

## United Methodist Volunteers in Mission Sports Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network:** To locate a network facility in the United States, search online at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders), contact Seven Corners Assist at the numbers shown below, or log onto WellAbroad.com.

To locate a facility outside of the United States, please contact Seven Corners Assist at the numbers shown below or log onto WellAbroad.com. Seven Corners Assist must be contacted prior to Hospital admission and/or any Inpatient/Outpatient surgeries.

**Please see the Pre-Notification and Network section for details and requirements regarding notification and use of the network.** Use of the network does not guarantee benefits.

**Claims – It is important to submit Your claims to Seven Corners quickly. To be considered, all claims must be submitted to the Seven Corners Claim Department within 90 days after the date of service.**

**Travel Assistance** - To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number. You are eligible to use any of the assistance services provided. We are open 24 hours/day, 365 days a year, staffed with multilingual personnel. Seven Corners Assist must be contacted for Emergency Medical Evacuation, Return of Remains, Emergency Reunion, and Return of Minor Child.

**Seven Corners Assist - In the United States, Canada, and the Caribbean (Toll-free): 1-800-690-6295 or Collect Calls : 0-317-818-2808**  
Email: [assist@sevencorners.com](mailto:assist@sevencorners.com)

The Underwriter hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Underwriter and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Underwriter. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

**Eligibility:** United Methodist Volunteers in Mission Sports plan provides coverage for individuals and families while traveling on a sanctioned United Methodist Volunteers in Mission Sports trip, whose name and travel dates have been submitted on the Group Application and have accepted by the Administrator. Coverage shall apply worldwide including the United States.

***It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.***

**Period of Coverage:** The minimum Period of Coverage under the United Methodist Volunteers in Mission Sports plan is five (5) days, maximum Period of Coverage is three hundred and sixty-four (364) days. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan Cost.

Effective Date of Coverage begins on the latest of the following:

1. The date and time the Underwriter receives a completed application and plan cost for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You depart Your Home Country; or
4. The date the Underwriter approves the application.

Expiration Date of Coverage terminates on the earlier of the following:

1. Your return to Your Home Country (except as provided under the Home Country Coverage); or
2. The expiration of three hundred and sixty-four (364) days from the Effective Date of Coverage; or
3. The date shown on the ID card; or
4. The end of the period for which plan cost has been paid; or
5. The date You fail to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

## SCHEDULE OF BENEFITS:

All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

<b>U.S Coverage</b>	Included
<b>Medical Maximums</b>	\$10,000; \$25,000; Medical Maximum is per person per Period of Coverage. (age 80+, maximum limited to \$10,000)
<b>Deductible</b>	\$50; Deductible is per person per Occurrence.
<b>Coinsurance</b>	<b>Traveling Outside the United States:</b> After You pay the Deductible, the plan pays 100% to the selected Medical Maximum. <b>Traveling Inside the United States:</b> After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.
<b>Hospital Indemnity</b>	\$150 per night, up to a maximum of 30 days (Applicable to individuals traveling outside the United States only)
<b>Dental (Accident Coverage)</b>	To a maximum of \$500 (Only available to programs purchased for 1 month or more.)
<b>Dental (Sudden Relief of Pain)</b>	To a maximum of \$250 (Only available to programs purchased for 1 month or more.)
<b>Emergency Medical Evacuation/Repatriation</b>	\$100,000 (in addition to the Medical Maximum)
<b>Return of Mortal Remains</b>	\$20,000
<b>Return of Minor Child(ren)</b>	\$50,000
<b>Emergency Medical Reunion</b>	\$10,000
<b>Local Ambulance Benefit</b>	\$5,000
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$50,000 principal sum for Insured
<b>Loss of Checked Baggage</b>	\$250
<b>Interruption of Trip</b>	\$5,000
<b>Home Country Coverage</b>	<i>Incidental Trips to The Home Country: Up to selected policy maximum</i> <i>Extension of Benefits: Up to \$5,000</i>
<b>Unexpected Recurrence of a Pre-existing Condition</b>	Up to \$2,500. This benefit is payable to U.S. citizens when traveling outside the United States and Canada.
<b>Hospital Room &amp; Board</b>	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Intensive Care</b>	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Outpatient Medical Expenses</b>	Usual, Reasonable and Customary to the selected Medical Maximum
<b>Hazardous Sports Coverage</b>	Included
<b>Assistance Services</b>	Included
<b>Benefit Period</b>	180 days

Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.

## DESCRIPTION OF BENEFITS

**Medical Expenses: United Methodist Volunteers in Mission Sports** plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges and incurred within one hundred eighty (180) days from the date of Accident or onset of Illness and which are not excluded shall be considered Covered Expenses:

- 1) Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis.  
This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- 6) Charges made for the cost and administration of anesthetics.
- 7) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.

- 8) Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- 9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 10) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to the maximum stated in the Schedule of Benefits, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Hospital Indemnity** – If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which occurs during Your Period of Coverage, this plan will pay benefits up to the maximum stated in the Schedule of Benefits per day of confinement, in addition to any other Covered Expense, up to a maximum of thirty (30) days. *(Only available for travel outside the United States)*

**Dental (Accident Coverage)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the Schedule of Benefits, for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of a covered Accident. Only those injuries caused by external contact with a foreign object are covered. You are not covered if you break a tooth while eating or biting into a foreign object. \*Only available to programs purchased for 1 month or more.

**Dental (Sudden Relief of Pain)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the Schedule of Benefits, for emergency Treatment for the relief of pain to Sound Natural Teeth. \*Only available to programs purchased for 1 month or more.

**Emergency Medical Evacuation/Repatriation** – The plan will pay Covered Expenses incurred up to the maximum stated in the Schedule of Benefits if any covered Injury or Illness commences during the Period of Coverage and results in Your Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by Seven Corners Assist in consultation with the local attending Physician. Emergency Medical Evacuation or Repatriation means: a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person’s medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route. **The Emergency Medical Evacuation or Repatriation must be arranged by Seven Corners Assist in consultation with the Insured Person’s local attending Physician. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Return of Mortal Remains** – The plan will pay the reasonable Covered Expenses incurred up to the maximum stated in the Schedule of Benefits to return Your remains to Your Home Country if You should die. This benefit must be approved and arranged by Seven Corners Assist. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Return of Minor Child(ren)** – If You are traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury, and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to the maximum stated in the Schedule of Benefits for a one-way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Emergency Medical Reunion** – When Emergency Medical Evacuation or Repatriation is ordered, and the attending Physician recommends that a family member travel with You, the plan will arrange and pay up to the maximum stated in the Schedule of Benefits for roundtrip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. This benefit must be approved and arranged by Seven Corners Assist. The benefits payable will include: (1) The cost of a roundtrip economy airfare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum stated in the Schedule of Benefits; (3) The period of Emergency Medical Reunion is not to exceed ten (10) days, including travel. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Accidental Death & Dismemberment** – Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within three hundred and sixty-five (365) days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Common Carrier Accidental Death	200%

**Loss of Checked Baggage** – This plan will reimburse You for lost baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You at all times. Benefits will be paid to the maximum stated in the Schedule of Benefits. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. Per article limit of \$50.

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Underwriter that full reimbursement has been obtained from the airline.

**Interruption of Trip** – If You are unable to continue the trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse You up to the maximum stated in the Schedule of Benefits for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Home Country Coverage – Incidental Trips to the Home Country** – This plan covers You for Eligible Benefits related to a new covered Injury or Illness that begins while You are on an incidental trip to Your Home Country. For this benefit, You receive a maximum of thirty (30) days per one hundred and eighty (180) days of purchased coverage or pro rata thereof – example: approximately five (5) days per month of purchased coverage. This benefit is not available for purchases of less than thirty (30) days. You must first depart Your Home Country in order to utilize this benefit, and it does not apply to the final trip home. In the event of a claim, You may be required to provide proof of Your travel intentions. Earned Home Country Coverage days for the current Policy Period do not extend or carry over after Your Expiration Date. For this benefit, the Medical Maximum is as stated in the Schedule of Benefits, minus Your Deductible and Coinsurance. The incidental trip to Your Home Country must not be for the purpose of obtaining Treatment of an Illness or Injury that began while traveling abroad. This benefit does not provide coverage for Pre-existing Conditions because the Exclusions for Medical Benefits apply.

**Home Country Extension of Benefits** – This Policy shall pay Eligible Benefits incurred in Your Home Country up to the maximum stated in the Schedule of Benefits, minus Your Deductible and Coinsurance, for a new covered Injury or Illness that begins while You are traveling and is first diagnosed and treated outside Your Home Country. Only those Covered Expenses that are incurred within one hundred and eighty (180) days from the date of Accident or onset of Illness and which are not excluded shall be considered eligible. Claims for Illnesses that involve incubation periods, which may have prevented early diagnosis of a condition, while on a sanctioned trip, are also eligible. If no symptoms are diagnosed or treated, while outside of one's Home Country (or on a sanctioned trip), and symptoms first present themselves within 30 days of the insured's return to their Home Country (or within 30 days of their coverage end date), the Home Country Extension of Benefits shall apply up to the maximum limit stated in the Schedule of Benefits. Coverage must first be filed with any applicable primary insurance before benefits are considered as eligible under this policy. If Seven Corners Assist evacuates/repatriates You to Your Home Country for a Covered Injury or Illness, the \$5,000 limit for Home Country Extension of Benefits does not apply to the Medical Benefits. This benefit does not provide coverage for Pre-existing Conditions because the Exclusions for Medical Benefits apply.

**Unexpected Recurrence of a Pre-existing Condition** - This plan shall pay, up to the maximum stated in the Schedule of Benefits subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage. *(Only available for U.S. and Canadian citizens traveling outside the United States)*

**Hazardous Sport Coverage** - To cover motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking.

**Assistance Services** - Upon enrollment, You are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the plan summary.

- Open 24 hours/day, 365 days a year
- Multi-lingual personnel
- Physicians / Nurses on staff
- Locate local facilities
- Help with emergency situations

## PLAN DEFINITIONS

**Accident or Accidental** shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Administrator** shall mean Seven Corners, Inc.

**Airworthiness Certificate or Airworthy Certificate** shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

**Benefit Period** shall mean the one hundred and eighty (180) days following the onset of an Eligible Accident, Injury or Illness in which to receive Medically Necessary Covered Expenses. If Your plan terminates during Your Benefit Period, You will still be eligible to receive Treatment so long as the Treatment is within Your Benefit Period and outside Your Home Country (except as provided under the Home Country Coverage).

**Coinsurance** shall mean the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.

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

**Congenital** shall mean a physical abnormality or condition that is present at birth, whether inherited or caused by the environment.

**Covered Expense** shall mean "Eligible Benefit".

**Underwriter** shall mean Certain Underwriters at Lloyds, London.

**Deductible** shall mean the amount of Covered Expenses which is Your responsibility to pay before benefits under the plan are payable.

**Disablement** (as used with respect to medical expenses) shall mean an Illness or an Accidental bodily Injury necessitating medical Treatment by a Physician.

**Eligible Benefit(s)** shall mean benefits payable by the Company to reimburse expenses 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 this program and which do not exceed the maximum benefit.

**Experimental/Investigational** means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The Underwriter will make the final determination as to whether a service or supply is Experimental/Investigational.

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

**Hospital** shall mean a place that 1) Is legally operated for the purpose of providing medical care and Treatment(s) to Sick or Injured persons for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance 2) Provides such care and Treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) Operates under the supervision of a staff of one or more Physician(s). Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- A Convalescent, nursing, or rest home or facility, or a home for the aged;
- A place mainly providing Custodial, Educational, or Rehabilitative Care; or
- A facility mainly used for the Treatment(s) of drug addicts or alcoholics.

**Host Country** shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**Illness** shall mean sickness or disease of any kind contracted and commencing while this plan is in force as to the Insured Person whose Illness is the basis of claim. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.

**Injury** shall mean Accidental bodily Injury or injuries caused by an Accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

**Inpatient** shall mean if You are confined in an institution and are charged for room and board.

**Insured or Insured Person** shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the Company has accepted premium.

**Intensive Care** shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Medically Necessary** shall mean services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

**Outpatient** shall mean if You receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Period of Coverage or Policy Period** shall mean the Period of Coverage issued by the Underwriter to the Insured Person, typically beginning with the Effective Date and ending with the Expiration Date or the date coverage is renewed by the Underwriter.

**Physician(s)** or **Surgeon** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

**Pre-existing Conditions** shall mean any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the 36 months prior to the effective date of coverage under this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. 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 policy. **\*For U.S. and Canadian citizens traveling outside the United States, the Pre-existing Condition period is twelve (12) months instead of thirty-six (36) months.**

**Reasonable and Customary** shall mean the maximum amount that the plan determines is Reasonable and Customary for Covered Expenses You receive, up to but not to exceed charges actually billed. The determination considers:

- 1) Amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;
- 2) Any usual medical circumstances requiring additional time, skill or experience; and
- 3) Other factors included but not limited to, a resource based relative value scale.

**Relative** shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

**Service Provider** shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

**Sound Natural Tooth** is a tooth that is whole or properly restored; is without impairment, periodontal or other conditions; is not more susceptible to Injury than a virgin tooth, and is not in need of the Treatment provided for any reason other than Accidental Injury. A tooth previously restored with a crown, inlay, onlay, or porcelain restoration, or Treated by endodontics is not a Sound Natural Tooth.

**Surgery** shall mean an invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Traveling Companion** shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent son, daughter, brother, or sister), aunt, uncle, niece, nephew, legal guardian, ward, or business partner of the Insured Person.

**Treatment** means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**Underwriter** shall mean Certain Underwriters at Lloyds, London.

**You or Your** shall mean the Primary Insured Person and the Primary Insured's Spouse or Dependent.

## EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence of a Pre-existing Condition, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child(ren), Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions which are excluded under this policy. This means that any claims for Pre-existing Conditions will not be covered for the duration of this policy.

**This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains. Note: If You are a U.S. or Canadian citizen this exclusion is waived up to the maximum stated in the Schedule of Benefits for Eligible Medical Expenses incurred while traveling outside the United States, if resulting from a sudden, unexpected recurrence of a Pre-existing Condition. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage and is subject to the chosen Deductible and Coinsurance. Any exclusion specifically listed below in 2 through 46 will not receive benefits from this waiver.**

2. Injury or Illness which is not presented to the Underwriter for payment within ninety (90) days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion;
  - i. Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use.

- Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).
- ii. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
  - iii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iv. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
10. Injury sustained while participating in professional athletics;
  11. Injury sustained while participating in amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. *Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.*
  12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
  13. Treatment of the temporomandibular joint;
  14. Vocational, speech, recreational or music therapy;
  15. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You;
  16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
  17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
  18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
  19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
  20. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent;
  21. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
  22. Any Mental and Nervous disorders or rest cures;
  23. Congenital abnormalities and conditions arising out of or resulting there from;
  24. Expenses which are non-medical in nature;
  25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
  26. Expenses as a result of or in connection with the commission of a felony offense;
  27. Injury sustained while taking part in Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding (whether as a driver or passenger); scuba diving, involving underwater breathing apparatus (unless PADI or NAUI certified); water skiing; snow skiing; spelunking; parasailing and snowboarding. *Hazardous Sport Coverage: the following are covered: motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking.*
  28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for Treatment without any cost to You;
  29. Treatment and or diagnosis of venereal disease;
  30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
  31. Routine Dental Treatment;
  32. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
  33. Miscarriage resulting from Accident;
  34. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
  35. Treatment for human organ tissue transplants and their related treatment;
  36. Expenses incurred while in Your Home Country, except when traveling on a sanctioned United Methodist Volunteers in Mission Sports trip or as provided under the Home Country Coverage;
  37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
  38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
  39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;

40. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an Accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power; (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence; (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Underwriter shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or Surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.

For **Interruption of Trip**, this insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

For **Loss of Checked Baggage**, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye-glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

## PART V - POLICY PROVISIONS

1. Notice of Claim: Written notice of claim must be given to the Underwriter within ninety (90) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Underwriter, or to any authorized agent of the Underwriter, with information sufficient to identify the Insured Person shall be deemed notice to the Underwriter.
2. Claim Forms: The Underwriter, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. Proof of Loss: Written Proof of Loss must be furnished to the Underwriter at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Underwriter is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
4. Time of Payment of Claims: Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Underwriter is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Underwriter, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Underwriter may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Underwriter to be equitably entitled thereto. Any payment made by the Underwriter in good faith pursuant to this provision shall fully discharge the Underwriter to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Underwriter's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. Physical Examination and Autopsy: The Underwriter at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. Legal Actions: No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in Your policy documents and do not include any additional benefits required by the PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult Your attorney, insurance agent, or tax professional to determine if the PPACA's requirements are applicable to You.
9. Coordination of Benefits: The Company coordinates benefits with other payers when an Insured Person(s) is covered by two (2) or more health plans. Coordination of Benefits is the industry standard practice used to share the cost of care between two (2) or more carriers when an Insured Person(s) is covered by more than one (1) health benefit plan. Our Coordination of Benefits and Services provision is attached hereto as APPENDIX A.
10. Any initial inquiry or complaint should be addressed to the Administrator, as defined herein. If the Insured Person is not satisfied with the manner in which an inquiry or complaint has been managed by the Administrator, the Insured Person may request in writing to the Complaints & Advisory Department at Lloyd's to review the case without prejudice to Your rights in law.

Complaints and Advisory Department of Lloyd's  
1 Lime Street  
London EC3M 7HA  
United Kingdom

### **Excess Benefits**

All Coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

### **Refund of Premium**

Certain Underwriters at Lloyds, London realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement.

### **Subrogation**

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

### **Coverage Intent**

**Please be aware that this is not a general health insurance policy but an interim travel medical program intended for use while away from Your Home Country or Country of Residence.**

### **Pre-Notification and Network Procedures**

1. Pre-Notification - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:

- a) Within 48 hours of an emergency Hospital admission anywhere in the world.
- b) Before a scheduled, non-emergency Hospital admission anywhere in the world.
- c) Before receiving any medical Treatment inside the United States.
- d) Before Inpatient or Outpatient surgery worldwide.

*Pre-Notification does not guarantee that benefits will be paid. The United Methodist Volunteers in Mission Sports plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.*

2. Network

- a) Inside of the United States: Seven Corners' provider network is not required. By utilizing the network, You may receive potential discounts and out-of-pocket savings for any incurred eligible expenses.
- b) Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

***Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.***

Contact information for Seven Corners Assist is provided below and on the back of Your virtual ID Card. Our multilingual representatives are available 24/7 to help You. Contact us immediately for Emergency Medical Evacuation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child(ren). A listing of network providers can be found at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders) or by contacting Seven Corners Assist. In addition, WellAbroad.com provides a complete listing of providers as well as other important and varied up-to-date travel information.

Seven Corners Assist

Inside the United States: 1-800-690-6295

Outside the United States: 0-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-mail: [assist@sevencorners.com](mailto:assist@sevencorners.com)

### **Wellabroad.com**

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

**How to Obtain Travel Assistance**

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number. For Emergency Medical Evacuation, Return of Mortal Remains, Emergency Medical Reunion, Return of Minor Child, Assistance Services, call: if in the United States or Canada: 1-800-690-6295, or if outside the United States or Canada: 0-317-818-2808 (collect)

**Claims Services**

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.

303 Congressional Blvd; Carmel, IN 46032

800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

**Insurance Underwriter**

This Insurance, under Policy **LON12-120530-01TM**, is underwritten by Certain Underwriters at Lloyds, London, rated "A" (Excellent) by AM Best.

### **Purpose of This Provision**

An Insured Person(s) may be covered for health benefits or services by more than one plan. If he/she is, this provision allows the Company to coordinate what the Company pays or provides with what another Plan pays or provides. This provision sets forth the rules for determining which is the primary plan and which is the secondary plan. Coordination of benefits is intended to avoid duplication of benefits while at the same time preserving certain rights to coverage under all Plans under which the Insured Person(s) is covered.

### **DEFINITIONS**

The words shown below have special meanings when used in this provision. Please read these definitions carefully.

**Allowable Expense:** The charge for any health care service, supply, or other item of expense for which the Insured Person(s) is liable when the health care service, supply, or other item of expense is covered at least in part under any of the Plans involved, except where a statute requires another definition, or as otherwise stated below.

When this Certificate is coordinating benefits with a Plan that provides benefits only for dental care, vision care, prescription drugs or hearing aids, Allowable Expense is limited to like items of expense.

The Company will not consider the difference between the cost of a private hospital room and that of a semi-private hospital room as an Allowable Expense unless the stay in a private room is Medically Necessary and Appropriate.

When this Certificate is coordinating benefits with a Plan that restricts coordination of benefits to a specific coverage, the Company will only consider corresponding services, supplies or items of expense to which coordination of benefits applies as an Allowable Expense.

**Claim Determination Period:** A Calendar Year, or portion of a Calendar Year, during which an Insured Person(s) is covered by this Certificate and at least one other Plan and incurs one or more Allowable Expense(s) under such plans.

**Plan:** Coverage with which coordination of benefits is allowed. Plan includes:

- a) Group insurance and group subscriber contracts, including insurance continued pursuant to a Federal or State continuation law;
- b) Self-funded arrangements of group or group-type coverage, including insurance continued pursuant to a Federal or State continuation law;
- c) Group or group-type coverage through a health maintenance organization (HMO) or other prepayment, group practice and individual practice plans, including insurance continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts that exceed \$150 per day;
- e) Medicare or other governmental benefits, except when, pursuant to law, the benefits must be treated as in excess of those of any private insurance plan or non-governmental plan.

Plan does not include:

- a) Individual or family insurance contracts or subscriber contracts;
- b) Individual or family coverage through a health maintenance organization or under any other repayment, group practice and individual practice plans;
- c) Group or group-type coverage where the cost of coverage is paid solely by the Insured Person(s) except when coverage is being continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts of \$150 per day or less;
- e) School accident type coverage;
- f) A State plan under Medicaid.

**Primary Plan:** A Plan whose benefits for an Insured Person(s)'s health care coverage must be determined without taking into consideration the existence of any other Plan. There may be more than one Primary Plan. A Plan will be the Primary Plan if either "a" or "b" below exists:

- a) The Plan has no order of benefit determination rules or it has rules that differ from those contained in this Coordination of Benefits and Services provision; or
- b) All Plans which cover the Insured Person(s) use order of benefit determination rules consistent with those contained in the Coordination of Benefits and Services provision and under those rules, the plan determines its benefits first.

**Reasonable and Customary:** An amount that is not more than the usual or customary charge for the service or supply as determined by the Company, based on a standard which is most often charged for a given service by a Provider within the same geographic area.

**Secondary Plan:** A Plan which is not a Primary Plan. If an Insured Person(s) is covered by more than one Secondary Plan, the order of benefit determination rules of this Coordination of Benefits and Services provision shall be used to determine the order in which the benefits payable under the multiple secondary plans are paid in relation to each other. The benefits of each Secondary plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan which, under this Coordination of Benefits and Services provision, has its benefits determined before those of that Secondary Plan.

### **PRIMARY AND SECONDARY PLAN**

The Company considers each plan separately when coordinating payments.

The primary plan pays or provides services or supplies first, without taking into consideration the existence of a Secondary Plan. If a Plan has no coordination of benefits provision, or if the order of benefit determination rules differ from those set forth in these provisions, it is the primary plan.

A secondary plan takes into consideration the benefits provided by a primary plan when, according to the rules set forth below, the plan is the secondary plan. If there is more than one secondary plan, the order of benefit determination rules determine the order among the secondary plans. The secondary plan(s) will pay up to the remaining unpaid allowable expenses, but no secondary plan will pay more than it would have paid if it had been the primary plan. The method the secondary plan uses to determine the amount to pay is set forth below in the **Procedures to be Followed by the Secondary Plan to Calculate Benefits** section of this provision.

The secondary plan shall not reduce Allowable Expense for medically necessary and appropriate services and supplies on the basis that precertification, preapproval, notification or second surgical opinion procedures were not followed.

#### **RULES FOR THE ORDER OF BENEFIT DETERMINATION**

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree shall be determined before those of the Plan that covers the Insured Person(s) as a Dependent. The coverage as an employee, member, subscriber or retiree is the primary plan.

The benefits of the Plan that covers the Insured Person(s) as an employee who is neither laid off nor retired, or as a dependent of such person, shall be determined before those for the Plan that covers the Insured Person(s) as a laid off or retired employee, or as such a person's Dependent. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree, or Dependent of such person, shall be determined before those of the Plan that covers the Insured Person(s) under a right of continuation pursuant to Federal or State law. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are neither separated nor divorced, the following rules apply:

- a) The benefits of the Plan of the parent whose birthday falls earlier in the Calendar Year shall be determined before those of the parent whose birthday falls later in the Calendar Year.
- b) If both parents have the same birthday, the benefits of the Plan which covered the parent for a longer period of time shall be determined before those of the parent for a shorter period of time.
- c) Birthday, as used above, refers only to month and day in a calendar year, not the year in which the parents was born.
- d) If the other plan contains a provision that determines the order of benefits based on the gender of the parent, the birthday rule in this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are separated or divorced, the following rules apply:

- a) The benefits of the Plan of the parent with custody of the child shall be determined first.
- b) The benefits of the Plan of the spouse of the parent with custody shall be determined second.
- c) The benefits of the Plan of the parent without custody shall be determined last.
- d) If the terms of a court decree state that one of the parents is responsible for the health care expenses for the child, and if the entity providing coverage under that Plan has knowledge of the terms of the court decree, then the benefits of that plan shall be determined first. The benefits of the plan of the other parent shall be considered as secondary. Until the entity providing coverage under the plan has knowledge of the terms of the court decree regarding health care expenses, this portion of this provision shall be ignored.

If the above order of benefits does not establish which plan is the primary plan, the benefits of the Plan that covers the employee, member or subscriber for a longer period of time shall be determined before the benefits of the Plan(s) that covered the person for a shorter period of time.

#### **Procedures to be Followed by the Secondary Plan to Calculate Benefits**

In order to determine which procedure to follow it is necessary to consider:

- a) The basis on which the primary plan and the secondary plan pay benefits; and
- b) Whether the provider who provides or arranges the services and supplies is in the network of either the primary plan or the secondary plan.

Benefits may be based on the Usual and Customary Charge (U&C), or some similar term. This means that the provider bills a charge and the Insured person(s) may be held liable for the full amount of the billed charge. In this section, a Plan that bases benefits on a Usual and Customary Charge is called a "U&C Plan."

Benefits may be based on a contractual fee schedule, sometimes called a negotiated fee schedule or some similar term. This means that although a provider, called a network provider, bills a charge, the Insured person(s) may be held liable only for an amount up to the negotiated fee. In this section, a Plan that bases benefits on a negotiated fee schedule is called a "Fee Schedule Plan." If the Insured person(s) uses the services of a non-network provider, the plan will be treated as a U&C Plan even though the plan under which he or she is covered allows for a fee schedule.

Payment to the provider may be based on a capitation. This means that the health maintenance organization (HMO) pays the provider a fixed amount per Insured Person(s). The Insured Person(s) is liable only for the applicable deductible, coinsurance, or copayment. If the Insured person(s) uses the services of a non-network provider, the HMO will only pay benefits in the event of emergency care or urgent care. In this section, a Plan that pays providers based upon capitation is called a "Capitation Plan."

In the rules below, "provider" refers to the provider who provides or arranges the services or supplies, and "HMO" refers to a health maintenance organization plan.

Primary Plan is U&C Plan and Secondary Plan is U&C Plan

The secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

When the benefits of the secondary plan are reduced as a result of this calculation, each benefit shall be reduced in proportion, and the amount paid shall be charged against any applicable benefit limit of the plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in both the primary plan and the secondary plan, the Allowable Expense shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The total amount the provider receives from the primary plan, the secondary plan and the Insured Person(s) shall not exceed the fee schedule of the primary plan. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is U&C Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in the secondary plan, the secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges for the Allowable Charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The Insured Person(s) shall only be liable for the copayment, deductible, or coinsurance under the secondary plan if the Insured Person(s) has no liability for copayment, deductible or coinsurance under the primary plan and the total payments by both the primary and secondary plans are less than the provider's billed charges. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan

If the provider is a network provider in the primary plan, the Allowable Expense considered by the secondary plan shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan or Fee Schedule Plan

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, the secondary plan shall pay benefits as if it were the primary plan.

Primary Plan is Capitation Plan and Secondary Plan is Fee Schedule Plan or U&C Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of both the primary plan and the secondary plan, the secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Capitation Plan or Fee Schedule Plan or U&C Plan and Secondary Plan is Capitation Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of the secondary plan, the secondary plan shall be liable to pay the capitation to the provider and shall not be liable to pay the deductible, coinsurance or copayment imposed by the primary plan. The Insured Person(s) shall not be liable to pay any deductible, coinsurance or copayments of either the primary plan or the secondary plan.

Primary Plan is an HMO and Secondary Plan is an HMO

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, but the provider is in the network of the secondary plan, the secondary plan shall pay benefits as if it were the primary plan.

### **SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - **LSW1001**

### **LLOYD'S PRIVACY POLICY STATEMENT**

#### **UNDERWRITERS AT LLOYD'S, LONDON**

The Certain Underwriters at Lloyd's, London want You to know how we protect the confidentiality of Your non-public personal information. We want You to know how and why we use and disclose the information that we have about You. The following describes our policies and practices for securing the privacy of our current and former customers.

#### **INFORMATION WE COLLECT**

The non-public personal information that we collect about You includes, but is not limited to:

Information contained in applications or other forms that You submit to us, such as name, address, and social security number

Information about Your transactions with our affiliates or other third-parties, such as balances and payment history

c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

#### **INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

#### **CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service Your account have access to Your personal information. We have measures in place to secure our paper files and computer systems.

#### **RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of Your personal information that is in our possession.

#### **CONTACTING US**

If You have any questions about this privacy notice or would like to learn more about how we protect Your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - **LSW1135b**

# LLOYD'S

One Lime Street London EC3M 7HA