



# GLOBAL BENEFITS

INTERNATIONAL INSURANCE FOR EXPATS,  
TRAVELERS & ORGANIZATIONS

## Travel Medical Insurance: Global Underwriters – Diplomat International Plan

### Schedule of Benefits

For more information on the below coverages, please see the Description of Coverage or the Plan Documents.

<b>COVERAGES</b>	<b>MAXIMUM BENEFIT PER PERSON PER TRIP</b>
<b>Trip Interruption</b> Maximum Benefit	\$5,000
<b>Trip Delay</b> Maximum Benefit Maximum Benefit Per Day	\$2,000 \$200
<b>Accidental Death &amp; Dismemberment</b> Principal Sum	\$25,000
<b>Optional AD&amp;D – Common Carrier</b> Principal Sum	Choices: \$100,000; \$250,000; \$500,000
<b>Emergency Accident and Sickness Medical Expense</b> Maximum Benefit	\$50,000; \$100,000; \$250,000; \$500,000
Deductible	\$0; \$50; \$100; \$250; \$500; \$1,000; \$2,500
Dental Expenses	\$500 (Not available for residents of NH)
<b>Optional</b> Adventure Sports	Up to Medical Maximum (If Selected)
<b>Optional</b> Bodily Contact, Interscholastic & Organized Sports	\$25,000 (If Selected)
<b>Optional</b> Extreme Sports	\$25,000 (If Selected)
Acute Onset of Pre-Existing Condition	\$10,000
<b>Emergency Evacuation</b> Maximum Benefit Hospital Companion	\$500,000 \$15,000
<b>Repatriation of Remains</b> Maximum Benefit	\$50,000
<b>Non-Medical Emergency Transportation</b> Maximum Benefit	\$25,000



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## Search and Rescue

Maximum Benefit \$20,000

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## Baggage/Personal Effects

Maximum Benefit \$1,000  
Per Article Limit \$250  
Combined Article Limit \$500

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## Baggage Delay

Maximum Benefit \$200

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## Description of Coverage

\*The following is a summary of benefits. For more information and exclusions, please see the full policy document.

### Emergency Accident and Sickness Medical

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, subject to any Deductible shown on the Schedule of Benefits, if You incur Covered Medical Expenses for Necessary Treatment of an Accidental Injury or a Sickness that occurs during the Trip.

Covered Medical Expenses are limited to the list below:

- the services of a Physician;
- charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services;
- charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- ambulance service;
- drugs, medicines and therapeutic services;
- emergency and palliative dental treatment.

**Acute Onset of a Pre-Existing Condition:** The Company will pay benefits, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for Covered Medical Expenses incurred by the Insured as a result of an Acute Onset of a Pre-Existing Condition. The Acute Onset of a Pre-Existing Condition must occur after Your Scheduled Departure Date. You must receive initial Necessary Treatment within twenty-four (24) hours of the Acute Onset of a Pre-Existing Condition.

**Dental:** The Company will pay benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for dental Necessary Treatment for Accidental Injury to Sound Natural Teeth. Both the Accidental Injury and the dental Necessary Treatment must occur during the Trip. The Company will not pay benefits in excess of reasonable and customary charges. The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip. If You are hospitalized due to an Accidental Injury or a Sickness, which first occurs during the Trip, beyond the Scheduled Return Date, coverage will be extended for up to ninety (90) days, or until You are released from the Hospital or until You have exhausted the Maximum Benefits payable under this coverage, whichever occurs first.

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## Policy Medical Maximum Choices

Plan A – \$50,000

Plan B – \$100,000

Plan C – \$250,000

Plan D – \$500,000

Persons up to age 69 are eligible for all plans

Persons age 70-79 are eligible for plans A and B\*

Persons age 80+ are eligible for plan A\*

\*(All ages of Pennsylvania residents are eligible for all plans)

## Deductible Choices

\$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500 per person per policy period\*

\*(Missouri and Pennsylvania residents can choose \$250 Deductible only)

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## Emergency Evacuation

The Company will pay benefits for Covered Evacuation Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation and verified and arranged by the Travel Assistance Company.

Emergency Evacuation means:

1. Your medical condition warrants immediate Transportation from the Hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
2. after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home where You reside, to obtain further medical treatment or to recover; or
3. both (1) and (2), above.

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

1. recommended by the attending Physician;
2. required by the standard regulations of the conveyance transporting You; and
3. authorized in advance by the Company or its authorized Travel Assistance Company and arranged by the Company's authorized Travel Assistance Company.

Notwithstanding the forgoing, in the event the Emergency Evacuation services are not arranged by the Company's authorized Travel Assistance Company, the Company, in its sole discretion, may elect to evaluate the need for the Emergency Evacuation and provide limited reimbursement for the portion of the expenses related to such Emergency Evacuation as would have been authorized by Company's authorized Travel Assistance Company.

**Transportation of Minor Children:** If You are expected to be in the Hospital for more than seven (7) days following a covered Emergency Evacuation, or pass away during the Trip, the Company will return Your unattended minor child(ren) (under the age of eighteen (18)) who is/are accompanying You on the scheduled Trip, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary.



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INTERNATIONAL INSURANCE FOR EXPATS,  
TRAVELERS & ORGANIZATIONS

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

Transportation services are provided if authorized in advance and arranged by the Company or the Company's Travel Assistance Company and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles. The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip.

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**Repatriation of Remains:** The Company will pay up to the Maximum Benefit shown on the Schedule of Benefits for the Covered Repatriation Expenses incurred to return Your body to the United States of America if You die during the Trip. This benefit is provided only if authorized in advance and arranged by the Company or the Company's Travel Assistance Company.

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

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**Trip Interruption:** The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You interrupt Your Trip after Your departure or if You join Your Trip after Your Scheduled Departure Date due to any of the following Unforeseen reasons that occur while this coverage is in effect for You:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Return Date.
2. Sickness, Accidental Injury or death of a Family Member or Traveling Companion booked to travel with You that a.) occurs while You are on Your Trip; b.) requires Necessary Treatment at the time of interruption; and c.) as certified by a Physician, results in medically imposed restrictions as to prevent that person's continued participation on the Trip.
3. Sickness, Accidental Injury or death of a non-traveling Family Member.
4. You or Your Traveling Companion are a victim of a felonious assault.
5. You or Your Traveling Companion being hijacked, Quarantined, required to serve on a jury or subpoenaed during the Trip; having Your Home made Uninhabitable by Natural Disaster; or burglary of Your principal place of residence during the Trip.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

- unused portion of the pre-paid, forfeited, non-refundable Payments or Deposits You paid for Your Travel Arrangements;
- the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Travel Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets. In no event will the Company reimburse You for the cash value of Your airline ticket(s) purchased with frequent flier miles.



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TRAVELERS & ORGANIZATIONS

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**Trip Delay:** The Company will reimburse You for Covered Trip Delay Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Trip Delay Expenses:

- Any Reasonable Expenses incurred;
- An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip;
- A one-way Economy Fare to return You to Your originally scheduled return destination.

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**Non-Medical Emergency Transportation:** The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, for the Covered Transportation Expenses incurred if You must leave Your Trip for a Covered Reason listed below.

Covered Reasons:

- a Natural Disaster;
- A Security Situation;
- A Political Situation;
- Being the victim of a felonious assault that has been documented by the local authorities.

Covered Transportation Expenses under this benefit are reasonable and customary expenses for necessary transportation to transport You to the nearest place of safety as determined in advance by the Company or the Company's Travel Assistance Company in its sole discretion or to Your Home, if a Natural Disaster, Security Situation or Political Situation occurs or You are the victim of a felonious assault while on Your Trip. Expenses for transportation must be: a) by the most direct and economical route possible; and b) such transportation is reasonably possible under the circumstances.

The Company will pay benefits for Your transportation only if the actual evacuation process has been initiated within seven (7) days from the initial Natural Disaster, Security Situation or Political Situation evacuation notice advised or posted, whichever is earlier, by the recognized government of either the United States or the Host Country.

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**Search and Rescue:** If You should become lost, disoriented, or be reported missing while on the Trip during a recreational activity that could be anticipated for Your abilities and expertise, the Company will pay on Your behalf up to the Maximum Benefit shown on the Schedule of Benefits, not to exceed four days, costs for one (1) organized Search and Rescue by appropriate authorities.

This benefit can only be activated when someone makes a formal report of Your need for Search and Rescue to an agency or authority that can activate a Search and Rescue, and the agency or authority is provided with enough specific and credible details of how, when, where You might be located so that an official and organized Search and Rescue can be activated.

The following **exclusions apply** to Search and Rescue: any loss caused by or resulting from:

1. Heli-skiing;
2. extreme skiing;
3. payment in any way for fines, damages, penalties, or litigation that may be imposed against the person, as a result of their activities or actions;
4. open sea boating;
5. adventure seeing or exploratory ventures;
6. Solo or unaccompanied adventure seeking or record-breaking missions;



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7. any travel with intentional lack of communication and ability to contact emergency services;
8. Adventure Sports;
9. Extreme Sports.

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**Baggage/Personal Effects:** The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You sustain Loss, theft or damage to baggage and Personal Effects during the Trip, provided You have taken all measures possible to protect, save and/or recover the property at all times. The baggage and Personal Effects must be owned by and accompany You during the Trip.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and Personal Effects; or
- (b) the cost of repair or replacement in like kind and quality.

There will be a per article limit as shown on the Schedule of Benefits.

There will be a combined Maximum Benefit as shown on the Schedule of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; Personal Computers; cameras and their accessories and related equipment.

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**Baggage Delay (En Route to Destination Only):** The Company will reimburse You for the expense to replace Your necessary Personal Effects in Your Checked Baggage up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Trip.

You must be a ticketed passenger on a Common Carrier.

All claims must be verified by the Common Carrier who must certify the delay or misdirection. Receipts for the purchases must accompany any claim.