# TRAVELCARE INTERNATIONAL EVAC-REPAT PLAN Summary of Benefits

# IMPORTANT

Note: certain capitalized words are defined terms in the attached Policy/Certificate of insurance.

The following Schedule of Benefits shows the Maximum Benefit Amounts available through this program. Please review to determine which benefits and limits apply to Your Trip. This document is a Summary of Benefits. Full coverage details, terms and conditions can be found in the Policy/Certificate of insurance.

#### SCHEDULE OF BENEFITS

COVERAGES	MAXIMUM BENEFIT PER PERSON PER TRIP
Emergency Evacuation	
Maximum Benefit	\$1,000,000
Hospital Companion	\$1,500
Return Unattended Vehicle	\$1,000
Repatriation of Remains	
Maximum Benefit	\$1,000,000

There are also Non-Insurance and Emergency Travel Assistance Services provided in this Travel Protection Plan. The details of these services including important phone numbers can be found at the end of this document.



Nationwide Mutual Insurance Company One Nationwide Plaza Columbus, Ohio 43215

This Certificate of Coverage describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company. Please refer to the accompanying Confirmation of Coverage. It provides You with specific information about the program You purchased. Please contact the Plan Administrator immediately if You believe that the Confirmation of Coverage is incorrect.

This Certificate of Coverage is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.

Mark Benen

President

Secretary

# TRAVEL PROTECTION CERTIFICATE

# **GENERAL DEFINITIONS**

### **GENERAL PROVISIONS**

#### COVERAGES:

Emergency Evacuation Repatriation of Remains

# LIMITATIONS AND EXCLUSIONS

# NATIONWIDE MUTUAL INSURANCE COMPANY PASSENGER PROTECTION INSURANCE POLICY

#### **GENERAL DEFINITIONS**

**Accident** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

**Bodily Injury** means identifiable physical injury which: is caused by an Accident and is independent of disease or bodily infirmity.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

Company means Nationwide Mutual Insurance Company.

**Covered Expenses** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Group Policy; and which do not exceed the maximum limits shown in the Confirmation of Coverage, under each stated benefit.

**Dependent Child(ren)** means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on the Insured for support and maintenance; or (2) who is at least age 19 but less than age 26.

**Economy Fare** means the lowest published rate for a round trip economy ticket.

**Effective Date** means 12:01 A.M. local time, at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Family Member** means the Insured's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Hospital means a short-term, acute, general hospital, that:

- (a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a physician or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x[k]);
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

**Insured** means the person who has enrolled for and paid for coverage under the Group Policy.

**Loss** means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount of Covered Expenses that the Company will pay for Your covered losses as found on the Confirmation of Coverage.

**Participating Organization** means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Group Policy and remits the required premium to the Company.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Sickness** means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while the Insured's coverage is in effect.

**Travel Arrangements** means: (a) transportation: (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Covered Trip.

Travel Supplier means tour operator, Cruise line, airline, hotel, etc. who has made the land and/or sea arrangements.

Trip means a trip outside Your Home Country.

You or Your refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

### **GENERAL PROVISIONS**

#### WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date, or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS – Your coverage will end at 11:59 P.M., local time on the date that is the earliest of the following:

- (a) upon Your return to Your Home Country;
- (b) any Trip that exceeds ninety (90) days.

**ARBITRATION** - Notwithstanding anything in the Group Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Group Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of loss.

**CONTROLLING LAW** - Any part of the Group Policy that conflicts with the state law where the Group Policy is issued is changed to meet the minimum requirements of that law.

**SUBROGATION** - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

#### The following provisions will apply to Emergency Evacuation and Repatriation of Remains:

**NOTICE OF CLAIM** - Written notice of claim must be given by the Claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Group Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Group Policy, or to the Company's designated representative.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

#### **EMERGENCY EVACUATION**

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

(a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

(b) after being treated at a local Hospital, Your medical condition warrants transportation to where the Insured resides, to obtain further medical treatment or to recover; or

(c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

(a) recommended by the attending Physician;

(b) required by the standard regulations of the conveyance transporting You; and

(c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) days following a covered Emergency Evacuation, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

If You suffer an Injury or Sickness while on the Covered Trip, which results in hospitalization and the attending Physician advises You against driving Your vehicle home, the Company will pay the charges imposed to return the unattended vehicle to Your primary residence. This coverage is only afforded to non-commercial vehicles.

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

#### **REPATRIATION OF REMAINS**

The Company will pay the reasonable Covered Expenses incurred to return Your body to the Insured's primary place of residence if You die during the Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

#### LIMITATIONS AND EXCLUSIONS

#### The following exclusions apply to Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

- 1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
- 2. intentionally self-inflicted injuries;
- 3. war, invasion, hostilities between nations (whether declared or not), civil war;
- 4. participation in any military maneuver or training exercise;
- 5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 6. mental or emotional disorders, unless Hospitalized;
- 7. participation as a professional in athletics;
- 8. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- 9. commission or the attempt to commit a felony;
- 10. participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races); scuba diving; spelunking or caving; heliskiing; extreme skiing;
- 11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- 12. pregnancy and childbirth (except for complications of pregnancy); except if Hospitalized;
- 13. curtailment or delayed return for other than covered reasons;
- 14. traveling for the purpose of securing medical treatment;
- 15. services not shown as covered;
- 16. care or treatment that is not medically necessary;
- 17. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
- 18. Injury or Sickness when traveling against the advice of a Physician;
- 19. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
- 20. Any expenses incurred in the Home Country.

# Travel Assistance Program Description – Provided by UnitedHealthcare Global Assistance

#### **Emergency Transportation Services**

Emergency Medical Evacuation/Medically-Necessary Repatriation • Repatriation of Mortal Remains • Transportation after Stabilization • Visit by Family Member/Friend • Return of Dependent Children • Non-Medical Emergency Transportation

#### **Travel Support Services**

Medical Monitoring • Hotel Arrangements for Convalescence • Medical and Dental Search and Referral • Advance of Emergency Medical Expenses • Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses • Transfer of Insurance Information and Medical Records • Assistance with Emergency Travel Arrangements • Interpretation/Translation • Locating Lost or Stolen Items • Emergency Cash Advance

#### FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

CALL TOLL FREE: 800-527-0218 (within the United States and Canada)

# OR CALL COLLECT: 410-453-6330 (From all other locations)

#### \*\*When calling please identify yourself as a TravelCare Insured

# Travel Assistance Services Details

# Travel Support Services

- Interpretation/Translation: Upon request, UHCG will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, UHCG will refer you to local translators.
- Locating Lost or Stolen Items: UHCG will assist in locating lost luggage, and help you coordinate the replacement of transportation tickets, travel documents or credit cards.
- Medical Monitoring: During the course of a medical emergency resulting from an accident or sickness, UHCG will monitor your case to determine whether the care is adequate from a Western Medical perspective.
- Medical and Dental Search and Referral: UHCG will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.
- Advance of Emergency Medical Expenses: UHCG will advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or friend. Assignment of benefits allows Insurer to claim with the Insured's primary insurance when hospital refuses admission or discharge.
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses: UHCG will arrange
  to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. UHCG will
  also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for
  payments of all costs related to these services.
- Transfer of Insurance Information and Medical Records: Upon your request, UHCG will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.
- Assistance with Vaccine and Blood Transfers: If based upon your physician's prescription, needed vaccines or blood
  products are not available locally, UHCG will coordinate the transfer where possible and permissible by law. You are
  responsible for all expenses related to this service.

#### Non-Insurance Personal Assistance Services

These are Non-Insurance Services provided by UHCG:

- Pre-Trip Information: Upon request, UHCG will provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.
- Interpretation/Translation: If during your Trip you need an interpretation, UHCG will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, UHCG will refer you to local translators.
- Legal Referral/Bail: Upon request, UHCG will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, UHCG will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, family member or friend. You are responsible for associated fees.
- Emergency Cash Advance: UHCG will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

# FOR FILING A CLAIM

Contact the Nationwide Plan Administrator online at: <u>https://cbpconnect.com</u> Customer Service: 866-223-2835 Mailing Address: Attention: Co-ordinated Benefit Plans, LLC On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies P.O. Box 26222 Tampa, FL 33623 Or E-mail your information to: <u>NWTravClaims@cbpinsure.com</u>, or Fax to: 800-560-6340

### **HEALTH SERVICES HUB**

Wellness is about promoting personal health and fitness through the natural therapies of diet, nutritional supplements, the benefits of exercise, as well as having a healthy attitude to help improve your total quality of life. Your Travel Plan relationship offers a comprehensive resource that aims to help you achieve personal health and wellness goals regardless of age, gender or level of fitness. This program provides You with the tools to make wellness part of your daily life as well as a great way to help you to get ready for your upcoming trip.

Enrolled participants get access to individual home fitness programs, assessment calculators, disease prevention studies, health tips, guidance on nutrition, weight loss and exercise as well as additional links to other health-related sites. The site is quick, simple and easy to navigate.

Please visit <u>https://www.healthserviceshub.com/account/promo</u> and use the Promo Code "**CBPCONNECT**" to gain access to the site. Once there, you will register by creating your own username and password. You can then begin using these helpful tools which are included as part of your Travel Protection Plan.