

BLANKET ACCIDENT DESCRIPTION OF COVERAGE

INF Health Care Plan	Advantage
US Insurance Company	AXIS INSURANCE COMPANY, Chicago, Illinois
Policyholder	INF
Policy Number	SRPO-75000-8030 and 8031
Insurance Eligibility	All non-US citizens, and Non-Resident US-expatriates, who are Members of the INF, and their eligible dependents (if coverage has been elected), while visiting the United States. The insurance is sponsored by the INF.
Insurance Enrollment	One can get insurance coverage by completing the following online forms: 1) Insurance Enrollment Form
Administrator	INF Health Care, dba INF
Pre-Existing Conditions (8030)	SRPO-75000-8030: Not Covered
Pre-Existing Conditions (8031)	SRPO-75000-8031: The policy DOES NOT include coverage for pre-existing conditions, except in cases of an acute onset of such condition. If you experience an acute onset of a pre-existing condition as defined in the Policy, benefits are payable up to the maximum shown, after the deductible has been met. Treatment for said condition must be obtained within 12 hours of the sudden and unexpected outbreak or reoccurrence.
Medical Benefits	See the OUT OF COUNTRY BENEFIT RIDER section for details
Important Notice	This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number BACC-001-0909-PA. Complete details may be found in the policy on file with the Policyholder. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.
Disclaimer	U.S. Insurance coverage is underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.
OFAC	This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Insurance Company from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").
PPACA	THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, PLEASE READ ALL THE POLICY PROVISIONS CAREFULLY.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the Conditions of Coverage and Description of Benefits sections for full details.

Eligible Persons: An Eligible Person is an individual who meets all of the requirements of one of the covered classes shown below:

<u>Class 1</u>	Principal Sum
All non-US Citizens who are members of the INF, ages 69 and under who are traveling to the United States.	\$25,000
<u>Class 2</u>	
All Dependent Children or Spouses of Class 1, who are traveling to the United States with an Eligible Person in Class 1. (If coverage for Dependents has been elected by the member).	\$25,000
<u>Class 3</u>	
All non-US Citizens who are members of the INF, ages 70 to 99 and under who are traveling to the United States.	\$25,000
<u>Class 4</u>	
All Dependent Children or Spouses of Class 3, who are traveling to the United States with an Eligible Person in Class 3. (If coverage for Dependents has been elected by the member).	\$25,000

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance under this Policy when premium payment is received by the administrator on or before the termination of the last coverage period. This continuation of coverage will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefit limits or maximums under the Policy.

CONDITIONS OF COVERAGE

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance under this Policy when premium payment is received by the administrator on or before the termination of the last coverage period. This continuation of coverage will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefit limits or maximums under the Policy.

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages:

Class 1, 2, 3 and 4

24-HOUR ACCIDENT COVERAGE

Covered Activities: while traveling to and from their Home Country to the United States and while visiting the United States up to a maximum of 300 days.

Personal Deviations Covered **Yes**

BENEFITS

Aggregate Limit of Indemnity

Applies to: Accidental Death and Dismemberment,	Benefit Amount \$500,000 each Covered Accident
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Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. This Aggregate Limit of Indemnity is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Loss must occur within	365 days of the Covered Accident (Loss period does not apply to Loss of Life)
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Covered Loss	Benefit Amount
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand and Foot	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Exposure and Disappearance	Included

MEDICAL EVACUATION BENEFIT

Benefit Amount	100% of Usual & Customary Charges, up to a maximum of \$25,000
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REPATRIATION BENEFIT

Benefit Amount	100% of Usual & Customary Charges, up to a maximum of \$25,000
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GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Accident or Accidental	means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.
Age	an Insured Person's age, means for purposes of initial premium calculations, is His age attained on the later of the first day of the Policy Term and the date coverage becomes effective for Him under this Policy.
Aircraft	means a vehicle which: <ol style="list-style-type: none">1. has a valid Airworthiness Certificate; and2. is being flown by a pilot with a valid license to operate the Aircraft.
Airworthiness Certificate	means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.
Calendar Year	means January 1 st through December 31 st of any year.
Common Carrier or Public Conveyance	means: <ol style="list-style-type: none">1. a Conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.
Conveyance	means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.
Covered Accident	means an Accident that results in a Covered Loss during the Policy Term.
Covered Activity or Covered Activities	means any activity that is shown in the <i>Schedule of Benefits</i> and: <ol style="list-style-type: none">1. takes place under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>; and2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.
Covered Expenses	means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury means Accidental bodily injury: (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Covered Loss means a loss which meets the requisites of one or more benefits, and results from a Covered Accident, Covered Injury or Covered Activity.

Dependent Child means the Insured Person's unmarried child who meets the following requirements.

1. A child from birth to 17 years old.
2. A child who is 17 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Insured Person. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that he has enrolled for the next following school term or year.
3. A child who is 17 or more years old, primarily supported by the Insured Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.

A Dependent Child, for purposes of this definition, includes the Insured Person's:

1. Natural child;
2. Adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. Stepchild who resides with the Insured Person;
4. Child for whom the Insured Person is legal guardian, as long as the child resides with the Insured Person and depends on him for financial support. Financial support means that the Insured Person is eligible to claim the dependent for purposes of Federal and State income tax returns.

If the Insured Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intends to reside with him for an indefinite period of time.

Eligible Person means an individual as defined in the *Schedule of Benefits*.

He, His, Him refers to any individual, male or female.

Home Country	means a country from which the Insured Person holds a passport or where the Insured Person has primary residency. If the Insured Person holds passports from more than one Country, his or her Home Country will be the country that he has declared to Us in writing as his Home Country.
Hospital	<p>means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and 6. it charges for its services. <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; or 3. a Veteran's Administration Hospital or Federal Government Hospital unless the Insured Person incurs an expense.
Hospital Confined, Hospital Stay or Confined to a Hospital	means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Accident or Emergency Sickness will be treated as one Hospital Stay unless separated by at least 30 days.
Immediate Family Member	means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).
Inpatient	means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.
Insured Person	means an Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom required premium has been paid when due and for whom coverage under this Policy remains in force.
Medically Necessary	means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.
Nurse	<p>means a licensed graduate Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.) who is not:</p> <ol style="list-style-type: none"> 1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; or 4. a person employed or retained by the Policyholder.

Outpatient	means an Insured Person who is a patient and is not hospitalized overnight but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.
Physician	means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not: <ol style="list-style-type: none"> 1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
Policyholder	means the entity, named on this Policy's face page, to which the Company issues this Policy.
Policy Term	means the time period defined for the Policyholder shown on this Policy's face page.
Pre existing condition	means an illness, disease, injury or other condition of the Insured Person that in the 90 days period before the Insured Person's coverage became effective under the Policy: <ol style="list-style-type: none"> 1. Was treated by a Physician or treatment had been recommended by a Physician. 2. Required taking prescribed drugs or medicines, or 3. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis.
Private Passenger Automobile	means a validly registered, four wheel private passenger car, including Policyholder-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxi cab, bus or other Public Conveyance will not be considered a Private Passenger Automobile.
Scheduled Airlines or Aircraft	means any carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the Aircraft's registry, and which, in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the Aircraft is then used for any regular or chartered flight operated by such carrier.
Spouse	means the Insured Person's lawful spouse.
Usual and Customary Charge	means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.
We, Us, Our	means AXIS Insurance Company.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. injuries compensable under Workers' Compensation law or any similar law;
8. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
9. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
10. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury;
11. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;
 - c. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
 - d. the Insured Person.

CONDITIONS OF COVERAGE

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

24-HOUR ACCIDENT COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs during one of the Covered Activities shown in the *Schedule of Benefits*.

Definitions

For purposes of this Condition of Coverage:

Personal Deviation means

1. an activity that is not reasonably related to the Insured Person's Covered Activity;
2. such travel or activities coincide with the Insured Person's Covered Activity; and
3. Personal Deviation is limited to any consecutive 2 day period immediately prior to, during or following such Covered Activity.

Exclusions

Exclusions that apply to this Condition of Coverage are in the Common Exclusions Section.

DESCRIPTION OF BENEFITS

This Description of Benefits Section describes the Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the Common Exclusions section in order to understand all of the terms, conditions and limitations applicable to these Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a loss as a result of a Covered Injury within the applicable time period specified in the *Schedule of Benefits*.

If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the Company will pay the Benefit Amount for the Covered Loss for which the largest benefit is payable.

Exposure and Disappearance

If by reason of an Accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment Benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found, within 180 days of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the Insured Person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered an Accidental Death that would have been payable under the Policy.

Definitions

For purposes of this Benefit:

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Severance means complete separation and dismemberment of the part from the body.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

MEDICAL EVACUATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Injury or an Emergency Sickness that warrants His Emergency

Evacuation while He is outside a 100 mile radius from His current place of primary residence. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred for all Emergency Evacuations from the same Covered Accident or all Emergency Sickneses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Covered Injury or an Emergency Sickness warrants His Emergency Evacuation. All transportation arrangements made for the Emergency Evacuation must be by the most direct and economical Conveyance and route possible. **AXIS's travel assistance service provider** must make all arrangements and must authorize all expenses in advance for this Benefit to be payable. However, the Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact **AXIS's travel assistance service provider** in advance.

Definitions

For purposes of this Benefit:

Covered Emergency Evacuation Expense(s) means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed; or (4) Usual and Customary Charges.

Emergency Evacuation means, if warranted by the severity of the Insured Person's Covered Injury or Emergency Sickness : (1) the Insured Person's immediate transportation from the place where He suffers a Covered Injury or Emergency Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's transportation to His current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering a Covered Injury or Emergency Sickness and being treated at a local Hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Emergency Sickness means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the Insured Person's health or place His life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this Policy and is participating in a Covered Activity.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

REPATRIATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Person suffers Loss of Life due to a Covered Injury or an Emergency Sickness while outside a 100 mile radius from His current place of primary residence. The Company will pay for Covered Expenses reasonably incurred to return His body to His current place of primary residence.

Covered Expenses include, but are not limited to, expenses for: (1) embalming or

cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical Conveyance and route possible; or (4) Usual and Customary Charges.

AXIS's travel assistance service provider must make all arrangements and must authorize all expenses in advance for this Benefit to be payable. However, the Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact **AXIS's travel assistance service provider** in advance.

Definitions

For purposes of this Benefit:

Emergency Sickness means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the Insured Person's health or place His life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this Policy and is participating in a Covered Activity.

Exclusions

Exclusions that apply to this Benefit are in the Common Exclusions Section.

OUT OF COUNTRY BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown above. It applies only with respect to Covered Injury or Sickness that occurs on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the *Schedule of Benefits* of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Condition of Coverage.

RIDER SCHEDULE

Out of Country Medical Benefit

Full Excess
Medical Benefit

Class 1 and 2 -

Paid at 80% of Usual and Customary Charges up to a maximum of \$75,000 or \$150,000 per Insured Person per Covered Injury or Sickness

Class 3 and 4 -

Paid at 80% of Usual and Customary Charges up to a maximum of \$75,000 per Insured Person per Covered Injury or Sickness

First Covered Expenses must be incurred within

90 days after the Covered Accident or the initial onset of the Sickness the earlier of the date the Insured Person returns to his Home Country, or 365 days from the date of the Covered Accident or the initial onset of the Sickness

Benefit Period

Deductibles by policy by option:

Deductible

SRPO-75000-8030	SRPO-75000-8031
Option 1 - \$ 500.00	Option 2 - \$ 500.00
Option 3 - \$ 250.00	Option 4 - \$ 250.00
Option 5 - \$1,000.00	Option 6 - \$1,000.00

Must be satisfied Within

Benefit Period

Maximum Benefit Amount for Acute onset
Of Pre-existing Condition

Acute onset by policy by option:

SRPO-75000-8030	SRPO-75000-8031
Options 1, 3 and 5: Not Covered	Options 2, 4 and 6: 80% of Usual and Customary charges

Treatment must be obtained within

12 hours of the sudden and unexpected outbreak or reoccurrence.

Covered Activity

The Company will pay the benefits described in this Rider only while an Insured Person is traveling:

1. Outside of his or her Home Country in the United States or during a Personal Deviation as listed in the Policy; and
2. up to 300 days.

This Coverage will start on the actual start of the Covered Trip and will end on the first of the following dates to occur;

1. The date the Insured Person returns to his or her Home Country;
2. The date the Insured Person makes a Personal Deviation for more than 2 days;
3. The date of the termination date of insurance.

DESCRIPTION OF BENEFIT(S)

The Company will pay the Benefits described in this Rider after any applicable Deductible is satisfied.

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Accident or Sickness basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable. This Rider only provides benefits for medical expenses incurred in the United States or in the location of where the Personal Deviation has occurred, subject to the limits, conditions and exclusions contained herein. In no event will the Company pay for medical expenses incurred before the Insured commences Covered Activities or after the Insured Person leaves the United States or the location of the Personal Deviation.

This is a Limited Rider. It is not a major medical or comprehensive medical healthcare policy

Full Excess Medical Benefit This Rider is designed to supplement your other health insurance.

The Company will pay the Benefits under this Rider:

1. after the Insured Person satisfies any Deductible; and
2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

The Company will pay benefits excess of any Other Health Care Plan without regard to any Coordination of Benefits provision in such Other Health Care Plan.

Other Health Care Plan as used in this Rider means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for healthcare, dental care disability benefits or repatriations of remains. An Other Health Care Plan includes group, blanket, franchise, family or individual:

1. insurance policies;
2. subscriber contracts;
3. uninsured agreements or arrangements;
4. coverage provided through Health Maintenance Organizations, Preferred Providers Organizations and other prepayment, group practices and individual practice plans;
5. medical benefits provided under automobile "fault" and "no-fault" type contracts;
6. medical benefits provided by any governmental plan or coverage or other benefit law, except:
 - a. a state sponsored Medicaid plan; or
 - b. a plan or law providing benefits only in excess of any private or nongovernmental plan.

Out of Country Medical Benefit

If, while traveling outside his or her Home Country, during the course of any Covered Trip of less than 300 days an Insured Person suffers a Covered Injury or contracts a Sickness that requires treatment by a Physician, the Company will pay the Usual and Customary Charges incurred, after the Deductible, for Covered Medical Services received due to that Covered Injury or Sickness up to the maximum of any Benefit Amount shown in the Rider Schedule. For benefits to be payable under this Rider the first treatment for the Covered Injury or Sickness must be received within the time frame set forth in the Rider Schedule.

No payments will be made for expenses not incurred within the Benefit Period.

Covered Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital Room (semi private) and Board and Miscellaneous Hospital Expenses. Covered Expenses charged 1) daily semi private room rate when Hospital confined; and 2) general nursing care provided and charged by the Hospital. Miscellaneous Expenses include, while Hospital confined; or 2) for preadmission expenses for being Hospital confined but are not limited to, the cost of the operating room, X-ray examination , laboratory tests, in-hospital physiotherapy, anesthesia; drugs (excluding take home drugs) or medicines, therapeutic services; and supplies, registered nurse services and all necessary charges other than room and board, for services received during a Hospital Stay
2. Hospital Intensive Care Unit Covered Expenses charged when an Insured Person becomes confined as an Inpatient to a Hospital in an Intensive Care Unit, the Company will pay an additional benefit equal to the Daily Intensive Care Unit Benefit Amount shown in the Rider Schedule of benefits. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of Covered Injuries or Sickness for which the confinement is required.
3. Surgeon Services (Inpatient) - Covered Expenses charge for performing in-patient surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. . However, the Company will pay up to 50% of the benefit for a surgical procedure when more than one surgical procedure through different operating fields is performed during the same surgical session. Covered Expenses will be paid under this inpatient surgery benefit; or under the Out Patient surgery benefit, but not for both.
4. Anesthetist Services (Inpatient) - Covered Expenses charged by a Physician in connection with inpatient surgery for anesthesia and its administration. . Covered Expenses will be paid under this inpatient surgery benefit; or under the Out Patient surgery benefit, but not for both
5. Assistant Surgeon (inpatient) – Covered Expenses charged by a Physician in connection with inpatient surgery. . Covered Expenses will be paid under this inpatient surgery benefit; or under the Out Patient surgery benefit, but not for both
6. Physician’s (non Surgical Inpatient visit) – Covered Expenses charged by a Physician for other than pre or post operative care, second opinion or consultation: for 1) in Hospital visits and office visits. Benefits are limited to one Physician visit per day. Covered Expenses will be paid under the inpatient benefit or outpatient benefit for Physicians Office visits but not both.
7. Consulting Physician Services- Covered Expenses charges by a Physician for a second surgical opinion or consultation that has been that must be requested by the attending Physician.
8. Physiotherapy Benefits (inpatient) Covered Expenses charges by a Physician for Physiotherapy that must be requested by the attending Physician
9. Pre – Admission Tests- Covered Expenses charged for pre- admission tests limited to routine test such as complete blood count; urinalyses and chest X ray. If otherwise payable under this Policy, major diagnostic procedures such as Cat-Scans; NMR’s and blood chemistries will be paid under the Hospital Miscellaneous benefit.
10. Surgeon Services (Outpatient) – Covered Expenses charge for performing outpatient surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. . However, the Company will pay up to 50% of the benefit for a surgical procedure when more than one surgical procedure through different operating fields is performed during the same surgical session. Covered Expenses will be paid under this inpatient surgery benefit; or under the surgeon services benefit (Outpatient), but not for both.
11. Day Surgery Miscellaneous Expenses(Outpatient) – Covered Expense related to a major surgery performed at Hospital or licensed Outpatient surgery center including the actual cost of the operating room, laboratory tests and x ray examination anesthesia, drugs, medicines and medical supplies related to the surgery. Does not include non scheduled surgery and surgery performed in a Hospital emergency room; trauma center; Physician’s office; or clinic.
12. Anesthetist Services (Outpatient) - Covered Expenses charged by a Physician in connection with Anesthetist Services for Outpatient surgery for anesthesia and its administration. . Covered Expenses will be paid under this Outpatient benefit; or under the Inpatient surgery benefit, but not for both
13. Assistant Surgeon (Outpatient) – Covered Expenses charged by a Physician in connection with Outpatient surgery. Covered Expenses will be paid under this Outpatient surgery benefit; or under the Inpatient surgery benefit, but not for both.

14. Diagnostic X Rays and Lab tests except dental x-rays (Outpatient) – Covered Expenses incurred for the treatment of a Covered Injury or Sickness as prescribed by a Physician.
15. CAT Scan, PET Scan or MRI tests (Outpatient) -Covered Expenses incurred for the treatment of a Covered Injury or Sickness as prescribed by a Physician
16. Hospital Emergency Room services – Covered Expenses incurred for the Outpatient emergency room treatment performed in a Hospital. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Room and Board and Miscellaneous Hospital Covered Medical Service.
17. Prescriptions (outpatient) – Covered Expenses incurred for the treatment of a Covered Accident or Sickness prescribed by a Physician.
18. Ambulance Services Covered Expenses incurred for ground or air ambulance service to transport the Insured Person from the place where the Covered Accident or occurs. The Company will pay Covered Expenses incurred for ground or air ambulance transportation from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that specialized care not available in the first facility to which the Insured Person was transported is necessary to treat His Covered Injury or Sickness.
19. Initial Orthopedic Prosthesis or Brace - Covered Expenses incurred for the initial purchase, fitting, and needed adjustment of such appliances or devices, including the components of prosthetic appliances. Orthopedic prosthesis or brace include durable medical equipment which is equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. The Orthopedic Prosthesis or Brace must be prescribed by a Physician and a written prescription must accompany the claim when submitted. Replacement prosthesis and braces are not covered and no benefits will be paid for rental charges in excess of the purchase price.
20. Dental Injury Treatment - Covered Expenses incurred for dental treatment (does not include dental services for the immediate relief of pain), including X-rays, for injury to a tooth: 1) with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and 2.for which pulpal tissues are healthy and intact; and 3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth. Covered Expenses include examinations, x-rays, restorative treatment, endodontic, oral surgery, initial braces required for treatment of a Covered Injury and treatment of gingivitis resulting from trauma. If there is more than one way to treat a dental problem, The Company will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association. Routine dental care and treatment to the gums are not covered.
21. Chemotherapy and/or Radiation Services – Covered Expenses incurred for chemotherapy or radiation prescribed by a Physician for the treatment of a Sickness Benefits. Chemotherapy and Radiation means Cobalt Therapy, EX- ray therapy or chemotherapy administered to an Insured Person as treatment of cancer. This includes Injections 1) when administered in the Physician's office; and 2) charged on the Physician statement. It does not include laboratory and diagnostic tests.
22. Physical and Occupational Therapy Covered Expenses incurred for Outpatient physical and occupational therapy
23. Private Duty Nursing Benefit Covered Expenses incurred for services rendered by a 1) private duty nurse care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) medically necessary. General nursing care provided by the Hospital is not covered under this benefit.
24. Maternity Benefit Covered Expenses incurred for the treatment of a pregnancy when conception occurs after the trip begins under this Policy. This does not include any benefits for the unborn child.

DEFINITIONS

Certain words used in this Rider have specific meanings. The words defined below and capitalized within the text of this Rider have the meanings set forth below. If a capitalized term is not set forth below, it may be defined in the Policy to which this Rider is attached. If a term contained in this Rider is defined in both the Policy and this Rider, the definition in this Rider shall govern.

Benefit Period as used in this Rider means the maximum period that benefits are payable under this Rider.

Complication(s) of Pregnancy mean(s) conditions which require Hospital Stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are

- Acute nephritis or nephrosis; or

- Pre eclampsia; or
- Eclampsia puerperal infection; or
- RH Factor problems; or
- Severe loss of blood requiring transfusion; or
- Cardia decomposition or missed abortion; or
- Similar condition as severe as these above;
- Non elective cesarean section; and
- Termination of an ectopic pregnancy; and
- Spontaneous termination when live birth is not possible (This does not include voluntary or elective abortion)

Delivery by cesarean section is considered an eco of Pregnancy if the cesarean section is non elective. A cesarean section will be considered non elective if the fetus or the mother is determined to be in distress and is in immediate danger of death, Sickness or Covered Injury if the cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non elective if vaginal delivery is medically inappropriate, or vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or injury to child or mother.

Not included: (a) false labor, occasional spotting or Physician prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and (d) similar conditions not medically distinct from a difficult pregnancy.

Covered Expenses as used in this Rider means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. Coverage under the Policyholders' Policy must remain continually in force from the date of the Covered Accident or Sickness until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury as used in this Rider means bodily Injury; 1) directly and independently caused by specific accident which is unrelated to any pathological, functional, or structural disorder to Injury; 2) treated by a Physician within 30 days after the Covered Accident; and 3) which caused loss during the term of this Rider.

Covered Trip as used in this Rider, means travel by air, land or sea from the Insured Person's Home Country.

Deductible as used in this Rider means the amount that must be paid for Covered Medical Services by the Insured Person before benefits will become payable under this Rider. A separate deductible shall apply to each Covered Loss.

Home Country as used in this Rider means a country from which the Insured Person holds a passport or where the Insured Person has primary residency. If the Insured Person holds passports from more than one Country, his or her Home Country will be the country that he has declared to Us in writing as his Home Country

Hospital - as used in this Rider, means a facility that:

1. is operated according to law for the care and treatment of injured people;
2. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
3. has 24 hour nursing service; and
4. is supervised by one or more Physicians.

A Hospital does not include:

1. a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
2. a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or
3. any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the

armed forces.

Hospital Confined as used in this Rider means a stay of 48 or more consecutive hours as a registered resident bed-patient in a Hospital.

Intensive Care Unit (ICU) as used in this Rider means specifically designated facility of the Hospital that is designed to provide intensive care services on an interdisciplinary basis to critically ill inpatients. provides the highest level of medical care and that is restricted to those patients who are critically ill or injured and need constant medical care. Such care must be ordered by a Physician. The facility must provide: room and board, registered nursing care, and special equipment and supplies on a standby basis. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement.

Medically Necessary - as used in this Rider refers to a Covered Medical Service that:

1. is essential for diagnosis, treatment or care of the Covered Injury or Sickness for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician and performed under his care, supervision or order

Physiotherapy as used in this Rider means any form of the following: physical or mechanical therapy, diathermy, ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Physician. It does not include chiropractic care.

Prescription Drugs as used in this Rider means 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

Physician as used in this Rider means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household; or
4. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Sickness as used in this Rider means disease or illness, including related conditions and recurrent symptoms, which begin after the effective date of an Insured Person's coverage and while coverage is in force under this Rider.

Usual and Customary Charge(s) - as used in this Rider means a charge that:

1. is made for a Covered Medical Service;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and
3. does not include charges that would not have been made if no insurance existed.

RIDER EXCLUSIONS AND LIMITATIONS

If coverage is purchased after the Insured Person's arrival in the United States, coverage under this Rider is limited to Accident only during an Insured Person's 14 days of coverage commencing on the Insured Person's Effective Date. Full coverage will take place after the 14th day.

The Company will not pay Covered Medical Services for any loss, treatment or services resulting from the following.

- Expenses incurred during travel for the purposes of seeking medical care or treatment, or while on a waiting list for specific treatment or while traveling against the advice of a Physician. This

- includes treatments or surgeries scheduled prior to the Covered Trip.
- Expenses incurred within the Insured Person's Home country or country of regular domicile,
- Pre-existing Conditions.
- Routine physical or other examinations where there is not objective indications of impairment for normal health or well baby care.
- Dental treatment, except as the result of Covered Injury to sound, natural teeth as stated in the *Rider Schedule*.
- Cosmetic or plastic surgery or treatment for congenital abnormalities, except reconstructive surgery as a result of a as the result of a Covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury or Sickness
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses.
- Hearing examination or hearing aids or other treatment for Hearing Defects and problems. Hearing Defects means any physical defect of the ear which does or can impair normal hearing.
- Treatment by any Immediate Family member or member of the Insured Person's household. "Immediate family member "means an Insured Person's spouse, child, brother, sister, grandparents or in laws.
- Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature;
- In connection with alcoholism and drug addiction, or use of any drug or narcotic agent unless prescribed by a Physician;
- the commission of a felony offense;
- Charges for Covered Medical Expenses for which the Insured Person would not be responsible for in the absence of this Rider;
- Any expense paid or payable by any Other Health Care Plan;
- Any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual
- Treatment , services supplies or facilities in a Hospital owned or operated by the Veteran's Administration, or b) a national government or any of its agencies(this exclusion does not apply to treatment when a charge is made which the Insured Person is required by law to pay)
- Elective treatment, exams or surgery; elective termination of pregnancy.
- Expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- Expenses payable by any automobile insurance policy without regard to fault.
- Organ or tissue transplants and related services.
- Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- Birth control including surgical procedures and devices.
- Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- Birth defects and congenital anomalies, or complications which arise from such conditions.
- Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- specific named hazards: piloting any aircraft;
- Expenses incurred for any treatment if the Insured Person is travelling against the advice of a Physician.
- Expenses incurred after the date insurance terminates for an Insured Person under this Policy
- Any mental or nervous disorders or rest cures;
- Duplicates services actually provided by both a certified nurse- midwife and Physician.
- Expenses payable under any prior Policy which was in force for the person making the claim.
- Expenses incurred in a Hospital emergency room visit which is not of an emergency nature.
- Expenses incurred for chiropractic care-outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertical

- column.
• Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person.

If we determine the benefits paid under this Rider are eligible benefits under any Other Health Care Plan, We may seek to recover any expenses covered by the Other Health Care Plan to the extent that the Insured person is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit US companies from providing insurance, including but not limited to, the payment of claims. All other terms and conditions of the Policy and this Rider remain unchanged.

NON DUPLICATION OF PAYMENT

This Rider provides benefits in accordance with all of its provisions only to the extent that benefits are not provided by any Other Health Care Plan. If the Insured Person is covered by an Other Health Care Plan, all benefits payable by such insurance will be determined before benefits will be paid by this Rider. If the Insured Person is insured under group or blanket insurance that is also excess to other coverage, this Rider pays a maximum of 50% of the benefits otherwise payable. To the extent that The Company pays a benefit that is payable by an Other Health Care Plan, the Insured Person shall assist Us in recovering this amount from such Other Health Care Plan.

In no situations shall benefits paid by this Rider exceed: (1) the Benefit Period; and (2) 100% of the compensable expenses incurred when combined with benefits paid by any Other Health Care Plan.