

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 **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.

- Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional service 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.
- Charges made for diagnosis, treatment and surgery by a physician.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions and medical treatment.
- Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
- Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.

Exclusions

For Medical Expense, this insurance does not cover:

- Pre-existing Condition 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. (This exclusion is applicable to the Medical Expense Benefit only.)
- 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.
- 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) motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony.
- 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.
- 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 a local hospital the condition warrants transportation to the Home Country or Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$50,000. 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 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 is hospitalized for more than 7 days and is receiving care outside the Home Country or Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured to and from his/her bedside, if the Insured is not accompanied by immediate family. **These transportation arrangements must be authorized in advance, and 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 or 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) motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; f) pregnancy, childbirth or miscarriage; g) alcoholism and drug addiction or use of any drug or narcotic agent.

Accidental Death & Dismemberment Coverage (AD&D)

\$25,000 Principal Sum Included
 \$100,000 Principal Sum Optional Additional Benefit

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

If you wish to purchase the Optional Additional Benefit, it must be purchased for each adult (Insured Person and Insured Spouse) listed on the 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).

If an injury occurs during your **Period of Coverage** and results in one of the following losses within 365 days after an accident, the Plan will pay for the loss as follows:

Table of Losses	Insured or Spouse	Each Child
Loss of life	Principal Sum	\$5,000
Loss of two members	Principal Sum	\$5,000
Loss of one member	50% of Principal Sum	\$2,500

"Member" means hand, foot or eye. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

Exclusions

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

1. Expenses incurred as a result of or in connection with a) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) war or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) piloting or acting as a crew member or riding in any aircraft except as a fare-paying passenger on a scheduled airline.
2. Expenses for a) illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than one occurring from an accidental cut or wound; or b) hernia.

Assistance Services

Assistance services are provided by AIG Assist (American International Assistance Services, Inc.).

Upon enrollment in the Plan, you are eligible for any of the assistance services outlined below. Your ID card will be sent after you enroll in this Plan. It will have the toll-free number to access AIG Assist.

- ▶ **Medical Assistance** — help in obtaining medical care, arranging special medical services when traveling; medical case monitoring; arranging communication between patient, family, physician, employer, consulate; coordination and arrangement for medical transportation if the traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility or return to the Home Country or Country of Residence.
- ▶ **Repatriation** — coordinate the return of remains to the Home Country or Country of Residence if death occurs while traveling.
- ▶ **Emergency Travel Assistance** — advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; relaying emergency messages.
- ▶ **Travel Emergency Legal Assistance** — arranging for traveler to obtain needed help from local attorneys, embassies and consulates.

Refund of Premium

Full refund of premium is made if written request is received by the Gateway Administrator prior to the **Effective Date** of coverage. Premium is considered fully earned and is not refundable for any term of coverage issued for 6 months or less. If you are issued a **Period of Coverage** for 7 or more consecutive months, and must return to your Home Country or Country of Residence earlier than expected, unused premium for remaining whole months exclusive of the first 6 months, will be refunded. Remaining whole months are calculated from the date written notice is received up to the termination date of the Period of Coverage in effect.

The Gateway Plans are underwritten by the Insurance Company of the State of Pennsylvania, a member company of American International Companies (AIG)—a leader in worldwide insurance services with the following insurance company ratings: Best's A++ Superior, Standard & Poors AAA Superior, Moody's Aaa Exceptional.

Premium, Eligibility Criteria, Plan Benefits, Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of enrollment.