); new drug procedure or service combinations; and/or alternative therapies which are not generally accepted standards of current medical practice.

**Extended Care Facility**: An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation Facility by the state or country in which it operates; and is regularly engaged in providing twenty-four (24) hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active Treatment of an Illness or Injury. Extended Care Facility does not include a Facility primarily for rest, the aged, Substance Abuse, Custodial Care, nursing care, or for care of Mental or Nervous Disorders or the mentally incompetent.

**Extreme Sports**: Recreational activities involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and/or highly specialized gear and often carry the potential risk of serious or permanent physical Injury and even death.

**Facility**: Licensed health care entity such as a Hospital, clinic, rehabilitation, and/or Extended Care Facility.

**Family**: An Insured Person, their Spouse, any Child or Children, and any Grandchild or Grandchildren who are covered as an Insured Person under this insurance plan.

**Genetic Medicine**: The study of the etiology, pathogenesis, and natural history of diseases and disorders that are fully or partially genetic in origin and the application of genetics to medicine or to medical practice, including the prevention, screening, diagnosis, surveillance, and Treatment of these diseases.

**Global Travel Warning**: A published statement, warning or advisory, including any website document, issued by the United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Country of Residence or Destination Country, warning that any global travel (travel anywhere) poses serious risks to health, safety and security or

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exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State global advisories or global warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC global advisories or global warnings Level "3 – avoid nonessential travel" or any higher level. When multiple government or non-governmental agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the Insured Person's Country of Residence or Destination Country will be considered for coverage under this insurance. For the avoidance of doubt, a Global Travel Warning covers all Affected Areas, including the United States of America and all of its territories.

**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.

**Grandchild; Grandchildren**: An Insured Person who is at least fourteen (14) days old but less than nineteen (19) years of age.

**Habitual Residence; Habitual Residency**: The country in which the Insured Person resides or usual place of abode and any country to which the Insured Person pays income taxes based upon employment in that country at time of purchase. In the event there is more than one Country of Residence under the above-listed criteria, the Country of Residence is the country meeting the above-listed criteria and listed by the Insured Person as their Country of Residence on the Application.

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

**HIV +**: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

**Home Health Care Agency**: A public or private agency or one of its subdivisions, which operates pursuant to law; and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation and Treatment prescribed by a Physician.

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

**Hospice; Hospice Care**: Care provided in an Inpatient Facility or at a patient's home. Hospice Care must be certified by a Physician and life expectancy is six (6) months or less.

**Hospital**: An institution which operates as a Hospital pursuant to law; is licensed by the state or country in which it operates; operates primarily for the reception, care, and Treatment of sick or injured persons as Inpatient; provides twenty-four (24) hour nursing service by Registered Nurses on duty or call; has a staff of one (1) or more Physicians available at all times; provides organized Facilities and equipment for diagnosis and Treatment of acute medical or surgical conditions or Mental or Nervous Disorders on its premises; and is not primarily a long-term care Facility, Extended Care Facility, nursing, rest, Custodial Care, convalescent home, place for the aged, drug addicts or abusers, alcoholics or runaways, or similar establishment.

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

**Illness**: A sickness, disorder, illness, pathology, 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 learning disabilities, or attitudinal disorders or disciplinary problems. 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 a single Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**IMG Claim Form**: A form which allows the Insured Person to request reimbursement or direct payment for medical services obtained.

**Imminent Bodily Harm**: The existence of any condition or circumstance that cannot be avoided through reasonable precautionary measures and could be expected to cause death or serious physical harm to the Insured Person if the Insured Person were to remain in the affected area where the Natural Disaster event has occurred.

**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.

**Initial Effective Date**: The date the Insured Person originally obtains coverage under this insurance plan and maintains continuous unbroken coverage thereafter.

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

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Inpatient, and formally admitted as an Inpatient with the expectation that person will occupy a bed and (a) remain at least overnight or (b) 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.

**Intensive Care Unit**: An area or unit of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units.

**Interfacility Ambulance Transfer**: Movement of the patient locally within the United States from one licensed health care Facility to another licensed health care Facility via air or land ambulance (examples: Hospital to Hospital, clinic to Hospital, Hospital to Extended Care Facility). The Interfacility Ambulance Transfer must be Medically Necessary and Pre-certified in advance to be an Eligible Medical Expense.

**Investigational**: Any Treatment that includes drugs, procedures, or services that are still in the clinical stages of evaluation and not yet approved for use by the U.S. Food and Drug Administration (FDA) including an Emergency Use Authorization by the FDA.

**Local Ambulance Transport; Local Ambulance Expense**: Transportation and accompanying Treatment provided by designated, licensed, qualified, professional emergency personnel from the location of an Accident, Injury or acute Illness to a Hospital or other appropriate health care Facility.

**Luggage**: Bags, cases, and containers that hold clothing, personal items and toiletries while the Insured Person is traveling.

**Master Policy**: The applicable Master Policy issued by the Company to the Assured, and under which insurance coverage and benefits are provided by the Company to the Insured Person, subject to the Terms thereof, and as outlined and evidenced by this Certificate 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.

**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 their 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; 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 Disorders does not include Substance Abuse.

**Mortal Remains**: The bodily remains or ashes of an 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.

**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.

**Pandemic**: A global outbreak of a disease.

**Period of Coverage**: The period beginning on the Effective Date of Coverage of this Certificate and ending on the earliest of the following dates:

(a) the termination date specified in the Declaration; or

(b) the termination date as determined in accordance with the CONDITIONS AND GENERAL PROVISIONS, TERMINATION OF COVERAGE FOR INSURED PERSONS provision.

The Period of Coverage can be no less than five (5) days and no more than twelve (12) consecutive months.

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**Physician**: A duly educated, trained and licensed practitioner of the medical arts. 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.

**Plan Administrator**: The Plan Administrator for this insurance is International Medical Group®, Inc., 9200 Keystone Crossing, Suite 800 Indianapolis, IN 46240, Telephone Number +1.317.655.4500, or +1.800.628.4664, Fax Number +1.317.655.4505, Website: http://www.imglobal.com, Email: insurance@imglobal.com. As the Plan Administrator, International Medical Group, Inc., acts solely as the disclosed and authorized agent and representative for and on behalf of the Company, and does not have, and shall not be deemed, considered or alleged to have any, direct, indirect, joint, several, separate, individual, or independent liability, responsibility or obligation of any kind under the Master Policy, the Declaration, any Riders or this Certificate to the Insured Person or to any other person or entity, including without limitation to any Physician, Hospital, Extended Care Facility, Home Health Care Agency, or any other health care or medical service provider or supplier.

**Pre-certification; Pre-certify**: A general determination of Medical Necessity only, made by the Company 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-certification is not an assurance, authorization, pre-authorization or verification of coverage, a verification of benefits, or a guarantee of payment.

**Pre-existing Condition**: Any Injury, Illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the three (3) years prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

**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 fetus develops to birth.

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

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

**Proof of Claim**: Duly completed and signed claim form, authorization to release medical information, Physician, Hospital and other healthcare provider's statement detailing the cost and services rendered and proof of payment for services rendered. Refer to the PROOF OF CLAIM provision for further details.

**Public Health Emergency of International Concern**: A formal declaration by the World Health Organization (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, Epidemic, Pandemic and potentially requires a coordinated international response.

**Qualified Facility**: A medical Facility that can perform the needed procedure or Treatment.

**Radiology**: Specialty services that use medical imaging to diagnose and Treat an Illness or Injury seen within the body. Imaging techniques used in Radiology include x-ray, radiography, ultrasound, computed tomography (CT), nuclear medicine, including positron emission tomography (PET), and magnetic resonance imaging (MRI).

**Reasonable and Customary**: A typical and reasonable amount of reimbursement for similar services in the geographic area in which the Charges are incurred for services related to the necessary notification of the identity theft, such as filing and/or notarizing legal documents, notifying credit reporting agencies, long distance telephone calls and/or postage for mailing documentation.

**Registered Nurse**: A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after their name.

**Relative**: A parent, legal guardian, Spouse, son, daughter, Grandchild, or immediate Family member of the Insured Person.

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

**Routine Physical Examination**: 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 their personal Injury or Illness. Self-inflicted specifically includes failure of an Insured Person to follow their doctor's orders, complete prescriptions as directed, or follow any health care protocol or procedures designed to return or maintain their health.

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

**Stacked Insurance**: Purchasing the same or like insurance product through the Company, for the same area of coverage, for the same or similar coverage period, and for the same coverage intent to increase a claims payout.

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

**Superbill**: An itemized list of all services provided to the Insured Person by a Physician or medical provider.

**Surgery; 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.

**Teleconsultation**: Treatment of an Illness or Injury involving the Insured Person and a Physician at different locations, and who are connected by video, audio and computers.

**Telehealth**: The distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.

**Terms**: All Terms, provisions, conditions, definitions, Deductibles, Coinsurance, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications and/or exclusions that bind the Insured Person as set forth in the Master Policy, Application and any Riders.

**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 or international organization to do or to abstain from doing an act.

**Traumatic Dental Injury**: An injury that includes:

(a) Trauma involving the face, skull, neck and/or jaws which resulted in loss of teeth or a serious dental Injury; and

(b) Injury requiring evaluation and Treatment in a Hospital Emergency room or a Hospital confinement setting.

**Travel Warning; Emergency Travel Advisory**: A published statement, warning or advisory, including any website document, issued by the United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Country of Residence or Destination Country, warning that travel to Affected Areas poses serious risks to health, safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level. When multiple government or non-governmental agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the Insured Person's Country of Residence or Destination Country will be considered for coverage under this insurance. For the avoidance of doubt, a Travel Warning covers all specified Affected Areas, including the United States of America as applicable.

**Treated; Treating; Treatment**: Any and all services and procedures rendered in the management and/or care of a patient for the purpose of identifying, diagnosing, treating, curing, preventing, controlling and/or combating any Illness or Injury, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic testing or evaluation of any kind, pharmacotherapy or other medication, and/or Surgery.

**Treating Physician**: A Physician providing Treatment to an Insured Person.

**Unexpected**: Sudden, unintentional, not expected and unforeseen.

**Uninhabitable**: The Insured Person's location within the Destination Country is deemed unfit for residence, as determined by the Company and local authorities within the Destination Country, due to lack of habitable shelter, food, heat and/or potable water available within one hundred (100) miles of the disaster site.

**Universal Billing Form**: UB 04 and CMS 1500 forms, which are standard and uniform forms in the healthcare industry to submit insurance claims to Medicare or other health insurance companies for reimbursement.

**Urgent Care Clinic**: A standalone Facility or a Facility located inside a Hospital that staffs Physicians, nurse practitioners (NP) or physician assistants (PA). Urgent Care Clinics provide medical services that are not life-threatening Injuries or Illnesses. Urgent Care Facilities have onsite x-ray equipment and provide Treatment for more severe urgent care services such as broken bones, burns and other non-emergent conditions that Walk-in Clinics are unable to treat.

**Usual, Reasonable and Customary**: 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

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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.

**Virtual Physician Visit**: A live consultation conducted over the internet or phone between Physician and the Insured Person.

**Walk-in Clinic**: A medical Facility that provides medical services for a minor Injury or Illness. The clinics are often found in or near retail establishments or pharmacies. The staff providing medical services are nurse practitioners and physician assistants.

**Worsening**: Deterioration of an Insured Person's medical condition, symptoms or diagnosis that may lead to further complications following a Discharge Against Medical Advice or an increased likelihood or need for readmission.

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## Certificate of Insurance

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*Plan Underwritten by:*

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