

## Description of Benefits

### Medical Expenses

If an injury or illness occurs during the **Period of Coverage**, only those expenses specifically described below, and which are incurred within the maximum **Benefit Period** (26 weeks from the date of such injury or onset of such illness), and which are not excluded (see Exclusions section) are considered **Covered Medical Expenses**. Initial treatment of an injury must occur within 60 days of the accident. Illness must first manifest itself during the Period of Coverage.

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation, or intensive care when medically necessary;
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 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.

### Exclusions

For medical expenses, this insurance does **not** cover:

1. Pre-existing Conditions, defined as illness, injury or any medical condition for which symptoms manifested, or for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 36 months prior to the Insured's **Effective Date** of coverage;
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 sports, sponsored scholastic or amateur athletics; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; 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 and 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 eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) alcoholism and drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

### Emergency Medical Evacuation Expenses

If injury or illness commencing during the **Period of Coverage** warrants immediate transportation to the nearest medical facility where appropriate medical treatment can be obtained, or if after being treated at the local hospital the condition warrants transportation to the Home Country/Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$100,000. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation and must be agreed upon by you or your representative. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

If an Insured Person is hospitalized for more than 7 days following a covered emergency evacuation and is receiving care outside the Home Country/Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family. **These transportation arrangements must be authorized in advance and made by the Assistance Services provider.**

### Return of Minor Child(ren)

If an adult insured is traveling alone with a Minor Child(ren) up to the age of 18 and is hospitalized because of a covered illness or injury and the minor children are left unattended, the Plan will arrange and pay for one-way economy fares (less the value of applied credit from any unused travel tickets per person) to their Home Country/Country of Residence, not to exceed the maximum benefit of \$5,000. These arrangements will be made at no cost to you. If an attendant/escort is necessary to ensure the safety and welfare of Minor Child(ren), the Plan will arrange and pay for these services. **All arrangements must be made by the Assistance Services provider.**

### Repatriation of Remains Expenses

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 Home Country/Country of Residence are covered up to a maximum of \$20,000. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

### Exclusions

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

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 sports, sponsored scholastic or amateur athletics; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) scuba diving, mountain climbing, sky diving, professional or amateur racing, participation in contests of speed, or piloting an aircraft; f) pregnancy, childbirth or miscarriage; g) alcoholism and drug addiction or use of any drug or narcotic agent.

### Accidental Death & Dismemberment (AD&D)

\$25,000 Principal Sum	(Included)
\$100,000 Additional Principal Sum	Option 1
\$250,000 Additional Principal Sum	Option 2

Gateway International includes \$25,000 AD&D principal sum for each Insured Person and Insured Spouse, with partial benefits for each insured eligible Child (see Table of Losses below for benefits payable).

If you wish to purchase either of the Optional Additional Benefits it must be purchased for each adult (Insured Person and Insured Spouse) listed on the Application and additional premium must be paid at time of Application. This option is not available for enrolled persons under the age of 18. Purchase of this optional coverage does not affect the AD&D coverage amount for enrolled Child(ren).

