



# WorldMed Insurance™

## Brief Outline of Coverages

This is not a Policy. Upon receipt of your Confirmation of Insurance, read it carefully as it will describe the provisions of the Master Policy which will prevail. Your Medical Expense Benefit Limit depends upon your choice of Plan A, Plan B or the Lite Plan.

### Medical Expense (Accident & Sickness) - Limits Vary Based On Plan Choice\*

Plan A		Plan B		Lite	
Benefit	Limit	Benefit	Limit	Benefit	Limit
Accident & Sickness	\$500,000	Accident & Sickness	\$1,000,000	Accident Only	\$100,000
				Sickness Only	\$5,000

If Injury or Illness occurs during the Period of Coverage and you, your insured spouse or dependent children require medical treatment, after you pay the selected annual deductible, the policy will pay 80% of the first \$5,000 annually for covered medical expenses incurred. Then the policy will pay 100% up to the policy maximum amount as stated in Limits of Coverage. Please note: For the Lite Plan Outbound policy there is no co-insurance. The policy will pay 100% up to the policy maximum amount as stated in Limits of Coverage.

**DEDUCTIBLE:** The above medical expenses are excess of an annual deductible per Confirmation number. The Confirmation number will remain the same provided there is no lapse of coverage. **Please note:** For the Lite Plan policies, the illness deductible is \$75.00 per incident. The deductible amount consists of covered expenses which would otherwise be payable under this policy. These expenses must be borne by the Insured Person.

\*The maximum benefit for ages 70 - 79 is \$100,000 and the maximum benefit for ages 80+ is \$15,000.

### Covered Expenses

1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation; 2) Charges made for diagnosis, treatment and surgery by a physician; 3) Charges made for the cost and administration of anesthetics; 4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; 5) Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist; 6) Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. The first expense must be incurred within 30 days of the commencement of covered Injury or Illness. Benefit period is 26 weeks.

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### All Other Benefit Limits Are The Same for All Three Plans

### Emergency Medical Evacuation Expense A / B / Lite : \$100,000

If Injury or Illness commencing during the Period of Coverage requires emergency evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or to the Country of

Residence, all expenses incurred are covered up to the maximum benefit selected. An emergency evacuation must be recommended by a legally licensed physician who certifies that the severity of Injury or Illness necessitates such emergency evacuation and agreed to by you or your representative. Arrangements must be made by AIGAssist.

**Accidental Death & Dismemberment (AD&D) A / B / Lite : \$25,000**

If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the Policy will pay as follows: Loss of Life: \$25,000; Loss of two Members: \$25,000; Loss of one Member: \$12,500.

**Repatriation of Remains Expense A / B / Lite : \$20,000**

If Injury or Illness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence will be paid up to the maximum per person. Arrangements must be made by AIGAssist.

**Emergency Reunion A / B / Lite : \$10,000**

In the event of an Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial for the Insured to have a family member at their side during transport, the Company will reimburse the Insured for travel and lodging expenses, up to a maximum of \$10,000. Arrangements must be made by AIGAssist.

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**Emergency Travelers Assistance**

- 24-hour verification of medical coverage for hospitals and physicians
- 24-hour medical care location service
- Medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy
- Emergency medical transportation or repatriation of remains arrangements
- Multilingual services
- Legal referral, to help you locate a consular official or attorney

**Lost Baggage A / B / Lite : \$250**

If the Insured is a ticketed passenger on any land, water or air conveyance licensed for the transportation of passengers, coverage is provided if checked baggage is lost due to theft or misdirection. Benefits are paid only in excess of amounts paid or payable by the Common Carrier or any other valid and collectible insurance, maximum: \$50/article, \$250/confirmation.

**Trip Interruption A / B / Lite : \$5,000**

The Company will pay benefits if an Insured Person is unable to continue his/her trip due to; 1) Death, occurring prior to the Insured's return to his/her Home Country, or of an Insured Person's Immediate Family Member; or 2) Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The Company will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket to return home to his/her area of principal residence. This benefit is limited to the cost of a one-way economy airfare or ground transportation and is subject to a maximum amount of \$5,000 per confirmation.

**Home Country Coverage - Included**

Coverage for eligible medical expenses incurred while an insured person is in his Home Country. Eligible medical expenses are those eligible expenses associated with an accident or sickness that has occurred during the insured's visit outside his home country.

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**Optional Benefit: Hazardous Activity Coverage**

Medical Expense coverage for motorcycling, scuba diving, jet, snow & water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

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**Exclusions**

**For Medical Expense & Trip Interruption, this insurance does not cover:**

1) Pre-Existing Conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three years prior to the effective date of this insurance; 2) Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature; 3) Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional athletics; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing; or e) Commission of a felony; 4) Expenses for: a) Pregnancy, childbirth, or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental or nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder; h) Alcoholism, drug addiction, or use of any drug or narcotic agent; i) Treatment by the Insured's Immediate Family, or j) Expenses incurred within the Insured's home country.

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**For Accidental Death & Dismemberment, this insurance does not cover:**

Any loss, fatal or non-fatal, caused by or resulting from: 1) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; 2) War or any act of war, declared or undeclared, or service in the military, naval or air service of any country; 3) Piloting or acting as a crew member, or riding in any aircraft except as a fare paying passenger on a scheduled airline; 4) Illness, disease, pregnancy, childbirth, miscarriage; 5) Any bacterial infection other than one occurring from an accidental cut or wound; 6) Hernia; or 7) The insured being under the influence of drugs (unless taken under the advice of a physician and within the amounts prescribed by a physician) or intoxicants of any type including alcohol.

**For Emergency Medical Evacuation and Repatriation of Remains Expense, this insurance does not cover:**

Any loss fatal or non-fatal caused by or resulting from (1), (2) or (3) above.

**For Lost Baggage, this insurance does not cover:**

Animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aides; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

**All coverages, except Accidental Death and Dismemberment,** shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

# WorldMed Insurance

## Rates: Traveling To The U.S.

**Optional Benefit - Hazardous Activity Coverage: Add 20% to the rates below.**

Monthly												
Age	Plan A				Plan B				Lite			
	Deductibles				Deductibles				Deductibles			
	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500
< 30	\$74	\$70	\$62	\$54	\$87	\$83	\$74	\$65	\$46	\$43	\$41	\$39
30 - 39	\$98	\$93	\$83	\$73	\$117	\$111	\$99	\$87	\$61	\$57	\$55	\$53
40 - 49	\$132	\$126	\$112	\$98	\$159	\$151	\$134	\$117	\$82	\$77	\$74	\$71
50 - 59	\$184	\$175	\$156	\$136	\$220	\$209	\$186	\$163	\$114	\$107	\$103	\$98
60 - 64	\$307	\$292	\$260	\$227	\$350	\$333	\$296	\$259	\$191	\$179	\$172	\$164
65 - 69	\$340	\$324	\$288	\$252	\$387	\$368	\$327	\$286	\$212	\$198	\$190	\$182
70 - 79	\$352	\$335	\$298	\$261	N/A	N/A	N/A	N/A	\$219	\$205	\$197	\$189
80 +	\$405	\$386	\$343	\$300	N/A	N/A	N/A	N/A	\$252	\$236	\$226	\$217
Dep. Child	\$35	\$33	\$29	\$26	\$41	\$39	\$35	\$31	\$22	\$21	\$20	\$19

15 Days or Less												
Age	Plan A				Plan B				Lite			
	Deductibles				Deductibles				Deductibles			
	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500
< 30	\$40	\$39	\$35	\$32	\$48	\$46	\$42	\$39	\$24	\$23	\$22	\$20
30 - 39	\$54	\$51	\$47	\$43	\$64	\$61	\$56	\$52	\$32	\$31	\$30	\$28
40 - 49	\$73	\$69	\$63	\$58	\$87	\$83	\$76	\$70	\$46	\$42	\$41	\$38
50 - 59	\$101	\$96	\$88	\$81	\$121	\$115	\$105	\$97	\$63	\$57	\$54	\$53
60 - 64	\$169	\$161	\$147	\$135	\$192	\$183	\$168	\$154	\$102	\$95	\$93	\$87
65 - 69	\$187	\$178	\$163	\$150	\$213	\$203	\$185	\$170	\$114	\$107	\$102	\$99
70 - 79	\$194	\$184	\$169	\$155	N/A	N/A	N/A	N/A	\$118	\$111	\$106	\$101
80 +	\$223	\$212	\$194	\$178	N/A	N/A	N/A	N/A	\$135	\$127	\$122	\$117
Dep. Child	\$19	\$18	\$16	\$15	\$23	\$21	\$20	\$18	\$12	\$11	\$10	\$9

## Rates: Traveling Outside The U.S.

Monthly												
Age	Plan A				Plan B				Lite			
	Deductibles				Deductibles				Deductibles			
	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500
< 30	\$62	\$59	\$52	\$46	\$74	\$71	\$63	\$55	\$41	\$38	\$36	\$35
30 - 39	\$76	\$72	\$64	\$56	\$90	\$86	\$76	\$67	\$50	\$46	\$44	\$43
40 - 49	\$81	\$77	\$68	\$60	\$97	\$92	\$82	\$72	\$53	\$50	\$47	\$46
50 - 59	\$119	\$113	\$100	\$88	\$142	\$135	\$120	\$105	\$78	\$73	\$70	\$67
60 - 64	\$196	\$187	\$166	\$145	\$225	\$214	\$190	\$166	\$129	\$121	\$115	\$111
65 - 69	\$217	\$207	\$184	\$161	\$247	\$235	\$209	\$183	\$143	\$134	\$128	\$123
70 - 79	\$293	\$279	\$248	\$217	N/A	N/A	N/A	N/A	\$192	\$180	\$172	\$166
80 +	\$337	\$321	\$285	\$250	N/A	N/A	N/A	N/A	\$221	\$207	\$198	\$191
Dep. Child	\$34	\$32	\$28	\$25	\$40	\$38	\$34	\$30	\$22	\$21	\$20	\$19

15 Days or Less												
Age	Plan A				Plan B				Lite			
	Deductibles				Deductibles				Deductibles			
	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500	\$250	\$500	\$1,000	\$2,500
< 30	\$34	\$32	\$29	\$27	\$37	\$35	\$36	\$33	\$22	\$21	\$20	\$18
30 - 39	\$42	\$40	\$36	\$33	\$50	\$47	\$43	\$40	\$26	\$25	\$24	\$23
40 - 49	\$44	\$42	\$39	\$36	\$53	\$51	\$46	\$43	\$29	\$27	\$26	\$24
50 - 59	\$65	\$62	\$57	\$52	\$78	\$74	\$68	\$62	\$43	\$39	\$36	\$35
60 - 64	\$108	\$103	\$94	\$86	\$124	\$118	\$108	\$99	\$69	\$64	\$62	\$58
65 - 69	\$120	\$114	\$104	\$96	\$136	\$129	\$118	\$109	\$77	\$72	\$69	\$67
70 - 79	\$161	\$153	\$140	\$129	N/A	N/A	N/A	N/A	\$103	\$98	\$93	\$88
80 +	\$185	\$177	\$161	\$149	N/A	N/A	N/A	N/A	\$119	\$111	\$107	\$102
Dep. Child	\$19	\$18	\$16	\$15	\$22	\$21	\$19	\$18	\$12	\$11	\$10	\$9