TRAVEL VIP

CONDITIONS OF COVERAGE

Effective December 27, 2021

VUMI®
TRAVEL VIP

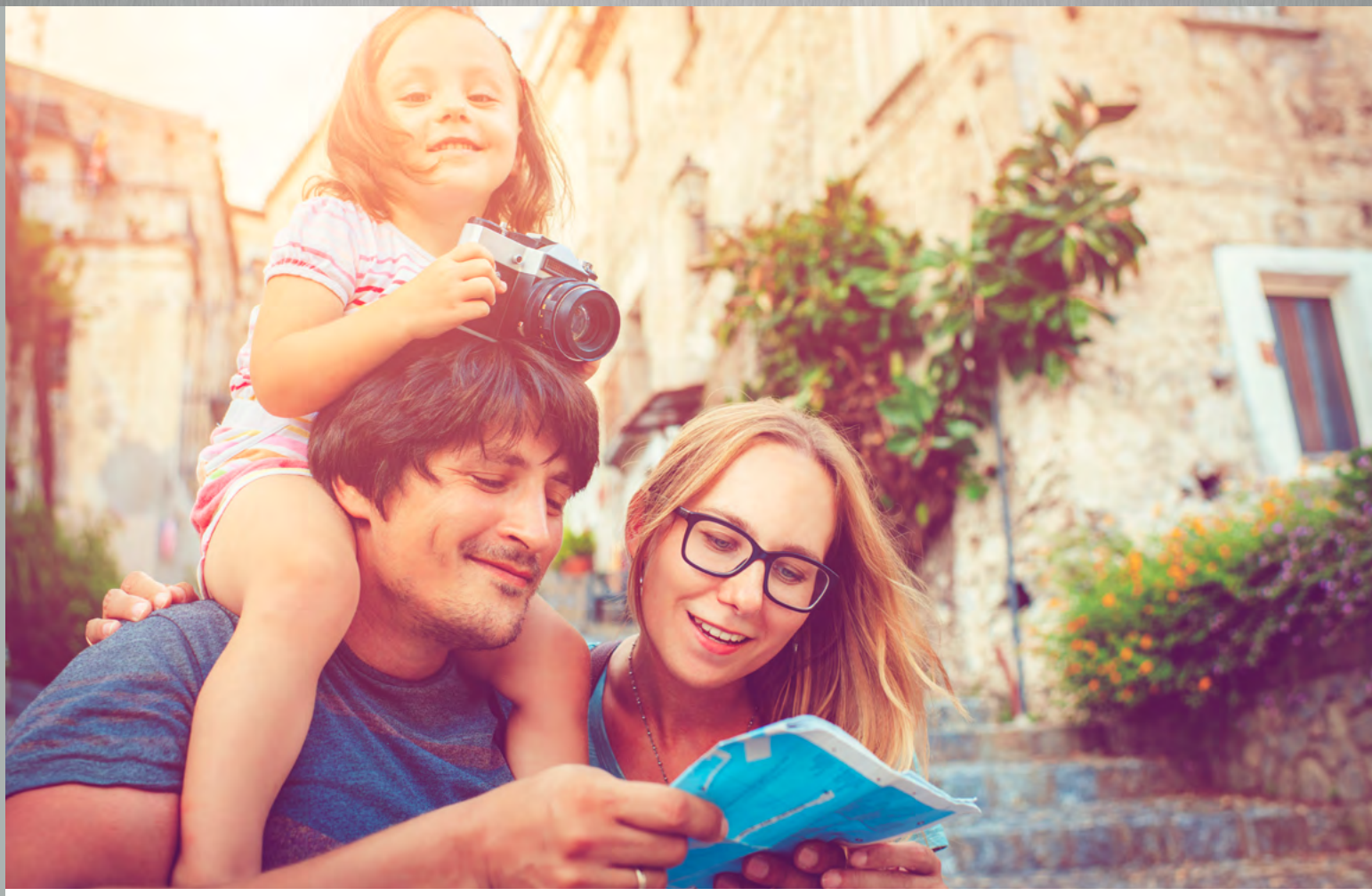
WELCOME TO **VUMI®**

Thank you for choosing us to provide you with international travel insurance coverage. With any of our products, you can rest assured that you and your family will receive coverage and assistance during your travels, at any time of day or night.

The purpose of this document is to offer you a detailed guide about your Policy. The document is divided into nine sections that define the coverage, duration, benefits, exclusions, and eligibility of your Policy. Likewise, you will also find general information, your obligations as an insured, and definitions that will help you better understand the functionality and benefits of your Policy.

With VUMI®, you will have the peace of mind that will allow you to enjoy your trip and travel worry free. Our products are backed by a company with extensive experience in providing international assistance, a large provider network, and VIP service for clients in various countries around the world.

Once again, welcome to VUMI®.



CONTENTS

FOR NOTIFICATIONS OR PRE-AUTHORIZATIONS

emergencytravel@vumigroup.com

General Telephone Number: +1.416.744.3870
U.S. Toll Free Phone Number: +1.888.809.3493

VUMI® GROUP, I.I.
ORGANIZED UNDER CHAPTER 61 OF THE PUERTO RICO INSURANCE CODE.
NO COVERAGE ISSUED BY THIS INSURER IS PROTECTED BY ANY GUARANTEE OR INSOLVENCY FUND IN PUERTO RICO.
Claims administration services provided by Epic Health Solutions.

25 Millard Ave West, Newmarket, Ontario L3Y 7R6, Canada
info@vumigroup.com • www.vumigroup.com

TABLE OF BENEFITS

Unless otherwise stated, the benefits are offered on a per Insured / per Policy Year basis, in which the chosen Deductible applies. All amounts are in U.S. Dollars (USD). The benefits are limited to the medical expenses covered under the Policy and are subject to the Usual, Customary and Reasonable expenses (UCR) for the geographic area where the expenses were incurred.

GENERAL PLAN INFORMATION

BENEFIT	COVERAGE
Area of coverage	Worldwide (excluding the Insured's Country of Residence and countries that may be excluded to comply with the Conditions of Coverage)
Maximum coverage per person, up to the age of 70	US$5,000,000
Maximum coverage per person, at the age of 70 up to the age of 80	US$500,000
Age limit to apply	Up to 79 years old

MEDICAL BENEFITS

BENEFIT	COVERAGE
Standard Pre-existing Conditions (6 months stable without presenting symptoms and without changes in Medication)	Up to US$500,000
Maternity Complications as defined in this Policy	Up to US$10,000 (up to the 20th week of pregnancy for normal pregnancies and up to the 12th week of pregnancy for multiple pregnancies or when a pregnancy is the result of a fertility treatment)
Acute/Emergency sickness and Injury	100% UCR
Treatment by authorized physicians, nurses and specialists	100% UCR
Hospitalization (semi-private room)	100% UCR
Surgery and Anesthesiologist Fees	100% UCR
Prescribed Medications during a Hospitalization	100% UCR
Treatment by physiotherapists	Up to US$2,500 per trip
Medically Necessary Durable Medical Equipment	100% UCR
Emergency dental treatment for immediate relief of pain	Up to US$500 per trip

EMERGENCY MEDICAL EVACUATION BENEFITS

BENEFIT		COVERAGE
Emergency transportation	Ground Ambulance	100% UCR
	Air Ambulance	100% UCR
Baggage transportation after a medical evacuation of the Insured		Up to US$500
Repatriation of a summoned relative or fellow traveler after a medical evacuation or death of the Insured		100% UCR, max. of one (1) summoned relative or fellow traveler
Repatriation or cremation of mortal remains		100% UCR
Baggage transportation after the death of the Insured		Up to US$500
Accommodation after an acute Illness, Injury, or Serious Accident		Up to US$300 per day, max. of US$6,000 per covered event

EMERGENCY MEDICAL EVACUATION BENEFITS

BENEFIT	COVERAGE
Compassionate Emergency visit to an Insured	100% UCR, max. of one (1) summoned relative or fellow traveler
Compassionate Emergency repatriation of an Insured	100% UCR
Return trip after a medical evacuation or repatriation	100% UCR
Non-medical evacuation	100% UCR

OTHER BENEFITS

BENEFIT		COVERAGE
Psychological assistance	For mugging and/or assault	Up to US$250 per incident
	For other crises or traumatic experiences	Up to US$250 per incident
Non-professional hobbies and sports	Non-motor	Up to US$500,000
	Motor	Up to US$100,000

Basic medical coverage is mandatory and needs to be purchased before adding any of the available Riders.

ADDITIONAL NON-MEDICAL BENEFITS (RIDER)

(The benefits below are only available if the Insured chose to purchase the Rider during the Application process)

BENEFIT		COVERAGE
Personal Accident, disability and death		Up to US$100,000 per Policy Year (annual trip plan) or per contract (single trip plan)
Property loss or theft		Up to US$2,000 per trip
Baggage delay		Up to US$500 per trip
Travel delay		Up to US$100 per day, max. of US$500
Missed flight connection		Up to US$1,000 per trip
Hospital daily allowance (when the Insured is Hospitalized for a minimum of 48 hours)		US$50 per 24-hour period, max. of US$2,000 per Policy Year (annual trip plan) or per contract (single trip plan)
Personal liability	Bodily Injury	Up to US$100,000 per trip
	Property damage	Up to US$100,000 per trip
Legal assistance and securities		Up to US$10,000 per trip

TRIP CANCELLATION (RIDER)

(The benefits below are only available if the Insured chose to purchase the Rider during the Application process)

BENEFIT	COVERAGE
Single trip plan	Up to US$2,500 per trip
Annual trip plan	Up to US$1,500 per trip

SECTION 1. **AGREEMENT**

VUMI® Group, I.I., hereinafter the "Company," undertakes to pay to the Policyholder the benefits detailed in this Policy related to the covered expenses incurred by him/her or his/her eligible Dependents or Travel Companions, as a result of any treatment, service or medical supply anywhere in the world and the non-medical benefits offered by this Policy, after the Effective Date of coverage while it is in force.

This travel insurance Policy is designed to cover the costs and losses associated with unexpected events incurred only while traveling abroad. The Insured should not purchase this Policy if he/she intends to move abroad instead of traveling. Please contact an insurance intermediary or Company representative for alternative solutions.

All benefits are subject to the terms and conditions of this Policy, including the maximum benefits and the limits detailed in the Table of Benefits and the Certificate of Coverage, and any Amendment, if any, which are all integral part of this Policy.

Benefit reduction program

The coverage provided by this Policy is reduced to a maximum of five hundred thousand dollars (US$500,000) per Insured, per Policy Year upon reaching the age of seventy (70) and up to eighty (80) years old. The reduction in benefit will occur on the next Policy Year for annual trip plans, or on the next effective Policy period (if applicable) for single trip plans, after reaching the specified age.

1.1 Right to examine the Policy, reimbursement of the unearned premium, and Policy cancellation

If the Policyholder has purchased a single trip plan with a coverage period of more than thirty (30) days, or an annual trip plan, the Policyholder may cancel this Policy at any time before the Effective Date of the Policy through the MyVUMI™ portal or by sending an email notification to **travelvip@vumigroup.com**. The Company will reimburse the premium paid by the Policyholder, minus an administrative fee of forty-five dollars and thirty-six cents (US$45.36) for single trip plans, and the Policy will be considered void and null, as if it was never issued.

Single trip plans cannot be canceled after the Effective Date of the Policy. **Annual trip plans** can be canceled after the Effective Date if during said period no Claims have been made under the Policy. Any cancellation requests by the Policyholder must be received by the Company at least thirty (30) days prior to the requested date of cancellation. The Policyholder may request a cancellation through the MyVUMI™ portal or by sending an e-mail notification to **travelvip@vumigroup.com**. The Company will reimburse the unearned portion of the premium, up to a maximum of sixty-five percent (65%) of the total amount of the premium. After the date of cancellation, the Policy will have no effect and the Company will not be responsible for any benefit payments offered under this Policy.

If the Policy is canceled (either by the Policyholder or the Company), expires, or otherwise terminates, the liability of the Company will immediately cease, and the Company will not be liable for any ongoing treatments or the consequences thereof. The Insured's right to reimbursement will also immediately cease upon Policy cessation. Any reimbursement Claims incurred when the Insured was still covered under the Policy must be filed within one hundred and eighty (180) days from the date of service.

This insurance Policy is not subject to and does not provide certain benefits required by the United States Patient Protection and Affordable Care Act (PPACA) or other mandatory coverage in different jurisdictions.

Trips to Schengen countries

This Policy meets and exceeds European Schengen visa requirements. See the Table of Benefits.

1.2 Important notice about the Application

This Policy is issued based on the statements provided in good faith, by the Applicant in the insurance Application. If any of the information disclosed in the Application is false, incorrect, incomplete, had the intent of misleading or deceiving, or was omitted, resulting in worsening the risk, the Policy will be rescinded, will have no effect, and the Company will not be responsible for any payments of the benefits offered under this Policy.

Likewise, if a Provider or any other individual or entity who has rendered medical services to the Policyholder and/or to one of the Insureds should submit false statements in collusion with the Policyholder and/or one of the Insureds, with the purpose of Claiming payments against this Policy, its articles and/or Amendments, the Policy will be, at the discretion of the Company, rescinded or canceled, will have no effect, and the Company will not be responsible for any payment of the benefits offered under this Policy. The Policyholder and/or the Insured(s) would have to reimburse the Company on first demand, for any payments it may have made as a result of an omission, incorrect disclosure or Negligence by the Policyholder and/or the Insured(s).

1.3 Entire contract

The entire contract between the Policyholder and the Company includes:

- A The Policy (this document);
- B The Application;
- C The Certificate of Coverage, including Riders and/or Amendments, if applicable, and payment confirmation; and
- D Electronic ID cards.

SECTION 2. **COVERAGE DURATION**

2.1 Policy term

The term coverage of this Policy is effective during the period specified in the Certificate of Coverage and on the membership ID.

A. **For single trip plans:** the Policy may be effective for a period of up to three hundred and sixty-five (365) days, including any Policy extensions. Extensions must be requested prior to the Expiration Date of the Policy. Coverage begins at one (1) minute past midnight (00:01) Eastern Standard Time on the Effective Date of the Policy listed in the Certificate of Coverage, and coverage ends the moment the Insured returns to his/her Country of Residence. The Insured's return date must be specified in the Application and will appear in the Certificate of Coverage. If the Insured requests an extension of a trip, a new Certificate of Coverage reflecting the new return date will be issued.

B. **For annual trip plans:** the Policy may be effective during any trip with a maximum period of thirty (30), forty-five (45), or ninety (90) consecutive days, depending on the option selected in the Application. Extra consecutive travel days may be purchased, and the Insured can take unlimited trips during the Policy Year, which is a three hundred and sixty-five (365)-day period that begins at one (1) minute past midnight (00:01) Eastern Standard Time on the Effective Date of the Policy.

This Policy is intended to provide coverage for Insureds traveling for leisure or business purposes only, not to cover any expenses related to country relocation. To be eligible for coverage, all Insureds must have purchased a round trip ticket to/from their Country of Residency or show proof that they intend to return to their Country of Residence.

2.2 Purchasing the Policy after initiating travel

If the Insured purchases the Policy while on a trip abroad, the travel days will be calculated starting from date the Insured purchased the Policy.

When the Insured purchases the Policy or additional coverage options after he/she has already left his/her Country of Residence, there will be a Waiting Period of three (3) days from the Effective Date of the Policy, before the Policy and/or the additional coverage take effect. In case of a Serious Accident, as defined in this Policy, coverage will begin on the Effective Date of the Policy listed in the Certificate of Coverage.

2.3 Extensions of coverage

Single trip plans

A. Travel can be extended as long as the extension is processed prior to the Expiration Date of the Policy.

B. A single trip can be extended before or after the Policyholder has left his/her Country of Residence, but the additional coverage will not be effective until three (3) days after the purchase date.

2.4 Renewal

A. **For annual trip plans:** if the Insured chooses the automatic renewal option, the Policy will be renewed automatically with the corresponding premium payment and subject to the definitions, conditions, and other provisions of the Policy that is in effect at the time of renewal. If the annual trip plan is extended with extra travel days purchased prior to the Insured's departure from the Country of Residence, coverage will not be interrupted.

B. **For single trip plans:** the Policy will be effective for the exact number of days purchased. There is not an automatic renewal option for single trip plan Policies.

2.5 Return delays

If the return of the Insured to his/her Country of Residence is delayed for reasons beyond the Insured's control, the Effective Date period of this Policy may be extended for up to forty-eight (48) hours at no extra premium charge.

SECTION 3. **ELIGIBILITY**

3.1 General conditions of coverage

This Policy is eligible for coverage outside of the Insured's Country of Residence and must be purchased prior to departure to cover the Insured(s) named in the Certificate of Coverage and on the ID card.

3.2 Eligibility requirements

To be eligible for coverage under this Policy an Applicant must meet the following requirements:

A. Reside in a country other than the United States of America (USA), Canada, or any of their territories;

B. Be up to seventy-nine (79) years old;

C. Pay the corresponding premium;

D. Parents/legal guardians can purchase policies for their unaccompanied travel children from five (5) years of age and up, at the applicable age banded rate. They shall inform the Company the full name and date of birth of the children/Dependent, and provide their consent prior to purchasing the Policy.

3.3 Basic coverage requirement

Basic coverage is mandatory and needs to be purchased before any other option or Rider available can be added.

3.4 Dependents minors under the age of two (2)

Infants fourteen (14) days old, up to two (2) years old are included in the coverage at no extra cost, as long as they are traveling together with the Insured and are listed in the Application as Dependents in the Policy, provided the Insured is a parent or has their legal custody and they are registered as residents at the same address as the Policyholder.

3.5 Rates for applicants under the age of sixteen (16)

Children's rates apply for Dependents from two (2) years old, until sixteen (16) years old.

3.6 Coverage termination

Coverage shall cease on the Expiration Date stated on the Certificate of Coverage for all plans.

For the annual trip plan, the Policy will not be renewable at the Anniversary Date immediately following the Insured's eightieth (80th) birthday.

3.7 Policyholder's death

In the event of the death of the Policyholder, the Company will pay any reimbursement for benefits that remained unpaid while the Policyholder was alive to the Beneficiary listed in the Application (if any), or to the heir(s)/heiresses(es) or inheriting entity(ies) of the deceased Policyholder. The Company will request the necessary documentation that appoints the Beneficiary (ies).

SECTION 4. **OBLIGATIONS OF THE INSURED**

4.1 Premium payment

The Policyholder is responsible for the payment of the total premium due before the insurance Effective Date. For the annual trip plan, failure to pay the premium when is due, will result in the termination of the Policy from the Renewal Date.

4.2 Medical notifications

The Insured must notify the Company prior to receiving those medical services that require notification or preauthorization, pursuant to Section 8.1 of this Policy, by calling the telephone number or through the email listed on the back of their membership ID card. If the Insured fails to notify the Company accordingly, he/she will be responsible for thirty percent (30%) of all covered costs.

4.3 Notification of change of Country of Residence

The Policyholder must notify the Company in writing, if any Insured changes their Country of Residence within the first thirty (30) days after the change occurs, as this will affect the Insured's eligibility under this Policy. When the Insured moves to a new country, he/she will no longer be covered in the new country of declared residence.

Failure to notify the Company about the change of Country of Residence of any of the Insureds, as indicated, may result in a modification, cancellation or non-renewal of this Policy, at the Company's discretion.

4.4 Claims

Claims or invoices related to covered expenses under this Policy must be submitted to the Company within a period of one hundred and eighty (180) days from the date of service for them to be eligible for coverage. Claims must be reported to the Company immediately after the circumstances underlying the Claim have become known to the Insured.

Claims or invoices received after the aforementioned deadline, will not be processed or paid, even if they would have been authorized or the charges were payable under this Policy.

4.5 Medical records

The Policyholder, because of the Claims process, must provide the Company with all the medical information required. Additionally, the Policyholder, as well as his/her Dependents and Travel Companions, must authorize the Company to obtain any medical reports, documentation and/or access to the patient in case deemed necessary to conclude the Claims process. Otherwise, the Claim could be denied until the necessary information and authorizations are received.

SECTION 5. **GENERAL INFORMATION**

5.1 Coordination of benefits

This is a travel insurance and not a health insurance. The benefits provided under both medical and evacuation shall be in excess of all other valid and collectible insurance or indemnity. They shall apply only when such other benefits are exhausted. Therefore, when the Insured has other insurance coverage, it must be disclosed to the Company at the time of application or when submitting a claim. The coverage under this Policy will act as secondary to any other Policy or healthcare plan. The Company will provide benefits after the claims have been submitted to the primary insurance plan first, and only when benefits payable under the primary Policy have been satisfied.

The Company shall process the coordination of the benefits in which the amounts paid by the other Insurance company will be applied in accordance with the benefits and limitations of this Policy. When filing a Claim subject to coordination of benefits, proof of the other Insurance coverage must be submitted along with copies of the medical records, the itemized invoices, Explanations of Benefits (EOB) of the primary insurer, as well as proof of the payments made by the other company. The total amount of payments is not to exceed the total of the expenses incurred; the Company shall not pay any amount reimbursed by the other company.

If the Claim has been covered in whole or in part by any private or governmental establishment where the Insured has the right to receive free care, or when a third party is responsible for the medical expenses of the Insured, be it because of contractual obligations or due to civil responsibility, the Company shall not be liable for the amount covered.

5.2 Currency

All currency values shown in this Policy are expressed in US Dollars.

5.3 Non-renewal or cancellation of the Policy

The Company, in its sole discretion, may not renew, modify, cancel or rescind this Policy; or it may modify the rates, in those cases in which any of the following conditions is present:

- A The information disclosed in the Application is false, incomplete, or when fraud has been committed, any of which may have caused the Company to approve a Policy when, had the Company been provided the correct information, it would have deemed that the Applicant was a non-insurable person;
- B The Policyholder or Applicant (if applicable), requests the cancellation of the coverage in writing, or does not pay the premium on time as stipulated in this Policy; or
- C The Insured submits a Claim or information deemed fraudulent by the Company. In the event of such fraud, the Insured shall be responsible and will have to reimburse the Company, at the first request, for any payments made related to the Claim in question, whether such payment was made in the form of a reimbursement to the Insured or directly to a Provider.

5.4 Policy issuance

This Policy is deemed solicited, issued and delivered when the Policyholder receives the Policy documents electronically. The right to compensation shall take effect when the Insured leaves his/her Country of Residence and shall cease upon his/her return.

No change may be made to this Policy or its Certificate of Coverage unless it is approved by an officer of the Company. A change will be valid only if made by a plan Amendment issued by the Company. No agent or other person may change this Policy, its Certificate of Coverage or waive any of its provisions.

5.5 Rate changes

The Company has the right to change the premium rates annually for new Policies or for existing Policies at the time of their renewal. In no event will the Company modify the rates of an individual Insured based on his/her Claim history.

5.6 Policy expiration

For single trip plans, when the Policy expires, a new Application must be submitted for continued coverage.

For annual trip plans, if the Policy is canceled or not renewed due to non-payment of the required premium, a new Application must be submitted.

The Company's liability will immediately cease upon the Expiration Date of the Policy; therefore, the Company will not be liable for any ongoing treatments or the consequences thereof, unless a licensed physician, along with the Company's medical team, determines the Insured is unable to travel back to his/her Country of Residence due to a medical condition, and the Insured extends his/her coverage. When the Insured is considered unfit to make decisions on his/her own due to his/her medical condition, the Company could automatically extend coverage and issue a payment notice due immediately from the date the extension becomes effective. The Company reserves the right to determine if the Insured must be repatriated and is medically fit to be transported to his/her Country of Residence.

Any reimbursement of Claims incurred when the Insured was still covered under the Policy must be filed within one hundred and eighty (180) days from the date of service, or it will be denied.

5.7 Death of an Insured

If an Insured dies due to a covered Illness, Injury, or Serious Accident, his/her surviving beneficiary(ies) must provide the Company with the following information:

- A A Beneficiary's eligibility verification and legal status;
- B Copy of the Insured's death certificate; and
- C Proof of travel.

The Company may request additional documentation to determine the Beneficiaries of the Insured.

5.8 Tools and resources for the Insured

Insureds have access to MyVUMI™, an online portal where they can:

- A Print Policy documents including the Certificate of Coverage and ID cards;
- B Extend Policy coverage;
- C Submit a Claim or medical notification;
- D Contact VUMI®; and
- E Cancel the Policy.

Insureds have access to MyVUMI™ through **www.myvumiportal.com**, the Apple® App Store®, and Google Play™.

5.9 Denial of liability

The Company is not responsible for the quality of the medical services provided under this Policy. The Insured agrees to defend, indemnify, and hold the Company harmless from any Claim, demand, cause of action, obligation, loss, damage, and/or Injury resulting from Negligence by a Provider or a Hospital.

SECTION 6. **BENEFITS AND PROVISIONS**

6.1 Geographical coverage

This Policy provides coverage with free choice of Providers, including Hospitals and Doctors anywhere in the world, except in the Insured's Country of Residence and any other country subject to sanctions and embargoes imposed by the United States of America, the United Kingdom, the European Union, its governments agencies, and/or their instrumentalities.

6.2 Medical expenses

This Policy has a maximum coverage of up to a maximum of five million dollars (US$5,000,000) per Lifetime for medical treatments and other services described and provided by licensed physicians and specialists in case of an Illness, Injury, or Hospitalization when the Insured is traveling abroad.

When the Insured reaches the age of seventy (70), and up to eighty (80), all medical benefits included in this Policy will have a maximum benefit of five hundred thousand dollars (US$500,000) per Insured, per Lifetime.

When the Insured reaches the age of eighty (80), the coverage shall cease at the end of the Policy term. This Policy will not be renewable at the Anniversary Date immediately following the Insured's eightieth (80th) birthday.

6.3 Standard Pre-existing Conditions

A Pre-existing Condition that has been stable for six (6) months prior to the Insured's departure from his/her Country of Residence or, if the annual trip plan has been chosen, prior to each departure from the Country of Residence, will receive coverage of up to a maximum of five hundred thousand dollars (US$500,000). To be eligible for this benefit, the Insured must submit all medical records proving the Pre-existing Condition has been stable for the six (6) months prior to the trip, it has not presented any symptoms and there has not been any changes in Medication.

This benefit excludes expenses for treatment of Pre-existing Conditions if the Insured:

- A Was Hospitalized at any time within a six (6) month period before each departure from the Country of Residence;
- B Was treated by a physician for anything other than a Routine Check-up at any time within a six (6) month period before each departure from the Country of Residence;
- C Changed his/her Prescription Medication at any time within a six (6) month period before each departure from the Country of Residence;
- D Did not receive or refused medical treatment for the Pre-existing Condition if he/she knew that treatment was needed, that the condition has worsened, or that the condition has reached a point where any further attempts at treatment will be fruitless;
- E Is waiting to receive treatment or has been referred to another physician to continue the treatment; or
- F Has failed to attend Routine Check-ups.

This Policy does not cover expenses for follow-up treatment or Medication in connection with the stabilization of a Pre-existing Condition in the Insured's Country of Residence or abroad, or for treatment that was expected to start or be completed before the departure date.

6.4 Maternity complications

Pregnancies up to the thirty-sixth (36th) week will be considered a Pre-existing Condition. Any unexpected and sudden Illness or complication related to a pregnancy will be covered up to a maximum of ten thousand dollars (US$10,000) up to the twentieth (20th) week of pregnancy for normal pregnancies, and up to the twelfth (12th) week for multiple pregnancies or pregnancies resulting from fertility treatments.

This Policy does not cover expenses for follow-up treatments or Medications in connection with the stabilization of a maternity related Pre-existing Condition, or for treatment expected before departure.

6.5 Outpatient physician and specialist visits

The coverage for this benefit is one hundred percent (100%) UCR while traveling abroad. Services for routine physical examinations, including related diagnostic services, are not covered. This benefit only covers visits that occur while the Insured is traveling outside his/her Country of Residence.

6.6 Prescription Medications

The coverage for this benefit is one hundred percent (100%) UCR. A copy of the prescription written by a physician to treat a condition manifested during a trip must be sent along with the Claim.

Highly specialized Medications

Highly specialized Medications indicated for a specific use will be covered within the limits of the corresponding benefit indicated in the Table of Benefits, as long as they are coordinated and approved in advance by the Company. The Company will coordinate the delivery of such Medication directly to the Insured with its Providers. The Insured must accept the conditions of the Company for the supply of such specialized Medications, by either receiving treatment with the specific Provider designated by the Company or according to the delivery method available. The Company will provide the generic Medication as a first option when available.

Highly specialized Medications include, but are not limited to Interferon beta-1a, pegylated interferon alfa-2a, interferon beta-1b, etanercept, adalimumab, bevacizumab, ciclosporin A, azathioprine and rituximab.

This benefit excludes over-the-counter prescriptions and/or inpatient or outpatient Medications that are not scientifically or medically approved for a specific diagnosis or considered as off-label use or Experimental, or the use of combinations that are not generally accepted by the scientific community, even when a particular Doctor prescribes it, as well as over-the-counter Medication and/or those not approved for the treatment of the condition of the Insured by the U.S. Food and Drug Administration (FDA).

6.7 Treatment by physiotherapists and chiropractors

The coverage for this benefit is up to a maximum of two thousand five hundred dollars (US$2,500) per Insured, provided the treatment has been prescribed by a licensed physiotherapist or chiropractor and is the result of a condition covered under this Policy. This benefit is only covered for visits that occur while the Insured is traveling outside of his/her Country of Residence. This benefit must be coordinated and approved in advance by the Company.

6.8 Emergency dental treatment

The coverage for this benefit is up to a maximum of five hundred dollars (US$500) per Insured for provisional dental treatment, pain relief or Medication in case of an Injury, infection, or a lost filling or broken tooth that requires immediate treatment by an authorized dentist. This benefit is limited to a Medical Necessity for pain relief of sound natural teeth that have been damaged during a trip abroad. It excludes any treatment that can wait for the Insured's arrival to his/her Country of Residence.

6.9 Medical evacuation benefits

Emergency transportation by Air and/or Ground Ambulance

Air Ambulance

The benefit for Emergency transportation by Air Ambulance is covered at one hundred percent (100%) UCR. This benefit applies strictly for Emergencies only. If the transportation by Air Ambulance of a patient may only be convenient or recommended, but does not qualify as an Emergency, as defined in this Policy, it will not be covered under this benefit.

The following requirements must be met for the approval of the Emergency transportation by Air Ambulance benefit:

- A The required Emergency treatment is for a condition or an Accident covered by the Policy;
- B The Insured's life or the loss of any of his/her limbs is in danger;
- C The required treatment cannot be rendered or is not available in any way in the area or place where the Insured is;
- D The transportation is provided by an entity licensed for such purposes, with the qualified staff and equipment;
- E The transportation will be authorized to the nearest Hospital where the Insured can receive treatment by qualified entities; and
- F The Air Ambulance transportation must be pre-authorized and coordinated in advance with the Company.

Ground Emergency transportation

The benefit for Emergency transportation by Ground Ambulance is one hundred percent (100%) UCR.

The coverage for this benefit includes reasonable expenses to evacuate or repatriate an Insured to his/her Country of Residence in case of an Illness, Injury, or Serious Accident. This benefit includes

up to a maximum of five hundred dollars (US$500) for Baggage transportation if the Insured's Baggage must be sent separately. This benefit also covers the travel expenses for the repatriation of one (1) summoned relative or fellow traveler at one hundred percent (100%), up to the cost of a standard economy airline ticket.
This benefit is limited to one (1) transportation in connection with one (1) covered event. These benefits must be coordinated and approved in advance by the Company.

The Company has the right to determine if the Insured must be repatriated and is medically fit to be transferred to his/her Country of Residence. The Insured, by accepting these services, agrees to hold the Company and any of its affiliates harmless from any Negligence resulting from such transportation services, as well as for delays or restrictions caused by mechanical problems or by governmental restrictions, in addition to pilot, driver or crew errors, omissions or Negligence, or due to operational, weather, force majeure or any other adverse conditions.

6.10 Repatriation of mortal remains and cremation services

In case of death, this benefit is one hundred percent (100%) UCR, including expenses for the home transportation of the mortal remains of the deceased Insured to his/her Country of Residence, along with statutory arrangements such as embalming, a zinc coffin, or the process of cremation of the remains pursuant to the requirements of the pertinent authorities, and it excludes transportation of the remains by Air Ambulance or any private transportation. This benefit includes up to a maximum of five hundred dollars (US$500) for Baggage transportation if the deceased Insured's Baggage must be repatriated separately. This benefit also covers the travel expenses for the repatriation of one (1) summoned relative or fellow traveler at one hundred percent (100%), up to the cost of a standard economy airline ticket. These benefits must be pre-authorized and coordinated by the Company.

6.11 Accommodation after an acute Illness, Injury, or Serious Accident

The benefit for accommodation due to an Illness, Injury, or Serious Accident preventing the Insured from continuing his/her trip is up to three hundred dollars (US$300) per day, up to a maximum of six thousand dollars (US$6,000) per covered event. This benefit includes reasonable expenses for accommodation, meals and local transportation until the Insured is able to travel again. This benefit also includes travel expenses up to the cost of a standard economy airline ticket in order for the Insured to continue with his/her planned itinerary. This benefit must be coordinated and approved in advance by the Company.

6.12 Compassionate Emergency visit to an Insured

The benefit for reasonable travel expenses of one (1) fellow traveler or summoned relative from the Insured's Country of Residence in case the Insured suffers an Illness, Injury, Serious Accident, medical evacuation or repatriation, and/or death is one hundred percent (100%). This benefit will provide coverage during an Insured's Hospitalization, only when the Insured is required to stay in the Hospital for a minimum of five (5) nights or if the Company determines the condition to be life-threatening. This benefit is limited to one (1) covered event and the airline ticket must be in economy class. Accommodation expenses, if required, will be covered at the discretion of the Company. This benefit must be coordinated and approved in advance by the Company.

6.13 Compassionate Emergency repatriation of an Insured

The coverage for this benefit is one hundred percent (100%) for reasonable travel expenses equivalent to the cost of a return air ticket in economy class if the Insured has to terminate his/her trip abroad because a Close Relative is Hospitalized as a result of an Illness, Injury or Serious Accident, or dies after the Insured's date of departure from his/her Country of Residency. This benefit also includes coverage for travel expenses of up to one (1) travel companion accompanying the Insured. This coverage is limited to one (1) covered event, as long as the Close Relative is not a fellow traveler who has already been repatriated, and the Insured's time of arrival is at least twelve (12) hours earlier than the Insured's original return itinerary. In the event of death, a death certificate must be submitted to the Company. If the Insured's Country of Residence is not the same country as the Close Relative's, this benefit will cover reasonable additional travel expenses for the Insured's return to his/her Country of Residence.

6.14 Return trip

The coverage for this benefit is one hundred percent (100%) for reasonable travel expenses in economy class for the Insured's return to the destination abroad if he/she has been medically evacuated or repatriated due to an Illness, Injury or Serious Accident, or after a compassionate Emergency repatriation. The destination of the return trip must be the destination where the Insured would have been according to the original travel itinerary, and it must be scheduled for no later than four (4) weeks after the covered event. This Policy must be active at the time of the return trip.

6.15 Non-medical evacuation

The coverage for this benefit is one hundred percent (100%) for the Insured's evacuation in case of a natural disaster, declared Epidemic, war, civil commotion, terrorist act, martial law, revolution or other similar situations, as long as the local authorities recommend evacuation, and the situation has arisen after the Insured left his/her Country of Residence for the affected Region, and the situation that provoked the evacuation could have not been foreseen prior to the departure from the Insured's Country of Residence. The situation must be is posted to or declared by the United States Department

of State or the UK Foreign Office, or validated by the National Oceanic and Atmospheric Administration (NOAA), in cases of weather or natural disasters, or the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) in cases of Epidemics or Pandemics. In all cases, the Company reserves the right to assess the validity of the claim and its decisions are final.

This benefit includes transportation to the nearest safe destination or to the Insured's Country of Residence, and up to one hundred and fifty dollars (US$150) per day for additional accommodation expenses. If the Insured is detained by the local authorities due to war or impending war, this benefit will cover reasonable extra expenses for accommodations, meals and necessary local transportation for up to a maximum of three (3) months. The Insured agrees to hold the Company and any of its affiliates harmless from the extent to which transportation can be carried out.

6.16 Psychological assistance for mugging and/or assault

The coverage for this benefit is up to a maximum of two hundred and fifty dollars (US$250) per incident, for counseling by a psychologist abroad or in the Insured's Country of Residence when prescribed by a treating physician abroad for counseling after a mugging and/or assault incident. The Company must receive a copy of the police report.

6.17 Psychological assistance for other crises or traumatic experiences

The coverage for this benefit is up to a maximum of two hundred and fifty dollars (US$250) per incident, for counseling by a psychologist abroad or in the Insured's Country of Residence when prescribed by a treating physician abroad.

6.18 Injuries while practicing non-professional hobbies or sports

The coverage for medical expenses resulting from Accidents caused by the practice of amateur, non-professional hobbies or sports, including winter sports, is up to a maximum of five hundred thousand dollars (US$500,000) per Insured. The coverage for the treatment of Injuries resulting from Accidents caused by the practice of non-professional motor sports including motorcycles, mopeds, scooters, all-terrain vehicles (ATVs), any two or three wheeled motorized vehicles, wave runners, jet skis or other watercraft sport, is up to a maximum of one hundred thousand dollars (US$100,000) per Insured.

This benefit excludes any treatment for Injuries or Illnesses related to the Insured's participation in any professional sports show, race, or competition, including any training; base jumping; paragliding; hand gliding; flying as a pilot in any aircraft; scuba diving below twenty (20) meters; mountaineering and/or trekking that requires specialized equipment and/or that occurs above eleven thousand five hundred feet (11,500 ft.) or three thousand five hundred meters (3,500 m.); sailing or operating boats outside of territorial waters; and any expeditions to Mount Everest, K2, Kilimanjaro, the Arctic, Antarctica, the North Pole, and Greenland. This benefit also excludes any treatment for Injuries or Illnesses sustained by the Insured while participating in any professional sporting activities when the Insured receives any type of compensation or sponsorship.

The Insured must follow the specific instructions and guidelines of the tour operator or the place where he/she is participating in the activity, and must wear the recommended, required and appropriate safety equipment for the entire duration of the activity.

Non Medical Benefit Rider

(The benefits below are only available if the Insured chose to purchase the Rider during the Application process)

6.19 Accidental Death, dismemberment and permanent total disability

The coverage for this benefit is up to a maximum of one hundred thousand dollars (US$100,000) per Policy Year for annual trip plans or per Policy for single trip plans, as long as the Insured's disablement occurs within one (1) year after the event.

This benefit is covered only when the death, dismemberment or permanent disability is directly related to an incident which occurred while traveling on a common carrier.This coverage is limited to one (1) covered event and it excludes:

A. Any Accident caused by an Illness or by a Pre-existing Condition;
B. Any consequences of a treatment that was not Medically Necessary after an Accident;
C. Any Illness or Pre-existing Condition, even if the condition recurs as a result of the Accident or is aggravated by it; and
D. Any aggravated consequences of an Accident due to a Pre-existing Condition, or any unforeseen Illness contracted after the Accident.

In case of Accidental death, compensation will be payable at one hundred percent (100%) of the covered amount when the Insured's death occurred within one (1) year after the Accident.

If the Insured is under the age of eighteen (18), compensation in case of death will be limited to up to a maximum of three thousand dollars (US$3,000).

If the Insured is over the age of seventy (70), compensation in case of death or disablement will be payable at fifty percent (50%) of the covered amount.

Unless the Policyholder has designated a Beneficiary, the Company will pay any death benefits to the Insured's Next-of-Kin.

The Beneficiary must complete a Claim Form with the following documents:

A Verification of eligibility and legal status of the Beneficiary;
B Copy of the Insured's death certificate; and
C Proof of travel and any other documentation the Company may require.

In case of death as a result of an Accident for which any disablement benefits have been paid, this benefit is limited to the amount that exceeds the payment already made.

In case of loss of a limb, extremity, sight or permanent total disablement, compensation will be payable provided that the Accident that caused the disablement occurred within one (1) year after the Accident.

It will be paid as follows:

EVENT	PERCENTAGE
Loss of a limb	**50% of the covered amount**
It shall be defined as the loss by separation or the irrecoverable loss of the use of a hand at or above the wrist, or a foot at or above the ankle.	
Loss of an extremity	**10% of the covered amount**
It shall be defined as the permanent physical separation or the irrecoverable loss of use of a finger, ear, nose, genital organ or part thereof.	
Loss of sight of one (1) eye **Loss of sight of both eyes**	**25% of the covered amount** **50% of the covered amount**
The loss of sight shall be defined as the loss of sight of one or both eyes which is determined as being complete and irrevocable by a licensed ophthalmologist and after being certified by the Company.	
Permanent total disablement	**100% of the covered amount**
It shall be defined as the incapacitation that continuously prevents the Insured from performing every aspect of his/her usual occupation for a period of twelve (12) consecutive calendar months, and is diagnosed as being without hope of improvement by two (2) licensed physicians approved by the Company. If the Insured has no professional occupation, the disablement must confine and prevent him/her from performing normal duties.	

In case of an Accident, the Insured must agree to receive the proper medical treatment and comply with the physician's instructions. The Company is entitled to request a second medical opinion, subject the Insured to treatment by a chosen physician, and, in case of death, demand an autopsy. The Company's liability shall never exceed the benefit amount for all Insureds who have purchased the trip jointly or are traveling together with the Policyholder, whether the same Claim applies to one (1) or more Policies with the Company.

Disappearance: if the Insured has not been found within one (1) year of the disappearance, stranding, sinking or wrecking of any conveyance in which the Insured was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of the Policy and the law of the place where the Accident occurred, that the Insured has suffered a loss of life under the Policy.

Exposure: if, as the result of a covered Accident, the Insured is unavoidably exposed to extreme weather conditions, and as a result of the exposure there is a loss, then such loss will be covered under the Policy.

6.20 Property loss or theft

The coverage for this benefit is up to a maximum of two thousand dollars (US$2,000) per trip. This maximum amount combines the total coverage for Baggage, electronic equipment, cash, boarding passes, Admission Tickets and passports. Theft, robbery, and fire, as well as loss or damage to checked Baggage, will be covered at one hundred percent (100%) up to the covered amount. Theft of passport and/or cash will be covered up to a maximum of two hundred dollars (US$200). This coverage is limited to Baggage, electronic equipment, cash, boarding passes, credit cards, driver's license, Admission Tickets and passports. This coverage excludes any Baggage and electronic equipment intended for commercial use including, but not limited to samples, and dealers' stocks or collections, as well as other personal items like sports equipment or accessories.

The following limits apply:

INCIDENT	BAGGAGE AND ELECTRONIC EQUIPMENT	OTHER ITEMS*
Fire, robbery or Theft from a locked hotel room, home abroad or safety box	Up to the covered amount	Up to US$200
Theft, when observed being committed, of covered items carried on or by the Insured	Up to the covered amount	Up to US$200
Theft from a compartment separate from the passenger compartment of a locked boat or a motor vehicle	Up to the covered amount	Up to US$200
Documented loss or Theft of registered Baggage (proof must be submitted)	Up to the covered amount (electronic and photography equipment is excluded)	Not covered

INCIDENT	BAGGAGE AND ELECTRONIC EQUIPMENT	OTHER ITEMS*
Documented damage to registered Baggage (proof must be submitted)	Up to the covered amount (electronic equipment is excluded)	Not covered

Other items include cash, boarding passes, Admission Tickets, and passports.

If property is lost or damaged due to any of the following reasons, the loss or damage will not be covered:

- A Damage to property caused by food, bottles or glass packed in the Insured's own property;
- B Forgotten, lost or misplaced items;
- C Indirect loss;
- D Loss due to abuse of credit cards or traveler's checks;
- E Minor damage such as scratches, stains and dents to the exterior of baggage;
- F Loss of or damage to property transported separately from the Insured;
- G Simple theft;
- H Theft from a motor vehicle, boat, trailer, hotel room, residence abroad, or safety box that bears no visible signs of forced entry;
- I Theft from the passenger compartment of a locked motor vehicle or boat; or
- J Theft of baggage which had not been properly supervised.

Compensation will only be paid after at least one (1) month has passed since the reported loss to the local authorities. Any theft or robbery must be reported to the local authorities. If the Insured is not able to notify the authorities due to imminent departure back to the Insured's Country of Residence, the Company must be notified immediately after the Insured's return. Loss or damage of checked Baggage must be notified to the carrier. A copy of the police or carrier report must be submitted to the Company together with the Claim form.

Compensation for the replacement of the Insured's lost or damaged valuables will be determined according to the following:

- A The cost of comparable new items when the covered items are less than two (2) years old. Clothes will be considered as less than one (1) year old;
- B Items documented as more than two (2) years old, purchased used or already damaged, will be compensated at the cost of comparable new items minus a fair deduction for age, plus wear and tear deterioration. This also applies to items with no documented value; and
- C Film and video recordings compensation will be limited to the cost of the raw material.

The Company may choose to have damaged items repaired, or to provide compensation for the amount corresponding to the cost of repair. Replacing boarding passes, credit cards, Admission Tickets, driver's license and passports include compensation for the costs of necessary transportation charges, fees or photos, but not for the time involved in replacing the items.

6.21 Baggage delay

The coverage for this benefit is up to a maximum of five hundred dollars (US$500) per trip to purchase essential items of clothing, toiletries and medication when checked Baggage has been delayed for more than five (5) hours after the Insured's time of arrival to the destination abroad. The following conditions must be met:

- A The Insured provides a Property Irregularity Report (PIR) from the carrier indicating that the Baggage did not arrive at the scheduled time and date, and should include the actual time and date of the Baggage arrival;
- B All purchases to replace essential items were made before the Baggage was returned; and
- C The Insured provides payment receipts of the expenses showing the purchase date together with the Claim form.

This benefit excludes coverage for rental and purchase of sports equipment, indirect losses and Baggage delays when the Insured is returning to his/her Country of Residence.

6.22 Travel delay

This benefit will provide coverage of up to one hundred dollars (US$100) per day, up to a maximum of five hundred dollars (US$500) per Insured, for reasonable expenses for overnight accommodations and meals as a result of a travel delay, as long as this Policy was purchased before any delay is announced by the carrier and before the Insured knew about such delay or cancellation. Any one of the following conditions must be met:

- A There is a reported delay of more than five (5) hours of a pre-booked flight or other transportation;
- B The pre-booked flight or transportation has been canceled; or
- C The pre-booked flight or transportation has been overbooked.

This benefit excludes any charges or no-show fees in connection to the cancellation of any pre-booked hotels or accommodations, tours or special events. This benefit also excludes any delays that occur as a result of the Insured declining alternative services by the carrier which would have prevented a travel delay had the Insured accepted the service.

6.23 Missed flight connection

The coverage for this benefit is up to a maximum of one thousand dollars (US$1,000) per trip for reasonable expenses for the replacement of flight boarding passes or change fees if an Insured's flight is unexpectedly delayed and, through no fault of his/her own,

misses a connecting flight and has to catch up with the planned itinerary. This benefit will only provide coverage when the Insured's ticket has been booked and paid for at least twenty-four (24) hours before departure, and as long as this Policy was purchased before the Insured could have known about the delay that caused the missed flight connection. This coverage excludes compensation when:

A The Insured can Claim a replacement flight boarding pass or change fees from somewhere else;
B The Insured is not able to provide proof of purchase and/or a written confirmation of the delay from the carrier;
C The Insured's late arrival is due to a connecting flight not having allowed for the official minimum transit time of three (3) hours; or
D The Insured declines an alternative service by the carrier.

6.24 Hospital daily benefit

This benefit will cover up to a maximum of fifty dollars (US$50) for every twenty-four (24)-hour period spent in a Hospital when the Insured has been hospitalized for a minimum of forty-eight (48) hours. The Insured must be in the Hospital to receive inpatient treatment for an eligible medical condition covered by this Policy, up to a maximum of two thousand dollars (US$2,000) per Policy Year for annual trip plans or per Policy for single trip plans. This benefit is a cash benefit and will serve to assist with costs for incidentals such as taxi fares, phone calls and other miscellaneous expenses during a covered Hospitalization.

6.25 Personal liability

The coverage for this benefit is up to a maximum of one hundred thousand dollars (US$100,000) for legal liability for any bodily Injury, and up to a maximum of one hundred thousand dollars (US$100,000) for property damage incurred by the Insured under the local laws where the incident occurs, including costs of settling the compensation amount paid in agreement with the Company. This benefit will only cover liability up to the maximum amount for any individual event, even if the incident results in several losses, damages, liable individuals, or if coverage is also provided under other Policies with the Company.

This coverage excludes:

A Contractual liability, including but not limited to, damage to a rented vacation home or hotel;
B Any incidents to a person under the employment or service of the Insured, if the incident occurred as a result of the person's employment or service to the Insured, or is otherwise connected to any trade, business, or profession;
C Consequences of the Insured having incurred, by contract or in any other way, in liability more extensive than that incurred under the general statutory provisions or non-contractual liability;
D Loss or damage to the Insured's own personal property, or property the Insured has on loan for storage or use, or is under his/her care for transporting, processing, treating or any other purposes;
E Loss or damage to a family member, co-worker or fellow traveler of the Insured;
F Loss or damage caused by the Insured's domestic animals whether or not they are under the care, custody, or control of the Insured;
G Any Claims arising as a consequence of the Insured having transmitted an infectious or other type of disease to another person;
H Any loss or damage resulting from the ownership, possession or use of any motor vehicle, aircraft, boat, fireworks, explosives, deadly weapons, racing devices and similarly hazardous tools by the Insured, or on the behalf of the Insured;
I Any legal liability for bodily Injuries or property damage caused with intent or Gross Negligence by the Insured;
J Any Claims arising as a consequence of the Insured having participated in any type of illegal activity;
K Any fines or punitive charges;
L Any Claims resulting from acts committed intentionally or that arose when the Insured was under the influence of alcohol or non-Prescription drugs;
M Any expenses related to gambling activities;
N Any loss or damage as a result of the Insured's participation in any hunting activity; and
O Any expenses arising from any of the general exclusions listed in Section 7 of this document.

The Insured cannot, with binding effect to the Company, admit liability for any loss, damage or Injury caused by him/her.

6.26 Legal assistance and securities

The coverage for this benefit is up to a maximum of ten thousand dollars (US$10,000) per Insured. This benefit includes:

A Expenses that can permanently or temporarily release the Insured or his/her property from detention by local authorities;
B Expenses for the pursuit of any compensation and/or damages from a third party after the death or Injury of the Insured;
C The cost of legal assistance if the Insured is charged or indicted for a criminal offense while traveling abroad, including reasonable attorney's fees up to the covered amount until the case is decided by the trial court of primary jurisdiction; and
D Travel expenses if the Insured is summoned as a witness or to be examined by a court of law outside his/her Country of Residence.

This benefit excludes coverage for incidents, causes and complications related to:

A Legal issues arising between the Insured and a travel agency, tour operator or travel supplier;
B Legal issues regarding contracts and the Insured's employment;
C Legal issues related to family law and the law of succession;

D Legal issues arising between the Insured and the Company;
E Cases not arising within the dates of the covered trip;
F Litigation regarding liability arising out of the use of motor vehicles, aircrafts or boats;
G De facto compensation, fines or punitive charges;
H Legal issues where a Claim is brought in more than one (1) country;
I The appeal(s) of any conviction;
J Legal issues raised more than ninety (90) days after the incident that resulted in the Claim;
K Legal issues likely to cost unreasonably more than the expected value of the compensation;
L Legal issues in which the Company finds a very limited prospect of success; and
M Legal issues based directly or indirectly on an award amount.

This benefit also excludes assistance for securities and/or legal expenses in any of the following situations:

A The Insured is liable for the fine or compensation;
B The Insured fails to appear in court;
C The Insured is otherwise liable for his/her detention or the property seizure; or
D The Insured is convicted for the criminal offense.

This benefit, including the appointment of a foreign attorney to represent the Insured, must be coordinated and approved in advance by the Company.

Trip Cancellation Rider

(The benefits below are only available if the Insured chose to purchase the Rider during the Application process)

6.27 Trip cancellation

This benefit will cover the amount the Insured has paid for his/her trip and for which there is no possibility of a refund after an itinerary cancellation and/or change according to the conditions of the travel agency or transportation carrier. The coverage for this benefit is up to a maximum of two thousand and five hundred dollars (US$2,500) per Insured, per trip for the single trip plan, and up to a maximum of one thousand and five hundred dollars (US$1,500) per Insured, per trip for the annual trip plan, as long as the Insured can provide evidence of the actual costs of the trip and that the trip had to be canceled because:

A The Insured or a Close Relative becomes seriously ill or injured, requiring Hospitalization, or dies;
B The Insured is declared medically unfit to travel;
C The Insured is not able to be vaccinated due to pregnancy; or
D The corresponding authorities advise against all travel to the destination of the trip, as long as the situation has arisen after the Insured has purchased this Policy.

This coverage is subject to the condition for cancellation occurring after the Insured has booked and/or paid for the trip and after this Policy has been purchased. The right to compensation shall cease when the Insured leaves his/her Country of Residence to start the trip, also defined as when the Insured passes through border control or embarks on an airplane, ship or train. This benefit excludes:

A Any charges or no-show fees in connection to the cancellation of any pre-booked hotels or accommodations, tours or special events;
B Any Illness, Injury or death that results in the cancellation of the trip if the Insured has shown symptoms or the condition was already present when the trip was booked and/or paid for, and the need for treatment was expected before the start of the trip;
C The Insured not receiving, refusing or abandoning medical treatment, even though he/she knew that the condition had to be treated or had deteriorated;
D The canceled trip being a part-arrangement of the whole trip insured;
E Any cancellation due to change in travel plans, change of mind, changed conditions at the destination, natural disasters, acts of terrorism or similar situation; and
F Any Claims that occurred directly or indirectly in connection to the Insured's intentional actions, Negligence or omissions, unless it can be proven otherwise.

The Insured must notify the travel agency or transportation carrier as soon as he/she knows about the cancellation. This Policy will not provide coverage if the cancellation notice takes place after scheduled the time of departure. The Policy will also not provide coverage if the travel provider gave the Insured any travel credits for future use. These travel credits will be considered compensation and will not be reimbursed except for any rebooking fees that may occur due to the original cancellation.

SECTION 7. **EXCLUSIONS**

This Policy excludes coverage for expenses, services, treatment, causes, and complications related to:

7.1 Active duty, war and disturbances

The treatment of Injuries that may result when an individual is an active member of the police force, search and rescue services, the army, or other military force of any country; or is directly or indirectly participating in a war or a military conflict, disturbance, civil or military coup d'état, hostility, civil war, riot, rebellion, martial law, act of terrorism or any illegal activity, including the possible arrest and incarceration resulting from said participation, except for cases in which the Insured is a simple spectator or civilian innocent of these actions.

7.2 Additional medical assistants

The participation of more than one (1) medical or surgical assistant, or instrumentalist in a surgery, unless such participation has been previously approved by the Company.

7.3 Aesthetic treatments

Any type of elective or cosmetic surgery, or treatments whose principal purposes are aesthetic. This includes any treatment for nasal or septum deformities. Complications resulting from non-covered services, as well as the diagnosis or treatment of any condition which arises as a complication of a non-covered service including, but not limited to services rendered for cosmetic purposes including hair transplants; alopecia treatment; ear or any other body piercing; breast reductions and breast implants.

7.4 Artificial kidney equipment

Any portable or home-use artificial kidney equipment.

7.5 Artificial or animal organs, cryopreservation, and storage of tissues and Stem Cells

Any expense for treatment or procedures related to human, animal or artificial organs transplant, including any charges for obtaining an organ and/or for a donor; the cryopreservation; or the storage of bone marrow, tissues and Stem Cells or umbilical cord blood for more than twenty-four (24) hours.

7.6 Dental and orthodontic treatment

Any expense for dental or orthodontic treatment, except as provided in Section 6.8 of this Policy, including but not limited to dentures, abnormalities of the upper maxillary, disorders of the mandible or the mandibular articulation including, but not limited to its anomalies and malformations, Temporomandibular Joint Syndrome (TMJ), craniomandibular disorders or any other mandibular condition or any condition of the articulations that join the mandible and the cranium, as well as other tissues that are linked to said articulations.

7.7 Duplicate Durable Medical Equipment

Any expense related to the duplication of functions by Medical Equipment or devices indicated for the same purpose, as well as the loss of Durable Medical Equipment, its repair or replacement.

7.8 Epidemics or pandemics

Any medical treatment subject to the management of public authorities, including treatment and services related to infectious diseases declared as an Epidemic or public Emergency by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), or any other government or governmental agency or governing body of the country where the Epidemic occurred. In addition, such coverage is also excluded if there has been an official warning issued against travel to the area by the State Department or similar office, the embassies of the affected countries, the airline or another government agency, before traveling to the affected country, except when the exposure occurs accidentally or unknowingly while traveling to or from undeclared risk areas.

7.9 Evacuation not followed by a Hospitalization

Evacuation costs when the Insured is not being admitted to a Hospital for treatment, or when costs have not been pre-approved by the Company.

7.10 Excessive expenses

Any portion of a medical expense that exceeds the Usual, Customary and Reasonable (UCR) expenses or the amounts negotiated by the Company with specific Providers. Even when the benefit is covered at one hundred percent (100%), it will be subject to these limitations.

7.11 Existing conditions during Policy extensions

Any Illnesses, diseases, Injuries or Accidents which existed, showed symptoms or were diagnosed in the previous Policy period(s) shall not be covered in the extended period of coverage for both single trip and annual trip plans, unless a licensed physician, along with the Company's medical team, determines the Insured is unable to travel back to his/her Country of Residence due to a medical condition, and the Insured extends his/her coverage.

7.12 Expenses covered by third parties

Healthcare services resulting from accidental bodily Injuries arising out of a motor vehicle, watercraft, or aircraft Accident, or any other type of Accident on public transportation where the Insured is covered under any type of insurance, private or public, regardless of whether or not the Insured sues a third party for liability. Care and treatment for any Injury, Illness, or condition for which the Insured is paid benefits under any workers' compensation law, employer's liability policy, or any similar policy.

7.13 Expenses incurred due to lack of travel documents

Any expenses incurred due to failure to obtain proper travel documents such as passports, visas, invitation letters, or any other document required for entry into a foreign country or port. Any costs caused directly or indirectly through bankruptcy or liquidation of any tour operator, travel agent, transportation company or accommodation supplier.

7.14 Expenses incurred in sanctioned countries

Any expense or Claim incurred for the treatment, services or supplies rendered in countries, or by or for the benefit of persons and/or companies subject to economic or political sanctions, trade restrictions, and/or embargoes imposed by the government of the United States, the United Kingdom, the European Union, or by any of its entities or asset control agencies.

7.15 Extended and Custodial Care, and counseling services

Treatments in mental health centers or psychiatric institutions; nursing homes for the elderly; assisted living facilities; hospices; Long-Term Care Facilities; hydro-clinics; health spas; and memberships to gymnasiums.

Any expense related to recreational or educational therapy; marriage relationship counseling; services of adoption agencies; pastoral counseling; family, social, occupational, religious, or other social maladjustment counseling; chronic behavior disorders; codependency; impulse control disorders; organic disorders; learning disabilities; hyperkinetic syndrome. This includes any Prescription Medication for treatment associated with any of the above conditions.

Custodial Care or assistance with household chores or for personal hygiene; any other personal services offered for comfort including, but not limited to beauty and barber services, radio and television, guest meals and accommodations, telephone charges, take-home supplies, massages, and travel expenses, other than Medically Necessary Emergency transportation services that are specifically provided in this Policy.

7.16 Failure to comply with medical orders

Any Illness, Injury or complication due to opposing or failing to comply with medical orders given by the Company's medical team or the treating physician, including instructions for medical evacuation or repatriation. In case of any dispute between the Company and the treating physician(s), the Company's recommendations shall prevail.

7.17 Growth hormones

Treatments with growth hormones or bone growth stimulants, or any treatment related to the growth hormone, regardless of the reason why it was prescribed.

7.18 Hazardous hobbies and professional sports

Any treatment for Injuries or Illnesses related to the Insured's participation in any sports show, race, or competition, including any training; base jumping; paragliding; hand gliding; flying as a pilot in any aircraft; scuba diving below twenty (20) meters; mountaineering and/or trekking that requires specialized equipment and/or that occurs above eleven thousand five hundred feet (11,500 ft.) or three thousand five hundred meters (3,500 m.); sailing or operating boats outside of territorial waters; and any expeditions in Mount Everest, K2, Kilimanjaro, the Arctic, Antarctica, the North Pole or Greenland.

Any treatment for Injuries or Illnesses sustained by the Insured while participating in any professional sporting activities. Any additional activities that the Company may deem to be a hazardous sport.

7.19 Hospital admissions not approved by the Company

Any admission to a Hospital to receive medical Outpatient Services, and the use of a Standard Private Hospital Room during a Hospitalization, unless approved by the Company.

7.20 Injuries or death from the use of firearms

Any injury Illness or death resulting from the use of a firearm, even if the possession of the firearm was permitted and its use justified, according to authorities.

7.21 Injuries or Illness caused by radiation

The treatment of Injuries or Illnesses caused by any loss arising from ionizing radiation, pollution or radioactive contamination of any nuclear residue from the combustion of nuclear fuel and from radioactive, explosive or toxic radioactive property or other hazardous component, as well as receiving X-ray therapy or radiotherapy without a prescription or medical supervision.

7.22 Maternity

Any voluntary termination of a pregnancy (legal or illegal), unless it is prescribed because the mother's life is in imminent danger. Any medical expense related to a maternity in the twenty first (21st) week of pregnancy or later for normal pregnancies or, for pregnancies resulting from fertility treatments or in which the Insured is expecting more than one (1) child, in the thirteenth (13th) week or later. Any routine maternity check-up.

7.23 Medical care not prescribed or recommended by a physician, non-Medically Necessary, Alternative, Investigative or experimental procedures

Any service, treatment, Injury or Illness, or charges related to services or supplies that are not Medically Necessary, or provided to an Insured who is not under the care of a physician or medical professional who is legally qualified in the area or country in which

he/she practices; or has not been prescribed by a physician or medical professional; or is not directly related to a condition covered by this Policy; or is considered homeopathic or alternative care; or is not scientifically recognized; or is still in an Investigative phase or clinical trial, as well as those that have not been approved by the U.S. Food and Drug Administration (FDA). Any visit to a medical provider that does not result in a covered event or diagnosis code after medical review or testing. Any Medication that is not scientifically or medically approved for a specific diagnosis, or considered as off-label use or Experimental, or the use of combinations that are not generally accepted by the scientific community, even when a particular Doctor prescribes it, as well as over-the-counter Medication and/or those not approved for the treatment of the specific condition of the Insured by the U.S. Food and Drug Administration (FDA). A Prescribed Medication that is approved by the FDA for the specific condition of the Insured, but that is part of an Experimental treatment, it's also excluded from coverage.

7.24 Medical or relocation trips

Any treatment during trips made specifically for the purpose of receiving medical treatment. Any coverage related to a trip regarding the relocation to a new country.

7.25 Non-approved transportation

Any transportation that has not been pre-approved and coordinated in advance by the Company.

7.26 Non-emergency or continuous medical treatment

Any continuous, recurring medical treatment, exam and/or complication of a medical condition or a condition related to an Emergency treatment provided during a trip if the Company's medical team determines that the Insured was medically able to return, or could have waited until his/her scheduled return to his/her Country of Residence for such treatment, but decided not to. Any treatment or surgery that, in the opinion of the treating Physician(s) and the Company's medical team, can be delayed until the Insured returns to his/her Country of Residence. Any costs arising after the Expiration Date of the current period of the Policy.

7.27 Non-emergency psychological treatment

Any psychological treatment, unless prescribed by a treating physician in connection to Emergency relief, and except as provided in Sections 6.16 and 6.17 of this Policy.

7.28 Obesity and weight control treatments

Any treatment, expense or service to prevent obesity or for weight control, whether it is weight reduction or gain, and any alterations in the body size, including any type of food supplement.

7.29 Over the counter Medication

Any Medication that may be acquired without a physician's prescription including, but not limited to food supplements needed as a result of digestive intolerance; hunger suppressants; vitamins; anti-aging or hair growth Medications or products.

7.30 Podiatric care and orthopedic devices

Routine foot care, as well as any service or supply in connection with foot care including, but not limited to treatment of bunions, flat feet, fallen arches, and chronic foot strain; removal of warts, corns, or calluses; special shoes; pedicures or trimming of toenails; and orthopedic inserts of any type or form.

7.31 Routine examinations

Any routine exam conducted as part of a preventive study; preventive medical check-ups including any preventive treatment; routine examinations of the ear and eyes, cochlear implants or any other surgical implant for hearing, eye glasses, contact lenses, procedures to correct eye refraction disorders including radial keratotomy; prophylactic treatments including vaccinations; and the issuance of medical certificates and exams for work or travel.

7.32 Routine treatments for Pre-existing Conditions, terminal conditions, and cancer

Any Prescription Medication or medical treatment that is a normal, scheduled, or expected part of ongoing treatment of a Pre-existing Condition. Any Illness or Injury resulting from Medication or treatment for a Preexisting Condition if the Medication or treatment has side effects known to cause or contribute to unexpected Illnesses, including but not limited to sudden changes in blood pressure, fatigue, syncope (fainting), vertigo, internal bleeding and strokes. Any treatment for an Illness or Injury related to a cancer, a terminal condition or its complications, even if the Insured received permission to travel. Any treatment associated with oncology, whether known or unknown prior to the purchase of the Policy.

7.33 Sterilization, fertilization treatments and sexual reassignment

Any portion of a medical expense incurred in male or female sterilization; sterilization reversal; birth control; infertility treatments; artificial insemination; in vitro fertilization (unless expressly covered by the plan); conditions suffered by the mother or the Newborn as a result of any type of fertilization treatment; treatments or prostheses used to improve or restore potency or other sexual deficiencies, even if the treatments or prostheses are secondary to a condition covered by this Policy. Sexual reassignment, reproduction or modification services, including hormone therapy, intersex surgery, sexual deviations and disorders; psychosexual dysfunctions; testicular prosthesis; the insertion of a penile prosthesis, except

when necessary for the treatment of organic impotencies resulting from a medical condition; genetic tests to determine paternity or the sex of a child; disorders related to the Human Papilloma Virus (HPV), Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), genital herpes and any other sexually-transmitted diseases and its complications.

7.34 Substance abuse, self-inflicted Illness or Injury, or criminal acts

Self-inflicted Illnesses or Injuries, whether the individual is sane or insane; suicide; failed suicide; addictive conditions of any kind; any Illness or Injury related to alcoholism, alcohol abuse (when the Insured's blood alcohol level is considered in excess of the legal limit in the place where the incident occurred), treatment for any Injuries caused by, contributed to or resulting from drug use or abuse; use of Illicit substances or illicit use of controlled substances or any drugs or Medication that is not taken in the dosage or for the purposed prescribed by the Insured's doctor; encounters with wild animals in any circumstances; participating in fights, including when members of the Insured's family take part of it, unless the Insured is acting, legitimately, in self-defense, as determined by a court of law; Injuries and/or Illnesses resulting or arising from or occurring during the attempt or perpetration of a crime or a violation of law by an Insured; as well as any incident or Accident resulting or related from any of the criteria previously mentioned. The services, care or treatment are excluded whether or not the Insured is charged with or convicted of any criminal offenses.

7.35 Treatments for mental health

Services for mental and nervous disorders and related Prescription Medication; neuro-developmental disorders, except if they are required to treat a complication of a covered condition, as defined in the terms and limits of this Policy.

7.36 Treatment in the Country of Residence

Any treatment for an Injury or Illness in the Insured's Country of Residence, even if the condition occurred abroad.

7.37 Treatment provided by immediate relatives

Charges for physicians' services imposed by an immediate relative or member of the Insured's household; even if the bill or claim is submitted by another individual or by an entity such as a partnership or a professional corporation, are excluded from coverage. This exclusion also precludes an Insured that is also a physician from treating him/herself and submitting claims for such coverage. For the purpose of this exclusion, immediate relative means any of the following: husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; spouse of grandparent or grandchild. The Company reserves the right to authorize the treatment provided by the family member or the use of the Provider's facilities.

7.38 Unstable Pre-existing Conditions

Any Pre-existing Condition that has been unstable or had any changes in treatment throughout the six (6) months prior to the Insured's departure from his/her Country of Residence or, if the annual trip plan has been chosen, prior to each departure from the Country of Residence. This also includes any Illness, Injury or consequence thereof which has come into existence before each trip abroad if the annual trip plan has been selected, as well as any cause, complication and treatment related to any individual condition excluded in this Policy.

SECTION 8. **MANAGEMENT OF THE POLICY**

8.1 Notifications and/or pre-authorizations

It is recommended that the Insured notifies the Company when receiving medical treatment, be it in the Hospital or as an outpatient. This will give the Company the opportunity to verify the terms and conditions in which the treatment will be covered, as well as improve and maximize the level of coverage available to the Insured, make suggestions about the best places for his/her care, provide logistical support and, whenever possible, make arrangements to establish direct payment to the Hospital or Doctor of choice, thereby reducing the possibility that the Insured will have to incur an unexpected or excessive out-of-pocket expense.

In order to guarantee direct payment and the coordination of benefits, notification is required. Therefore, the Insured must notify the Company in advance and obtain the necessary authorizations for any of the following benefits:

- A All Hospital admissions;
- B Emergency transportation, repatriation and/or medical evacuation;
- C Repatriation or cremation of mortal remains; or
- D Any major diagnostic test and or medical procedures, such as MRIs, CT scans, PET scans, gastroscopies, colonoscopies, biopsies, etc.

The Insured must notify the Company at least seventy-two (72) hours prior to receiving those medical services that require notification or pre-authorization. The Company must also be given notice of all medical Emergencies that require notification within seventy-two (72) hours after the event that caused the Emergency. If the Policyholder and/or the Insureds fail to notify the Company accordingly, they shall then be responsible for thirty percent (30%) of all covered costs.

To notify the Company, the Insured may send an e-mail to **emergencytravel@vumigroup.com**, or fill out the medical notification form on MyVUMI™ at **www.myvumiportal.com** or by downloading the mobile app, or on our website **www.vumigroup.com**.

8.2 Medical information privacy notice

The Company handles the privacy and confidentiality of the personal information of its Insureds with strict adherence to the laws and regulations in force on the matter. All confidential information will be protected in the offices and by the available electronic means, which have all the security guarantees.

It is understood that the Insured has given his/her consent for the transfer of said information when necessary in order to comply with any contract or agreement for the provision of services, including to his/her registered insurance agent (if applies) or when required by law or the procurement or administration of justice.

8.3 Limited liability

The Company will not be responsible for any loss, damage, or Illness that the Insured may suffer which was caused by the provision of services for covered expenses by a medical service Provider or any person who provides such services. In this case, the Insured will have to present his complaint directly to the medical service Provider or the person who has offered the service.

8.4 Claims

For acute medical assistance, the Company must be notified immediately in order for any associated expenses to be covered. The Company will make payments directly to physicians and Hospitals worldwide for covered expenses, pursuant to the terms and conditions of the Policy. When this is not possible, the Company will reimburse the costs to the Insured in accordance with the applicable Usual, Customary and Reasonable (UCR) fees or the contracted rates between the Company and the Provider.

In no case will the compensation amount exceed the amount billed. If the Insured receives compensation that exceeds the invoice amount by mistake, the Insured will be obliged to immediately return the excess amount to the Company, or the Company will deduct the outstanding balance from any other amount pending to settle with the Insured.

The Company shall receive all medical and non-medical information required. In order for the Claims process to begin, the Company must receive the following information:

- A One Claim Form per incident duly completed and signed by the Insured;
- B All itemized bills from the Provider with proof of payment;
- C A recent medical history or any other medical information that the Company may consider pertinent;
- D For pharmacy expenses, a copy of the medical prescription;
- E For non-medical expenses, a copy of the flight boarding passes, travel documents and/or other relevant documentation to the Claim;
- F For delayed Baggage benefits, the original Property Irregularity Report (PIR) from the corresponding carrier; and
- G In the event of an Accident, the Insured must submit all information related to said Accident, as well as the circumstances surrounding it, pursuant to what is required by the Company. This includes, but is not limited to Accident reports, police report or others, when issued by the pertinent authorities or any other information available from any other third parties involved in the matter.

When simultaneously submitting multiple Claims for reimbursement from different Insureds, the expenses for each Insured, Accident, Illness and/or Provider must be divided into single Insureds and events. Once the Claim process has been initiated, the Insured must send all the information requested by the Company to complete the process in a period of no longer than ninety (90) days from the first request by the Company. Once this period has elapsed without receiving the requested information, the Claim will not proceed and the Company will be relieved of any obligation.

If the information provided should be considered inadequate or is incomplete, it may create a delay in the payment or reimbursement process, or it may cause the Claim to be temporarily closed until the necessary information is received within the stipulated time limit. The Company reserves the right to request the original receipts, medical records and/or any other relevant documentation in order to process the Claim. The Company will not return original documentation received to process a Claim; however, it may offer a copy of such documentation when requested.

In the event that a Claim that should have been denied because coverage was excluded from the Policy has been paid in error, the Company will not be obligated to continue paying for the expenses of treatments or services related to such Claim from the date of the identification of the error, and may request the reimbursement of the amounts unduly paid.

The Company will not be responsible for any fees charged by the receiving bank, such as commissions for currency exchange or for incoming wire transfers. These charges will be the responsibility of the recipient of the payment.

8.5 Claims appeals

In the event of any disagreement between the Insured and the Company regarding a Claim or administrative decision, before any other action is taken, the Insured must begin an appeal about the Claim or decision to the Company's Appeals Department for review and analysis.

The Insured must submit a letter appealing the Claim to **appeals@vumigroup.com**. Said letter must include all relevant information, as well as copies of all documents considered necessary to re-evaluate the decision made.

The Company's Appeals Department will review in detail the arguments and information provided and will notify its decision to the Insured in writing within thirty (30) days following receipt of the appeal letter along with all pertinent information and/or documentation. During the process, the Company's Claims Department will have the right to request additional information or documentation from the Insured or the Providers, third parties or entities, if deemed necessary, to accurately evaluate the arguments of the appeal.

Second instance of appeal

Once the Claims Department has notified the Insured of its decision, the Insured will have the opportunity to express his/her opposition to that decision within ten (10) days from the date of the notification. If the Insured has new documentation, he/she may request a second and final review of the case. The Company must respond to this second request within the next fifteen (15) business days. The decision in this last instance will be final and not subject to appeal.

8.6 Clerical errors

Any clerical error of the Company will not deny coverage that should have been approved and will not extend coverage that should have been terminated. The Company will amend the error and this action could entail, among other measures, the adjustment of the corresponding premium and, if necessary, the request for reimbursement of the amounts paid in error.

8.7 Arbitration and legal actions

Any dispute, controversy or claim arising out of or relating to this insurance Policy, including the formation, interpretation, breach or termination thereof, and including whether the claims asserted are arbitrable, will be referred to and finally determined by arbitration in accordance with the JAMS International Arbitration Rules. The parties reserve the right to object to the intervention of any individual employed by or affiliated to a competing organization or entity.

The seat of the arbitration will be New York City, NY. The language to be used in the arbitral proceedings will be English. Judgment upon the award rendered by the arbitrator may be entered by any court having jurisdiction thereof. In any arbitration arising out of or related to this insurance Policy, the arbitrator may not award any incidental, indirect or consequential damages, including damages for lost profits.

The parties shall maintain the confidential nature of the arbitration proceeding and the award, including the privacy of the hearing, except as may be necessary to prepare for or conduct the arbitration hearing on the merits, or except as may be necessary in connection with a court application for a preliminary remedy, a judicial challenge to an award or its enforcement, or unless otherwise required by law or judicial decision.

In any arbitration arising out of or related to this insurance Policy, the arbitrator shall award to the prevailing party, if any, the reasonable costs for legal representation incurred by the prevailing party in connection with the arbitration. If the arbitrator determines a party to be the prevailing party under the circumstances where the prevailing party won on some, but not all of its claims and counterclaims, the arbitrator may award the prevailing party an appropriate percentage of the reasonable costs for legal representation incurred by the prevailing party in connection with the arbitration.

Governing Law

The parties agree to grant to the State and Federal courts located in the borough of Manhattan, County of New York, State of New York (or if there is exclusive federal jurisdiction), exclusive jurisdiction and venue over any disputes, action or proceedings arising out of or in connection with this insurance Policy involving the parties, and the parties hereby consent to the jurisdiction of such courts.

8.8 Subrogation of third parties and indemnity

The Company has the right of subrogation or reimbursement of payments made if the Insured has recovered all or part of said payments from a third party.

The Company will subrogate up to the amount paid, under all its rights and actions, against third parties that, due to the damage suffered, the Insured is entitled to. The Policyholder shall have the obligation to cooperate with the Company to recover from the damage caused by third parties or to obtain reimbursement of the expenses covered by it.

Failure to comply with this obligation entitles the Company to consider cancelling this Policy. The required cooperation includes, but is not limited to providing all relevant documentation or testimonial evidence and undergoing medical examinations, if necessary. The

Company may make any Claim on his/her behalf, before or after having made payments for expenses covered under this Policy.

The Policyholder must refrain from taking any action, reconciling or accepting agreements that may adversely affect the Company's subrogation rights in accordance with the provisions of this article. Any Claim action initiated by the Insured in relation to damages that were covered by this Policy must be notified immediately to the Company, in order to assert its subrogation rights on any payment related to the expenses covered by the incident that originates the Claims.

SECTION 9. DEFINITIONS

Accident
A violent, sudden, unforeseen and unintentional event, produced exclusively by external causes that result, independently of other causes, in bodily Injuries to the Insured.

Acute Illness
Acute condition that is severe and sudden in onset.

Administrative Error
Involuntary physical mistake such as a spelling or numerical error, mistakes in mathematical calculations that are easily verifiable, or failure to review the available information to make a decision on the approval of coverage or the payment of Claims. The Company can correct the physical or administrative error at any time.

Admission Tickets
Vouchers granting admission to public establishments or shows, including but not limited to museums, sports matches or performances.

Agency or Agent
Individual or company authorized by the Company to distribute its products and provide administrative services to the Insureds. The Agent shall have access to the Insured's health and medical information which may be delivered to the Company or any one of its affiliates. No Agent has the authority to modify the Policy or to remove any of its terms and conditions.

Air Ambulance
Aircraft staffed with licensed medical personnel and that is equipped with the supplies necessary to provide medical care during air transportation. This service is provided by a licensed and authorized entity for said purpose.

Amendment
A declaration added to the Policy by an authorized official of the Company to explain, modify and/or restrict the coverage of this Policy for a particular Insured or for the Policy in general.

Anesthesiologist Fees
Fees charged by an anesthesiologist for the administration of anesthesia and/or pain control.

Anniversary Date
Day on which the Policy meets a twelve (12)-month effective period if the annual trip plan has been chosen.

Applicant
Natural or legal person who pays the premium of the Policyholder and/or his/her Dependents, due to a work relationship or family affinity. The Applicant is not an Insured and therefore does not enjoy the benefits under the Policy, however, he/she has the power to request the cancellation of the Policy paid for the Policyholder and receive the unearned premium. The Policyholder may pay the corresponding premium to maintain the current coverage when the Applicant requests the cancellation and refund of the unearned premium.

Application
A written declaration designed by the Company which is completed and signed manually or electronically by the Policyholder, and contains information about him or herself and his/her Dependents. This form is used by the Company to determine the insurability of the Applicant and his/her Dependents. Any information or questionnaire submitted to the Company with the Application is considered part of the Application.

Assisting Surgeon or Assisting Physician Fees
Fees charged by the assisting surgeon or physician when providing assistance services during a medical procedure.

Baggage
Suitcases, clothing, toiletries, books, photo equipment, mobile phones and laptops.

Beneficiary
Person designated by the Policyholder to receive the amount of the unearned premium or the payment of reimbursements of pending Claims in case of death.

Certificate of Coverage
Document of the Policy which specifies the effective coverage period, its conditions and limitations, lists all individuals covered and, in addition, is part of the Policy.

Claim
Financial responsibility covered in whole or in part by the Company.

Close Relative
Spouse or Domestic Partner residing at the same address as the Insured, children, son or daughter-in-law, grandchildren, parents, parents-in-law, brothers or sisters, in that order.

Company
The insurer, VUMI® Group, I.I.

Congenital Disorders
Any condition, organic disorder, malformation, embryopathy, persistency of embryonic or fetal tissue or structure, which has been acquired during the development of the fetus in utero or during birth, regardless of whether it is evident before birth, at the time of birth or manifests itself later.

Country of Residence
The country in which the Insured resides for a period of more than one hundred and eighty-three (183) days within a year, and where the Insured intends to return after his/her trip.

Doctor
A professional legally licensed to practice medicine in the location where the services are provided.

Domestic Partner
Person of the opposite sex or the same sex with whom the Policyholder has established a relationship of domestic life.

Effective Date
Start date of the term of the Policy.

Emergency
A sudden, serious and acute medical condition, which requires immediate medical assistance due to the danger it represents to the life or physical integrity of the Insured if medical attention is not provided within the next twenty-four (24) hours.

Epidemic
Incidence of more cases than expected of a certain Illness or health condition in a specific area or within a group o f people during a particular period, and which has been declared as such by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) or an equivalent organization in a local government.

Experimental or Investigative
Any treatment, procedure, equipment, Medication, combination of Medications, device, supply or Hospitalization which, at the time the service or supply is provided, does not meet the approved norms for the specific indication or application to the condition by the Food and Drug Administration (FDA) or other applicable federal or government agency of the U.S. and whose approval is required regardless of the location where the medical expenses are incurred.

Expiration Date
The date on which the term of the Policy ends.

Gross Negligence
Lack of care that demonstrates reckless disregard for the safety or lives of others, which is so great it appears to be a conscious violation of other people's rights to safety.

Ground Ambulance
Ground transportation equipped with medical equipment and medically trained personnel to transport individuals who are injured or ill.

Hazardous Hobbies and Sports
Activities that increase the risk of Accidents or even the death of the person who practices them. Examples of Hazardous Hobbies and Sports include, but are not limited to, base jumping, diving, rock climbing, mountaineering, parachuting, bungee jumping, paragliding, parasailing, motor sports or mountain biking.

Hospital, Clinic or Medical Facility
An institution legally licensed to provide clinical and surgical services under the supervision of medical professionals.

Hospital Services
Treatments, general or medical services and supplies provided by a Hospital for the use of its facilities.

Hospitalization
Admission to an inpatient medical center for a period of twenty-four (24) hours or more to receive medical or surgical care. The severity of the medical condition justifies the need for a Hospital admission. The medical care limited to an emergency room or urgent care is not considered a Hospitalization for the purposes of this Policy.

Illicit Substances
Pharmaceuticals, psychoactive substances or similar chemicals defined by the federal government of the United States of America as illegal, such as cocaine and heroin.

Illness
Condition or disorder of internal or external cause that affects the human body and which requires medical attention.

Illness of Infectious Origin
A medical condition caused by pathogenic agents such as bacteria, virus, fungi and parasites.

Injury
Damage inflicted to the human body due to some cause.

Insurance
Entire contract between the Policyholder and the Company which includes the Policy Conditions of Coverage, the Application signed by the Policyholder, any document that may be required to add Dependents to a Policy or to modify the coverage, the membership ID and amendments, if applicable, which modify the terms and conditions of this Policy.

Insured
It refers to the Policyholder, covered Dependents and Travel Companions listed in the Certificate of Coverage.

Lifetime
The maximum amount that the Company will pay for a specific benefit during the life of the Policy.

Insured Dependent
Spouse, concubine or Domestic Partner of the Policyholder, his/her biological children, legally-adopted children, stepchildren or children under eighteen (18) years old for whom the Policyholder has been named legal guardian by a court of competent jurisdiction.

Maternity Complications
Pathology or treatment resulting from the abnormal course of pregnancy.

Medical Necessity or Medically Necessary
Treatment, medical service or medical supply prescribed by the treating physician and approved by the Company as deemed necessary to diagnose and/or treat an Illness or Injury.

It is not Medically Necessary if the service:

- A Is provided as a matter of convenience to the Insured, his/her family or the Hospital/Physician;
- B Is not appropriate for the diagnosis or treatment of the specific condition;
- C Exceeds the level of care required for the diagnosis or treatment of a specific condition;
- D Is outside the scope of the standard practices established for Doctors other health professionals and Hospitals; or
- E Is a substitution of a Standard or Private Room for a Suite.

Negligence
Failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is some duty to act or rules or care to follow.

Next-of-Kin
It refers to the following persons in the following order:

- A Spouse; then
- B Live-in partner (if the conditions below are met); then
- C Children/heirs; then
- D Beneficiary under a will or appointed in a form or communication addressed to the Company.

For a live-in partner to be considered as the Next-of-Kin, he/she must have lived together with the Insured sharing the same address and:

- A Be expecting, have or have had a child together; or
- B Have been living together with the Insured in a conjugal relationship at the shared address for the last two (2) years leading up to the death of the Insured.

Outpatient Services
Services or treatments that do not require a Hospital admission or Hospital stay for more than twenty-three (23) hours.

Pandemic
An occurrence in which a disease spreads very quickly and affects a large number of people over a wide area or throughout the world, which has been declared as such by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) or an equivalent organization.

Policy
Document where the general and particular conditions agreed by the Company and the Insured are described and which governs the insurance contract.

Policyholder
The individual who signs the insurance Application, is the main Insured under the Policy, has the authority to request changes in the Policy, and receives the reimbursements for payments of medical services covered under this Policy, as well as any reimbursement of the unearned premium.

Pre-existing Condition
A condition which was diagnosed by a physician prior to the Effective Date of this Policy or its reinstatement, or for which medical advice or treatment was recommended or received by a physician; or for which symptoms and signs presented and, had a physician been consulted, a diagnosis of an Illness or medical condition, or specific treatment, would have been received.

Prescription Medication
Medications prescribed by a physician that would not be available without such prescription. Certain treatments and Medications such as vitamins, herbs, aspirin, cold remedies and Medication, and Experimental or Investigative Medications or supplies, even when recommended by a Physician, do not qualify as Prescription Medication.

Professional Sports
Training and practice of sports for which a person receives compensation.

Provider
Hospitals, Clinics, physicians, diagnostic centers, pharmacies and other entities or individuals legally authorized to provide medical services.

Reckless Behavior
The conscious disregard of a substantial and unjustifiable risk.

Region
Group of countries and/or a geographical area within one country.

Renewal Date
The Policy's anniversary date or the first day of the next Policy Year if the annual trip plan has been chosen.

Rider
Document issued by the Company that is attached to the Policy when it is acquired and paid by the Applicant or Policyholder, and which provides additional coverage.

Routine or Preventive Health Checkups
Preventive medical examinations conducted by a certified physician and/ or an institution providing medical services.

Serious Accident
Violent, sudden, unforeseen and unintentional event that is provoked exclusively by external causes that result, independently of other causes, in bodily Injuries to the Insured and, which require urgent medical care with a Hospitalization of twenty-four (24) hours or more.

Simple Theft
Unlawful taking of movable property without the use of force or violence against persons or objects.

Spouse
The person with whom the Policyholder is legally married to in accordance with the regulations of the jurisdiction where the marriage ceremony took place.

Standard Private Hospital Room
Hospital room equipped to accommodate only one (1) patient.

Suite
Hospital room of a Hospital or Clinic classified by the same as a Suite, usually of a larger size than that of a Private Room and which may have a reception area. This includes rooms referred to as "Junior" or "Presidential."

Temporary Residence
When the Insured is a foreign national in a country and has been legally granted the right to stay in the country for a certain length of time, without full citizenship. This may be for study, business, or other reasons.

Travel Companion
A person insured under the same Policy as the Policyholder, also listed in the Certificate of Coverage and the membership ID.

US$, US Dollars
Currency of the United States of America.

United States, U.S., USA
The United States of America.

Usual, Customary and Reasonable (UCR)
The lower of:

A. The Provider's usual reimbursement for furnishing the treatment, service or supply; or
B. The amount determined by the Company to be the general rate accepted by Providers of the same category who provides such treatments, services or supplies to persons: (1) who reside in the same geographical area; and (2) whose Injury or Illness is comparable in nature and severity.

The Usual, Customary and Reasonable amount for a service, treatment or provisions will be determined by the Company based on special rates established or contracted in advance by the Company for the geographic area, country or specific Provider with whom the Insured receives such services. In some cases, the UCR amount will be determined by direct contracts between the Providers and the Company.

Benefits covered at one hundred percent (100%) are subject to Usual, Customary and Reasonable costs. It should not be understood that they will be covered for the total amount of the invoice submitted.

Willful Misconduct
Deliberate act or omission which is contrary to or goes beyond the conduct to be expected of a party, where such party knows that or is reckless to the fact that such act or omission is contrary to or goes beyond the conduct to be expected of them.

VUMI® GROUP, I.I.
ORGANIZED UNDER CHAPTER 61 OF THE PUERTO RICO INSURANCE CODE.
NO COVERAGE ISSUED BY THIS INSURER IS PROTECTED BY ANY GUARANTEE OR INSOLVENCY FUND IN PUERTO RICO.
Claims administration services provided by Epic Health Solutions.

25 Millard Ave West, Newmarket, Ontario L3Y 7R6, Canada
General Telephone: +1.416.744.3870 • North America Toll Free Call: +1.888.809.3493
info@vumigroup.com • www.vumigroup.com