



## TRAVMED INTERNATIONAL

### INTRODUCTION

This insurance will cover you only while you are living or traveling outside your Home Country. **Coverage will not begin until after you depart your Home Country and will terminate immediately upon your return to your Home Country. See "Period of Insurance" under Policy Coverages.**

### SCHEDULE OF BENEFITS

Coverage limits are determined by the geographic area where the expense is incurred.

<b>Covered Expenses</b>	<b>Bermuda, Caribbean Islands, Canada, USA (its territories and possessions)</b>	<b>All Other Countries</b>
<u>Accident and Sickness Benefits</u>		
Hospitalization Expenses (1)	Full Coverage	Full Coverage
Non-hospitalization Expenses (2)	Limited Coverage (3)	Full Coverage
Physician's fees	Limited Coverage (3)	Full Coverage
Medical/surgical supplies	Limited Coverage (3)	Full Coverage
Medical/surgical treatment	Limited Coverage (3)	Full Coverage
X-rays	Limited Coverage (3)	Full Coverage
Laboratory	Limited Coverage (3)	Full Coverage
Prescription medicines	Limited Coverage (3)	Full Coverage
Local ambulance	Limited Coverage (3)	Full Coverage
Medical Evacuation	Full Coverage	Full Coverage
Repatriation of Remains (4)	Limited Coverage	Limited Coverage
Accident Dental Expenses (5)	Limited Coverage	Limited Coverage
Maternity Expense Benefit (6)	Limited Coverage	Limited Coverage
Home Country Coverage (See Policy Coverages for details)	Very Limited Coverage	Very Limited Coverage

#### NOTES/LIMITS:

- (1) Hospital Room and Board Benefits are limited to the hospital's most prevalent semi-private accommodation. Private room accommodations will be covered only if considered medically necessary by the attending Physician.
- (2) All non-hospitalization expenses are subject to a US\$100 deductible per claim.
- (3) Benefits are limited to 80% after the US\$100 deductible.
- (4) There is no coverage in the Insured Person's Home Country.
- (5) Benefits are limited to US\$500 per natural tooth with a maximum benefit of US\$5,000 resulting from a covered accident.
- (6) Benefits are limited to US\$5,000 for each uncomplicated pregnancy and US\$7,500 for each complicated pregnancy with a US\$25,000 lifetime maximum benefit. These are the only benefits of the policy available for maternity related expenses.

## POLICY COVERAGES

### MEDICAL EXPENSE BENEFITS

Benefit limit: US \$1,000,000 per claim

#### Accident and Sickness Expense Benefit:

The Company will pay up to the benefit limit for the reasonable and customary medical expenses including, but not limited to, necessary medical or surgical treatment, services and supplies, hospital services, local ambulance, x-rays, laboratory fees, and visits to a Physician's office, as a direct result of each Covered Injury or Sickness which first manifests itself during the Period of Insurance. There is a US \$100 deductible per claim that applies to this benefit.

LIMITATION: Coverage for non-hospitalization expenses (where you are not a registered inpatient in the hospital) incurred in the USA, Canada, Bermuda and the Caribbean Islands is limited to 80% of the reasonable and customary charges after the US\$100 deductible.

#### Medical Evacuation Benefit:

If a Covered Injury or Sickness occurs during the Period of Insurance and requires your immediate medical evacuation, upon the recommendation of the attending Physician, authorization of the MEDEX Program Medical Advisor and your concurrence, the Company may:

- a) medically evacuate you to a more suitable medical facility; or
- b) evacuate you to a medical facility near your home in your Home Country. After evacuation to your Home Country additional medical expenses will be limited to the benefits available under the Home Country Coverage.

The reasonable transportation expenses of one other adult Insured Person accompanying you for the purpose of providing assistance, will be covered by this policy. **All medical evacuations must be approved (in advance) and coordinated by MEDEX.**

#### Repatriation of Remains Benefit:

If a Covered Injury or Sickness results in the loss of your life during the Period of Insurance, the Company will pay the expense for the preparation and transportation of your body to your home. **All repatriations must be approved and managed by MEDEX.**

#### Accident Dental Benefit:

If you incur dental expenses as a direct result of a Covered Injury, the Company will pay up to US\$500 per natural tooth (subject to a US\$5,000 maximum).

#### Maternity Expense Benefit:

This benefit covers the mother's prenatal and postnatal medical expenses incurred outside her Home Country including hospitalization services, physician services for the delivery of the child(ren) or termination (spontaneous or elective) of the pregnancy. This benefit is limited to US\$5,000 for an uncomplicated pregnancy (including delivery) and US\$7,500 for a complicated pregnancy. The lifetime benefit under this coverage is limited to US\$25,000 (for multiple pregnancies). These are the only benefits available for maternity related expenses and cover only those pregnancies where the expected date of birth is at least ten months after the mother became covered under this policy.

#### Home Country Coverage:

You continue to be covered under this policy during temporary return visits to your Home Country. Your Home Country Coverage is limited to US\$100,000 and a maximum accumulation of 30 days of return visits to your Home Country during the Period of Insurance. For all expenses incurred in your Home Country the following limitations apply: the deductible is increased to US\$500; the next US\$50,000 of medical expenses are limited to 50% coverage; thereafter, the coverage is increased to 100% up to the appropriate Home Country Coverage limit. The policy will not cover any expense incurred in your Home Country once the Home Country Coverage limitations have been exceeded. **No expense incurred in your Home Country will be covered by this insurance until proof of your departure from your Home Country has been received and verified by the Claims Administrator.**

**Important Note:** If you return to your Home Country for a temporary visit and subsequently do not leave your Home Country before the expiration date of your policy, this insurance will be considered terminated as of the date you returned to your Home Country for that visit. Any medical expense incurred between the date you returned to your Home Country and the expiration of this policy will not be covered except as noted in the Period of Insurance.

#### Accidental Death and Dismemberment Benefit:

Principal Sum: US\$25,000

Optional Benefit: US\$100,000

If a Covered Injury occurs during the Period of Insurance, which is independent of all other causes and within 180 days of the injury results in one of the following losses, the Company will pay the sum indicated below.

<b>Loss of:</b>	<b>Benefit:</b>
Life	Principal Sum
Any two limbs (above the elbow/knee)	Principal Sum
Sight in both eyes (irrecoverable)	Principal Sum
Sight in one eye and one limb	Principal Sum
Sight in one eye or one limb	One-half Principal Sum

The Company will not pay more than the Principal Sum for all losses incurred by you as a result of the same accident.

## **PERIOD OF INSURANCE**

This insurance begins on the later of: (a) your departure from your Home Country; (b) at 12:01 a.m. local time on the effective date requested on the application; or (c) when your application and premium are received and approved by the Administrator. The insurance terminates on the earlier of: (a) at 11:59 p.m. local time on the expiration date of your policy; or (b) when you cease to be eligible as defined under Insured Person; or (c) immediately upon return to your Home Country. However, if you have been insured under this policy for at least six months and then return to your Home Country permanently, the insurance will continue for 30 days or until the policy's expiration date (whichever first occurs) to provide Home Country Coverage for an unexpected injury or illness which may occur after you return home. The purpose of this benefit is to provide time to purchase domestic health insurance.

## **INTERNATIONAL TRAVELERS ASSISTANCE SERVICES**

1. Multilingual professional staff will help in locating the nearest, most appropriate medical care.
2. Medical Advisors consultative and advisory services including second opinion and review of appropriateness/quality of medical care, plus progress monitoring during treatment.
3. Assistance in establishing contact with family, personal physician and employer as necessary; emergency message transmittal.
4. Special assistance to facilitate direct claims payment or transfer of funds.
5. Arrangement and coordination of medical evacuation or repatriation of remains.
6. Special assistance in making arrangements for disrupted travel plans.
7. Knowledgeable legal referral assistance and courtesy assistance in replacing travel documents as well as other travel services.

## **COMPANY ADMINISTRATION**

### **Company**

Pan-American Life Insurance Company  
601 Poydras Street  
New Orleans, Louisiana 70130 USA

Master Policy issued to:  
International Sojourners Insurance Trust of Washington, D.C.

### **Administrator**

MEDEX Insurance Services, Inc.  
8501 LaSalle Road  
Suite 200  
Towson, Maryland 21286 USA

## **Notice Concerning Your Right of Privacy as a Consumer**

Pan-American Life Insurance Company collects non public information about you from the following sources: (a) information we receive from you in applications or other forms; (b) information about your transactions with us, our affiliates or others; and (c) information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

All correspondence relating to sales, renewals, claims and general policy information should be directed to:

**MEDEX Insurance Services, Inc.**  
8501 LaSalle Road, Suite 200  
Towson, Maryland 21286 USA  
(800) 732-5309 or (410) 453-6380  
Fax (410) 308-7905  
www.medexassist.com

## **EXCLUSIONS & LIMITATIONS**

The Policy does not cover, nor has any premium been charged for losses resulting from:

- A. A Pre-existing Condition defined as: Any injury or sickness, or complications arising there from, for which you had manifested symptoms, or for which a physician was consulted, treatment or medication was prescribed or taken, within one year (365 days) immediately prior to the Period of Insurance. Coverage for a Pre-existing Condition will begin after you have been insured for 12 continuous months under this policy or have gone 12 consecutive months without receiving advice, consultation or treatment for that condition.
- B. Any claim in respect of:
  - 1. birth defects; congenital conditions; suicide, self-inflicted injury or any attempt thereat; cosmetic surgery unless required as the result of a Covered Injury;
  - 2. examinations or treatment where there is no objective impairment of normal health;
  - 3. eyeglasses, contact lenses or hearing aids; dental care except as specified under Accident Dental Benefit;
  - 4. birth control, fertility or infertility treatment, or pregnancy including miscarriage or abortion except as specified under the Maternity Expense Benefit;
  - 5. mountaineering (where ropes or guide persons are customarily used); scuba diving (unless PADI or NAUI certified); racing (except on foot); or
  - 6. a vehicle accident, if such expenses are recoverable under any other valid and collectible insurance, regardless of whether you assert your right to obtain benefits from these sources. Nor will this policy cover you while operating a vehicle unless you are properly licensed to operate said vehicle at the time and place of the accident.
- C. Any claim arising from war, declared or undeclared, or any act of war or while in military service. An act of terrorism shall not be considered an act of war.
- D. Participation in professional sports; parachuting; or aviation other than as a passenger in a powered aircraft currently licensed for the carrying of passengers.
- E. Expenses not considered Medically Necessary; or not recommended and approved by the attending Physician.
- F. Amounts covered under any occupational or other benefit plan, or any other insurance or public assistance program.
- G. Those claim expenses incurred in your Home Country other than those benefits specified in the Home Country Coverage or Period of Insurance.
- H. Any loss that occurs:
  - 1. while traveling against the advice of a Physician;
  - 2. while on a waiting list for a specific treatment;
  - 3. when traveling for the purpose of obtaining medical treatment.
- I. Organ transplant procedures; acupuncture; treatment and/or other procedures not scientifically recognized and accepted.
- J. Expenses incurred after the Period of Insurance arising from an injury or sickness which occurred during the Period of Insurance.
- K. Hospital room and board benefits are limited to the Hospital's most prevalent semi-private accommodation. Private room accommodations will be covered only if considered Medically Necessary by the attending Physician.

## **DEFINITIONS**

**Home Country:** Your Home Country is that country from where you permanently reside at the time applying for this insurance. There can be only one Home Country declared on each application.

**Africa:** For the purposes of determining the proper premium and insurance benefits Africa will include (but not necessarily be limited to) every country located on the continent of Africa and the islands of Madagascar and the Seychelles.

**Middle East:** For the purposes of determining the proper premium and insurance benefits, the Middle East will include (but not necessarily be limited to) the following countries: Turkey, Cyprus, Syria, Iraq, Iran, Jordan, Lebanon, Israel, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Bahrain, Oman and Yemen.

**Asia:** For the purposes of determining the proper premium and insurance benefits, Asia will include (but not necessarily be limited to) the following countries: Afghanistan, Pakistan, India, Maldives, Sri Lanka, Nepal, Tibet, Bangladesh, Bhutan, Myanmar, Thailand, Laos, Kampuchea, Vietnam, Malaysia, Singapore, Indonesia, Brunei, Papua New Guinea, Philippines, China, Taiwan, North and South Korea, Mongolia, Hong Kong and Japan.

**Caribbean Islands:** For the purposes of determining the proper premium and insurance benefits, the Caribbean Islands will include (but not necessarily be limited to) the following: The Bahamas, Greater Antilles (Cuba, Jamaica, Puerto Rico, Hispaniola); Lesser Antilles (Virgin Islands, Leeward Islands, Windward Islands, Barbados, Tobago, Trinidad); and the Netherlands Antilles (Aruba, Bonaire, Curacao).

**Insured Person:** An eligible person over the age of 15 days and under the age of 71 years who is living or traveling outside their Home Country for whom the applicable premium has been received and accepted by the Company. Eligible children are those unmarried children over the age of 15 days and up to 20 years living with their parent(s) outside their Home Country.

**Covered Injury:** A bodily injury which results directly and independently of all other causes, from an accident occurring while you are covered under the Policy.

**Medically Necessary:** Any services or supplies provided for the diagnosis and treatment of a specific Covered Injury or Sickness which are: (a) ordered or recommended by a Physician; and (b) required for the treatment or management of a medical condition or symptom; and (c) the most appropriate supply or level of service which can safely be provided to you; and (d) provided in accordance with approved and generally accepted medical or surgical practice; and (e) not for your convenience, your Physician, or another provider and (f) not for services or supplies which are experimental or investigational; and (g) furnished in the least intensive type of medical care setting required by your condition. Services and supplies will not automatically be considered Medically Necessary because they were ordered by a Physician.

**Usual and Customary:** An amount not to exceed the charge routinely made by providers in the locality where the charge is incurred for similar services or supplies. Consideration will be given to: (a) your condition; and (b) unusual circumstances or complications; and (c) requirements for additional time, skill or experience. The Company will determine the Usual and Customary charge and if it is covered by the Policy.

**Covered Sickness:** A sickness, illness or disease which first manifests itself while you are covered under the Policy.

**Covered Expense:** The Usual and Customary expenses incurred during the Period of Insurance for medical care, treatment, services or supplies, recommended and approved by the attending Physician which are the direct result of a Covered Injury or Sickness.

**Pre-existing Condition:** Any injury or sickness, or complications arising therefrom, for which you had manifested symptoms, or for which a Physician was consulted, treatment or medication was prescribed or taken, within one year (365 days) immediately prior to the Period of Insurance.

**Physician:** A person properly licensed to practice medicine in the jurisdiction and/or country where the treatment is provided and includes doctors of medicine, general practitioners, specialists and medical consultants other than you or your immediate family.

## ADMINISTRATION

**Law and Conformity to Statutes:** Any provision of the Policy which, on its effective date, is in conflict with the statutes of your legal jurisdiction is hereby amended to conform to the minimum requirements of such statutes.

**Entire Contract: Changes:** The Policy and your application constitute the entire contract between the parties. No change in the Policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto.

**Notice of Claim:** Written notice of claim must be given to the Administrator within 45 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrator at its offices or to any authorized agent of the Company, with information sufficient to identify you as insured under the Policy.

**Claim Forms:** Upon receipt of a written notice of claim, the Administrator will furnish you such forms as are usually furnished for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, you will 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.

**Proof of Loss:** Written Proof of Loss must be furnished to the Company within 45 days after the date of such loss, or as soon thereafter as reasonably possible. The completed claim form must be accompanied by the original Proofs of Loss such as bills, receipts, etc. for all expenses. **Photocopies are not acceptable.**

**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 therein and effective at the time of payment. Medical Expense Benefits payable under this policy will be coordinated with those of other insurance policies you may have so that the total benefits from all policies do not exceed the actual medical expenses incurred. The Company retains full rights of subrogation.

**Right of Subrogation:** Subrogation means the Company has the right to request a refund of payments made under the following conditions: The Company will be subrogated to any claim you have against a third party provided:

- a) You were injured or became ill due to the act or omission of the third party; and
- b) The Company paid benefits to you under this insurance for such Covered Injury or Sickness.

The Company can only seek repayment of the amount of benefits paid.

If you collect any sums for damages from the third party, you will be liable to the Company for the benefits already paid by the Company. If you sue to recover expenses, the Company can join in the suit. If you do not sue, the Company can do so in your name.

You are obligated to:

- a) Avoid doing anything that would prejudice the Company's Right of Subrogation; and
- b) Execute any documents required to enforce the Company's right. (Failure to execute the required documents does not waive the Company's right to collect any sums for damages from the third party.)

Once settlement has been made and the Company has been reimbursed the amount of benefits paid, no other benefits are payable for the condition or related condition which gave rise to the claim.

**Beneficiary Designation:** The beneficiary designation for Insured Persons shall be "ESTATE." You may name a beneficiary or change a named beneficiary by written request to the Company. The request takes effect on the date it is executed regardless of whether or not you are living when the Company receives it. The Company will be relieved of further responsibility to the extent of any payment made in good faith before receiving said request.

**Not in Lieu of Workers' Compensation:** The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance, or any other occupational benefit plan or public assistance program.

**Change of Premiums:** The Company has the right to change the rate at which premiums will be calculated for any time period or Period of Insurance under the Policy. Additional premium may be required to cover certain war risks otherwise excluded. Persons traveling to an area where a state of war exists, that is faced with the threat of war, or is in a state of civil unrest must include that information on the application.

**Exposure and Disappearance:** If by reason of an accident covered by the Policy you are unavoidably exposed to the elements and as a result suffers (within six months after the accident), a loss attributable to such exposure, the loss will be covered. If your body has not been found within six months of an accident or disappearance of the aircraft or vessel on which you were known to be a passenger, then it shall be deemed (subject to all other terms and conditions of this insurance), that you will have suffered loss of life at the time of the incident.

**Extension of Benefits:** If on the last day of the Period of Insurance, you are hospitalized (as an inpatient) outside your Home Country for a Covered Injury or Sickness, the Period of Insurance will be extended until it is medically confirmed that further inpatient hospitalization is no longer necessary, subject to an overall maximum of 13 weeks beyond the last day of the Period of Insurance.

**Physical Examinations and Autopsy:** While a claim is pending, the Company has the right at their expense:

- a) to have you examined by a Physician, when and as often as is reasonably necessary; and
- a) in case of death to have an autopsy performed, unless forbidden by law or local custom.

**Legal Action:** No legal action may be taken against the Company: (a) before 90 days following the date the fully completed Proof of Loss is sent to the Company; or (b) after three years following the date Proof of Loss is due.

**Assignment:** The coverages under the Policy are not generally assignable. However, benefits payable for services received under the Medical Expense Benefits provision may be assigned to the provider of those services in accordance with the Payment of Claims provision of the Policy.

**Payment of Premium and Renewal of Policy:** If payment of a premium is not honored by the bank or credit card drawn upon, the insurance is deemed to have not been purchased. No less than 30 days prior to the expiration of the policy, a renewal application will be mailed to you at the most recent address on file. The completed renewal application and correct premium must be received by the Administrator prior to the expiration of the previous policy in order for coverage to remain in effect. All renewals are subject to approval by the Company.

**Refund Policy:** This insurance may be cancelled prior to the effective date and a full refund of premium will be made. If the insurance is cancelled after the effective date, the first six months premium will be considered fully earned and not refunded. After that, including any subsequent renewal period, an adjusted premium refund can be made on remaining whole months at your request. Requests for policy cancellations and refunds must be in writing and the effective date of the cancellation cannot be prior to the date the request is received by the Administrator.