



Read all Materials Carefully and Enroll Today

YOU MUST SELECT ONE OF THE 2 PLANS OFFERED

Plan A Coverage Date - September 1, 2019 to March 31, 2020 MANDATORY COVERAGE

Plan B Coverage Date - September 1, 2019 to June 15, 2020 Full School Year Coverage



Medical Maximum per Policy**:	\$150,000
Deductible per Policy Period:	\$1,500
Co-insurance per Policy Period:	80/20 – \$5,000 of Covered Expenses then 100% up to the policy maximum
Medical Expense Benefits (subject to Policy Maximum, Deductible and Co-Insurance)	
Acute Onset of Pre-Existing Condition(s) per Policy Period Subject to the sub limits for each benefit listed	For ages up to and including 69 the limit is up to the Medical Policy Maximum purchased per Period of Coverage except for any coverage related to cardiac disease or conditions, which will be limited to \$25,000 up to and including age 69 and \$15,000 for ages 70 and above. Upon attaining ages 70-79 Acute Onset benefits will be reduced to a Maximum of \$35,000, upon attaining age 80 Acute Onset benefits will be reduced to a Maximum of \$15,000 with a Maximum Lifetime Limit for Emergency Medical Evacuation of \$25,000. Provides coverage for an Acute Onset of a Pre-existing Condition. Any repeat/ reoccurrence within the same policy period will no longer be considered Acute Onset of a Pre-Existing Condition and will not be eligible for additional coverage. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. This benefit covers only ONE (1) Acute Onset episode of a Pre-Existing condition. Sudden and Acute Onset of a Pre- Existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.
Hospital Room and Board Charges:	The average semi private room rate
ICU Room and Board Charges:	Three times the average semi private room rate
Outpatient Medical:	Usual customary charge to the selected Medical Maximum
Medical Emergency Care Expenses:	Maximum within a) 24 hours Acute Onset of Pre-Existing Condition or b) 72 hours of newly diagnosed sickness or injury. These expenses include the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
X-rays, Prescriptions, Ambulance:	Usual customary charge to the selected Medical Maximum

MRI and CT Scan:	\$5,000 combined maximum per incident per Policy Period
Doctor Visits:	\$50 Co-Pay for the First Two Visits* All additional visits are covered as UCC
Emergency Room Illness with no direct Hospital Admission	\$200 additional deductible per visit - Only applies when receiving care in an emergency room for an illness that does not result in a hospital admittance.
Emergency Room Injury/Accident or Illness with direct Hospital Admission	Usual customary charge to the selected Medical Maximum
Emergency Medical Treatment of Pregnancy:	\$1,000 per Policy Period
Mental or Nervous Disorders:	\$2,500 per Policy Period
Physiotherapy/Physical Medicine/Chiropractic:	\$50 per visit per day; up to 10 visits per Policy Period
Dental Treatment:	\$250 per Policy Period (Injury and emergency alleviation of pain)
Additional Benefits	
*Emergency Medical Evacuation:	100% up to \$2,000,000
*Political/Natural Disaster Evacuation:	\$25,000
*Repatriation of Remains:	100% up to \$50,000
Local Burial/Cremation:	\$5,000 Maximum Limit per person for preparation, local burial or cremation of the Insured Person's mortal remains at the time of death. Must be approved in advance and coordinated by GBG Assist.
*Emergency Reunion:	\$15,000
*Return of Minor Child(ren) or Travel Companion:	\$5,000
*Trip Interruption:	\$5,000 per Policy Period (does not cover lost trip cost)
*Basic Lost Baggage:	\$1,000 per Policy Period
*Accidental Death & Dismemberment Principal Sum:	\$25,000
*Coma Benefit:	\$10,000
*Felony Assault and Violent Crime:	100% up to \$50,000
*Adaptive Home and Vehicle:	\$5,000
*Seatbelt Benefit:	10% up to \$50,000
*Airbag Benefit:	10% up to \$50,000
*Hijacking and Air or Water Piracy:	Covered
Benefit Period:	90 days from the date of the Covered Accident or Sickness

* Not subject to the Medical Deductible

****Fighting on or off the Ice: No Claim will be payable as a result of any type of fighting.**

ELIGIBILITY

This plan provides coverage to non-US Citizens who reside outside the USA and are traveling outside of their Home Country while Visiting the United States or to the United States and Worldwide. This plan is not available to green card holders in the USA. This plan is not available to anyone age 90 or above.

EFFECTIVE DATE - September 1, 2019 or later

An Eligible Person will be insured on the latest of the following dates: 1. your departure from your Home Country or Country of Residence; or 2. the date and time your completed enrollment form and correct premium are received; or 3. the effective date requested and shown on the certificate.

TERMINATION DATE - March 31, 2020 or June 15, 2020

Coverage will end on the earliest of the date: 1. Your permanent return to your Home Country (unless you have started a Benefit Period); or 2. the termination date shown on the certificate for which premium has been paid; or 3. the date the maximum benefit has been paid.

CANCELLATION AND REFUND PROCEDURE PROVISIONS

Full cancellation and refund will only be considered if written request is received by Us prior to the Effective Date of the coverage.

EXCESS INSURANCE

The coverage provided in this plan shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. **In the event no other insurance exists this coverage becomes primary.** The Insurance Company reserves the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Insured Person.

PRE-EXISTING CONDITION DEFINITION **Please read carefully**

“Pre-Existing Condition” means 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 36 months 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. This specifically includes but is not limited to any medical condition, Sickness, Injury , Illness, disease, Mental Illness or Mental Nervous Disorder, for which medical advice, diagnosis, care or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 36 month period immediately preceding the Effective Date of Coverage under this Certificate. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or Treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset.

DESCRIPTION OF BENEFITS

Covered Medical Expenses Benefit - If a covered Injury or Illness occurs during the Policy Period and you require medical or surgical treatment; this plan will pay, subject to the selected deductible, applicable co-insurance and benefit maximums, the following Covered Expenses, up to the selected policy maximum. The first charges must be incurred within 90 days after the date of the Covered Accident or Sickness or the treatment must occur within 24 hours of the Acute Onset of a Pre-Existing Condition. No benefits will be paid for any expenses incurred which are in excess of Usual and Customary Charges.

1. Hospital Room and Board Expenses: the average daily rate for a semi private room when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines when Hospital Confined. This does not include personal services of a non-medical nature.
3. Daily Intensive Care Unit Expenses: three times the average semi private room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Medical Emergency Care Expenses incurred within: a) 24 hours of Acute Onset of a Pre-Existing Condition or b) 72 hours of a newly diagnosed Injury or Sickness. These expenses include the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
5. Doctor Non-Surgical Treatment and Examination Expenses including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor. The first two Doctor Visits have a \$50 each Co-Pay.
6. Doctor's Surgical Expenses.
7. Assistant Surgeon Expenses when Medically Necessary.
8. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
9. Physiotherapy Physical Medicine/Chiropractic Expenses on an inpatient or outpatient basis including treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy and limited to \$50 per visit, one visit per day and 10 visits per Policy Period.
10. X-ray Expenses (including reading charges). MRI and CT Scans are limited to \$5,000 combined per incident per Policy Period.
11. Dental Expenses up to \$250 due to Accidents or emergency alleviation of pain including dental x-rays for the repair or treatment of each tooth that is whole, sound and a natural tooth at the time of the Accident or emergency alleviation of dental pain.
12. Ambulance Expenses for transportation from the emergency site to the Hospital.
13. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor.
14. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
15. Emergency medical treatment of pregnancy up to \$1,000 per Policy Period.
16. Mental or nervous disorders or rest cures up to \$2,500 per Policy Period.
17. Emergency Room Illness with no direct Hospital Admission - \$200 additional deductible per visit. Only applies when receiving care in an emergency room for an Illness that does not result in a hospital admittance.
18. Emergency Room Injury/Accident or Illness with direct Hospital Admission - Usual customary charge to the selected Medical Maximum.
19. Cardiac Conditions/Treatment up to \$25,000 for ages up to 69 or \$15,000 for ages 70 and over per Policy Period.

ACUTE ONSET OF PRE-EXISTING CONDITION

For ages up to and including 69 the limit is up to the Medical Policy Maximum purchased per Period of Coverage except for any coverage related to cardiac disease or conditions, which will be limited to \$25,000 up to and including age 69 and \$15,000 for ages 70 and above. Upon attaining ages 70-79 Acute Onset benefits will be reduced to a Maximum of \$35,000, upon attaining age 80 Acute Onset benefits will be reduced to a Maximum of \$15,000 with a \$25,000 Maximum Lifetime Limit for Emergency Medical Evacuation. Provides coverage for an Acute Onset of a Pre-Existing Condition. Any repeat/reoccurrence within the same policy period will no longer be considered Acute Onset of a Pre-Existing Condition and will not be eligible for additional coverage. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. This benefit covers only ONE (1) Acute Onset episode of a Pre-Existing condition. Sudden and Acute Onset of a Pre- Existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.

EMERGENCY MEDICAL EVACUATION BENEFIT

We will pay 100% up to \$2,000,000 if you are traveling outside of your Home Country and suffer an Injury or Sickness during the course of the Trip which requires Emergency Medical Evacuation from the place where you suffer an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or transportation to your Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. If after hospitalization or treatment for a covered Injury or Sickness, you are unable to continue your journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or your habitual Doctor, will organize your return to your Home Country. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to you during the return journey. If Our designated assistance provider and the local attending medical practitioner consider you stable enough to be medically repatriated, without endangering your health, and you refuse repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless: 1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Injury or Sickness requires an Emergency Medical Evacuation; 2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4. do not include charges that would not have been made if there were no insurance.

POLITICAL/NATURAL DISASTER EVACUATION BENEFIT

Up to \$25,000 maximum for extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. You are covered if an Occurrence takes place while coverage is in effect; and while you are traveling outside of your Home Country or country of residence. Benefits will be paid for: 1. your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2. your Transportation and Related Costs within 14 days of the Political Evacuation to either to the country in which you are traveling while covered by the Policy; or your Home Country; or 3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if you are kidnapped or are reported as a Missing Person to local or international authorities. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transportation services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from you.

REPATRIATION OF REMAINS BENEFIT

We will pay 100% up to \$50,000 for preparation and return of your body to your Home Country if you die due to an Injury or Sickness. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Covered expenses include:

1. expenses for embalming or cremation; 2. the least costly coffin or receptacle adequate for transporting the remains; 3. transporting the remains by the most direct and least costly conveyance and route possible.

LOCAL BURIAL BENEFIT

We will pay up to \$5,000 Maximum Limit per person for preparation, local burial or cremation of the Insured Person's mortal remains at the time of death. Must be approved in advance and coordinated by GBG Assist. Includes death due to a Pre-existing Condition.

The Company will pay the reasonable Covered Expenses incurred up to the maximum states in the Schedule of Benefits for preparation, local burial or cremation of your mortal remains at the country of death in accordance with the commonly accepted cultural and religious beliefs practiced by You. Coverage is not provided for burial and cremation costs incurred for religious practitioner, flowers, music, food or beverages. If the Local Cremation or Burial is chosen, the Return of Mortal Remains benefit will not apply. Failure to utilize GBG Assist to arrange for these services will result in the denial of benefits. Restrictions: Must use Assistance Provider to arrange for the services. Cannot use with the Repatriation of Remains Benefit. Exclusions: Coverage is not provided for burial and cremation costs incurred for religious practitioner, flowers, music, food or beverages.

EMERGENCY REUNION BENEFIT

Up to \$15,000 maximum. Covers the cost of one economy airfare ticket and other local travel related expenses; or the reasonable expenses incurred for lodging and meals of your Immediate Family Member for a period of up to 10 days to accompany you to your Home Country or Hospital where you are confined if: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; and 2. you are alone outside of your Home Country; and the place of confinement is more than 100 miles from your Home Country; and 4. expenses were authorized in advance by the Company.

BASIC LOST BAGGAGE BENEFIT

Up to \$1,000 maximum for the replacement costs of Necessities, up to \$75 per article, if your luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen or damaged luggage.

TRIP INTERRUPTION BENEFIT

Up to \$5,000 maximum for reimbursement of the cost of a one way economy air and/or ground transportation ticket if your Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. your unforeseen Injury or Sickness or, the injury or Sickness of a Traveling Companion or Immediate Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of your principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery. This does not cover lost trip costs.

HOSPITAL CONFINEMENT BENEFIT

\$50 per day per Policy Period, payable to you, when you are Hospital Confined, and all of the following conditions are met: 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, or Sickness that occurs while the Policy is in effect. 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. We will pay this benefit retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. the date the Hospital stay ends; 2. the date you die; 3. 10th day of hospitalization; or 3. the date the coverage terminates.

RETURN OF MINOR CHILD(REN) OR TRAVEL COMPANION BENEFIT

If you are the only person traveling with minor Dependent children who are under the age of 21 or a Travel Companion, and you suffer an Injury or Sickness and must be confined in a Hospital for at least 48 consecutive hours or are medically evacuated to another location.

We will reimburse the cost of the Dependent or Travel Companion's one way economy airfare ticket and/ or ground transportation ticket to their Home Country, not to exceed \$5,000. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

BENEFIT PERIOD

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, in accordance with this provision, we will pay eligible medical expenses for up to 90 days beginning on the first day of diagnosis or treatment of a covered injury or illness while you are outside your home country. The benefit period applies only to eligible medical expenses related to the eligible injury or illness that began while the certificate was in effect. In the event you begin a benefit period while the certificate is in effect, and the certificate terminates because you return to your home country, we will continue to pay eligible medical expenses which are incurred in your home country during the benefit period until the exhaustion of the Benefit period or the Policy Medical Maximum, whichever comes first.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Insured Principal Sum \$25,000, If Injury to the Covered Person results in any one of the losses shown below within 365 days from date of Accident, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss	Benefit Amount
Life, Quadriplegia or Two or more Members	100% of the Principal Sum
Hemiplegia or Paraplegia	75% of the Principal Sum
One Member	50% of the Principal Sum
Uniplegia or Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Exposure and Disappearance Benefit - 100% of the Principal Sum if you are exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks or is stranded or wrecked and your body is not found within six months of the Covered Accident.

Hijacking and Air or Water Piracy Benefit - Covers Injury during 1. the hijacking of an Aircraft; 2. air or water piracy; or 3. unlawful seizure or attempted seizure of an aircraft or watercraft.

Coma Benefit - We will pay this benefit in a lump sum of \$10,000 if you become Comatose within 31 days of a Covered Accident or Sickness and remain in a Coma for at least 31 days.

Seatbelt and Airbag Benefit - 10% of the Principal Sum up to a maximum benefit of \$50,000 if you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile.

Felonious Assault and Violent Crime Benefit - 100% of the Principal Sum applicable to the Covered Loss to a maximum of \$50,000 and subject to the following conditions, when you suffer a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault.

Adaptive Home and Vehicle Benefit - Up to a \$5,000 maximum If you have an Injury which results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations or \$5,000 for the one-time cost of alterations to your principal residence; and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

EXCLUSIONS AND LIMITATIONS **Please read carefully.**

We will not pay for any Accidental Death, Dismemberment or Paralysis loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not (except as provided by the Policy).
4. service in the military, naval or air service of any country.
5. disease or bacterial infection except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. hernia of any kind.
7. piloting or serving as a crewmember or riding in any aircraft except as a passenger on a regularly scheduled or charter airline.
8. commission of, or attempt to commit, a felony.
9. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
10. flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted.
11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme Sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
12. All professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sports.
13. fighting of any kind.

In addition to the Exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Pre-Existing Conditions, as defined.
2. Acute Onset of Pre-Existing condition, as defined, where treatment is obtained after the 24 hour period from the initial Acute Onset.
3. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
4. suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Athletic Sport Rider).
6. Sickness resulting from pregnancy (except as provided by Emergency Medical Treatment of Pregnancy).
7. Miscarriage resulting from Accident (except as provided by Emergency Medical Treatment of Pregnancy).
8. Immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician, except as specifically provided for in this policy.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective surgery which can be postponed until the Covered Person returns to his or her Home Country.
11. any mental or nervous disorders or rest cures (except as provided in the Schedule by Mental or Nervous Disorders Charges).
12. any dental treatment (except as provided by the for Dental Treatment for Injury and Emergency alleviation of pain).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.
14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with an intentionally self-inflicted Injury.
18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme Sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
19. treatment paid for or furnished under any other individual or group policy, or other service or medical pre payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
20. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
21. organ transplants, marrow procedures and chemotherapy.
22. any sexually transmitted or venereal disease; and/or any testing for the following: HIV, Vaccine induced seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome, AIDS.
23. any treatment, service or supply not specifically covered by the Policy.
24. treatment by any Family Member or member of the Covered Person's household.
25. treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; osteomyelitis; congenital weakness whether or not caused by a Covered Accident.
26. expense incurred for treatment of temporomandibular or cranio-mandibular joint dysfunction and associated myofascial pain.
27. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
28. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of Existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
29. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
30. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.

31. conditions that are not caused by a Covered Accident.
32. vocational, recreational, speech or music therapy.
33. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
34. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
35. Expenses incurred in your Home Country.
36. 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.
37. declared or undeclared war or any act thereof.
38. Payment for any medical services related to an illness when an Insured Person leaves a medical facility against medical advice.
39. fighting of any kind.

****Fighting on or off the Ice: No Claim will be payable as a result of any type of fighting.**

We will not pay Political Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
 - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
 - b. violation of the laws of the Covered Person's Home County or country of residence.
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to: a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

SAFE TRAVELS POLICY MODIFICATION - Athletic Sport Coverage **Included with your coverage.**

The following modifications have been made to your coverage:
The following exclusion is deleted -

5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Policy).

And replaced with -

5. Injury sustained while participating in a professional, semi-professional sports and those sports not listed here:

Class 2 includes **Hockey**

Any Athletic Sport not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only. Professional and Semi Professional Sports are always excluded.

Plan Administrator

Trawick International

PO Box 2284 Fairhope AL 36533

Toll Free: 888-301-9289 Direct: 251-661-0924 Email: info@trawickinternational.com

Emergency Travel Assistance Services

Available 24 hours a day, 365 days a year gbgassist@gbg.com

Toll free within the United States and Canada: 877-916-7920 Outside the United States and Canada, call direct or collect: 949-916-7941

Claims Administrator

GBG Administrative Services

26741 Portola Pkwy Ste 1E #527 Foothill Ranch CA 92610

For claim status or questions please call Toll Free: 877-916-7920 or email customerservice@gbg.com

