INTERNATIONAL

ACCIDENT & SICKNESS

INSURANCE PROGRAM

Designed for the
International Students and Scholars

Of

MARQUETTE UNIVERSITY

MILWAUKEE, WISCONSIN

2012-2013
UNIVERSITY REQUIREMENTS

All international students and scholars are required to participate in this insurance program.

ELIGIBILITY

All international students, visiting faculty or other persons who are under the age of 65, have a current passport or student visa, and are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities at Marquette University.

Insured students may also purchase dependent coverage. Eligible dependents are the Spouse (residing with the Insured Student) and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

Please note: coverage is not available to individuals who reside in the states of Idaho, Massachusetts, Minnesota and Washington and/or individuals travelling from outside the United States to the states of Idaho, Massachusetts, Minnesota and Washington.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes the required premium payment will become effective on the latest of:

1) 12:01 a.m., Standard Time on August 1, 2012; or
2) The beginning date of the period of coverage purchased; or
3) The day after the date of postmark when premium is received by the University, Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

The individual’s insurance coverage is effective 24 hours a day on a worldwide basis except when the student withdraws from school and resumes residency in his/her home country.

TERMINATION DATE OF COVERAGE

Coverage under the Policy with respect to the Insured Student shall terminate on the earlier of:

1) The last day of the period for which premium has been paid; or
2) 12:01 a.m., Standard Time on August 1, 2013.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student’s insurance terminates, whichever is earlier.

A pro-rated refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall and Spring, Spring and Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, not affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.
EXCESS BENEFITS

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.

COMPANY’S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person’s negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

DEFINITIONS

**Deductible** - means the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement.

**Illness** – means sickness or disease which causes loss covered by the Program for which symptoms are manifested while the Program is in force as to the Insured Person whose sickness is the basis for claim.

**Injury** - means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

**Medical Emergency** - means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) within 72 hours of the date of injury or onset of illness such that a prudent layperson with average knowledge of health and medicine could reasonably expect that his health or bodily functions would be in serious jeopardy without immediate medical attention.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Usual and Customary Charges** - means an average of charges by other providers, with the same zip code, for the same or similar service or equipment.

ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below, within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both Hands or Both Feet, or Sight of Both Eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either Hand or Foot and Sight of One Eye</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either Hand or Foot</td>
<td>$  5,000</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>$  5,000</td>
</tr>
</tbody>
</table>

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot Feet, actual severance through or above the wrist or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.
When the student receives treatment at the Student Health Center or the University Neighborhood Health Clinic for a covered injury or illness, those eligible expenses incurred are covered at 100%.

**PREFERRED PROVIDER NETWORK**

If you use a physician from the Preferred Provider Network, the Company will reimburse your covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **HealthEos by MultiPlan**, a Preferred Provider Network in Wisconsin, who has contracted with numerous hospitals, physicians and other health care providers in order to administer care at a prearranged, preferred dollar amount. **If you choose to use a Non-Network Provider, your benefits will be reduced as shown on the Benefits Schedule.** Prior to seeking care with a Network Provider, you should always verify that the doctor continues to be a Network Provider. A complete list of participating providers is available by accessing HealthEos website at [www.healtheos.com](http://www.healtheos.com) or by calling their toll free number 1-800-279-9776.

**Please note:** in the event you need medical attention while out of the State of Wisconsin and need to find a participating provider, please access the Multiplan website at [www.multiplan.com](http://www.multiplan.com) and select PHCS from the drop down menu. You may also call Multiplan’s toll free number at 800-922-4362.

**CATALYST RX PHARMACY NETWORK**

**$5,000 Maximum Benefit per Policy Year**

The pharmacy network provides prescription drug coverage for all covered conditions when prescriptions are filled at a participating Catalyst RX pharmacy. Preventive drugs are not covered. The Covered Person is responsible for a **$10 co-payment per generic prescription; $20 co-payment per brand name prescription; or $30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges up to the maximum benefit.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

For member services information, please call Catalyst RX at 800-207-2568, or access their website at [www.walgreenshealth.com](http://www.walgreenshealth.com). This service is available 24/7 after the issuance of the identification/prescription card.

**PRE-EXISTING CONDITIONS**

Pre-existing Conditions, defined as any injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed with the twelve (12) months prior to the effective date of this insurance, are covered to a Maximum Benefit of $10,000.

After an Insured Person has maintained 12 months of continuous and uninterrupted coverage, pre-existing conditions are covered as any other condition for loss of expense incurred after such 12 continuous and uninterrupted month period.

Payment will be in accordance with the provisions of this Plan. If the Insured Person has a lapse in coverage, a period of 12 months of continuous and uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.
### MEDICAL EXPENSE BENEFITS SCHEDULE

$250,000 Maximum Benefit per Injury and Illness

**Deductible: In-Network - $25 Per Injury and Illness** - In-network Deductible is waived if first seen at or referred by the Student Health Center or the Marquette University Neighborhood Health Clinic

**Deductible: Out-of-Network - $200 per Injury and Illness**

The Company will pay benefits, as described below for the eligible charges incurred while the Insured Person’s coverage is in force for treatment by a licensed physician for: 1) accidental bodily injury when first treatment commences within 90 days of the date of Injury, or 2) Illness beginning with the date of first treatment, not to exceed a Maximum Benefit of $250,000 per Injury or Illness.

**In-Network: 100% of PPO Allowance**

**Out-of-Network: 80% of covered Usual & Customary charges incurred to $25,000 in benefits paid; then 100% to the Maximum Benefit**

Student Health Center and Neighborhood Health Clinic covered charges are payable at 100%

<table>
<thead>
<tr>
<th>INPATIENT BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board Expense: daily semi-private room rate, including general nursing care</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Intensive Care: including 24-hour nursing care</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expenses: for services and supplies limited to: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) miscellaneous supplies; and 7) pre-admission testing</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Physiotherapy: when prescribed by the attending Physician and administered by a licensed physiotherapist</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Surgery: Physician’s fees for a surgical procedure</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Assistant Surgeon: in conjunction with surgery</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Anesthetist Services: in conjunction with surgery</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Registered Graduate Nurse: when prescribed by the attending Physician</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Physician’s Visits: one visit per day when a surgery benefit is not paid</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTPATIENT BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery: Physician’s fees for a surgical procedure</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous: when surgery is performed in a hospital emergency room, trauma center, physician’s office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and 6) miscellaneous supplies</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
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<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Physiotherapy: when prescribed by the attending Physician after a surgical procedure has been performed, and when administered by a licensed physiotherapist; limited to one visit per day for a maximum of 20 visits</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Medical Emergency Expenses: incurred in a hospital emergency room, surgical center, or clinic: $50 co-pay per visit (waived if immediately admitted)</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Diagnostic X-ray Services: when prescribed by the attending Physician</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Radiation Therapy: when prescribed by the attending Physician</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Laboratory Procedures: when prescribed by the attending Physician</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Miscellaneous Tests and Procedures: when prescribed by the attending Physician for an incurred loss for which no other policy benefit is provided</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Shots or Injections: administered in an emergency room or Physician’s office and charged to the emergency room statement or Physician’s statement</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Chemotherapy: when prescribed by the attending Physician</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Prescription Drugs: please see the Catalyst RX Pharmacy Network paragraph herein for details.</td>
<td>PPO Allowance</td>
<td>Usual &amp; Customary</td>
</tr>
</tbody>
</table>

**OTHER BENEFITS**

**Ambulance Service:** for ground transportation to or from a hospital; to a maximum of ................................................. $750 .............................................. $750

**Braces and Appliances:** when prescribed by the attending Physician exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered). ................................................................. PPO Allowance ............... Usual & Customary

Dental braces, except when necessitated by accidental bodily injury, are not covered.

**Consultant Physician Services:** when requested and approved by the attending Physician ................................................................. PPO Allowance ............... Usual & Customary

**Dental Treatment:** for treatment of injury to sound, natural teeth ................................................................. PPO Allowance / .......... Usual & Customary /

$750 Per Tooth ........................ $750 Per Tooth
ADDITIONAL BENEFITS

**Pap Smear**: covered as any condition for one annual Cervical Cytology Screening for Women 18 years of age or older.

**Vision & Hearing**: covered as any condition for the repair or replacement of eyeglasses, contact lenses or hearing aids when damaged as a result of a covered injury.

**Acupuncture**: covered as any condition. The benefit is $35 per day for a maximum of 10 visits.

Exclusions for the following are waived and benefits are payable as indicated below.

**Pre-existing Conditions**: see paragraph description herein.

**Club Sports**: covered as any injury.

**Two-wheeled Motor Vehicle Injury**: covered as any injury.

**Immunizations**: when received at the Student Health Center or the Neighborhood Health Clinic; 100% of charges.

**Allergy Testing and Treatment**: covered as any illness.

**Acne**: when treatment is received at the Student Health Center or the Neighborhood Health Clinic; 100% of charges.

**Venereal Disease**: covered as any illness.

**Snowmobile Accidents**: covered as any injury.

**PSYCHOTHERAPY**

**Treatment of Mental Disorders, Alcoholism and Drug Abuse**

1. When confined as an "Inpatient", benefits will be paid to the lesser of:
   (a) The *Usual and Reasonable Expenses* incurred for the first 30 days of Hospital Confinement per policy year; or
   (b) The first $7,000 of eligible incurred expenses less a co-payment of 10% to a maximum benefit of $6,300.
   (c) The difference between $7,000 and the benefits paid for Outpatient services.

2. For treatment as an "Outpatient", benefits will be the lesser of:
   (a) The first $2,000 of eligible incurred expenses less a co-payment of 10% to a maximum benefit of $1,800.
   (b) The difference between $7,000 and the benefits paid for Inpatient Hospital Services.

3. For "Transitional Treatment", benefits will be the lesser of:
   (a) The first $3,000 of eligible incurred expenses less a co-payment of 10% to a maximum benefit of $2,700.
   (b) The difference between $7,000 and the benefits paid for "Inpatient" and/or "Outpatient" Hospital Services.

Transitional Treatment means: Mental health services for adults, children and adolescents in a day treatment program; persons with chronic mental illness, or with chronic alcohol or drug dependency. Other policy provisions may affect Transitional Treatment benefits in addition to specific limitations described within the Policy.

All charges incurred for all other services or ancillary services stated on the Schedule of Benefits and incurred as a result of Mental or Nervous Disorder/Alcoholism and Drug Abuse are subject to the above stated maximums.

This benefit is subject to all deductibles, copayments, coinsurance, limitations or any other provisions of the Policy.
MAMMOGRAM BENEFIT

When performed at the direction of a licensed physician or nurse practitioner, benefits will be provided for low-dose mammography for an insured woman aged 50 or older on an annual basis; or for a woman aged 45 or older provided a low dose mammography test was not performed within the period 2 years prior to the test performed while insured hereunder, or when prior testing had been performed between the ages 45 and 49 and prior to the effective date of her coverage hereunder.

An Insured woman will also qualify for benefits if she does not have a regular licensed physician or nurse practitioner when she designates a qualified licensed physician to receive the results of the examination and any previous low-dose mammography testing which had been performed at the direction of a licensed physician.

CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other illness for childhood immunization services and supplies for dependent children 6 years of age and under. Childhood immunizations include: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hemophilus Influenza B, Hepatitis B, and Varicella.

These services shall be exempt from any deductible, coinsurance or any copayment provisions of this Policy.

STATE MANDATED BENEFITS

Coverage is provided for benefits mandated by the State of Wisconsin. In addition to those listed herein, benefits include: Diabetes; Kidney Diseases; Breast Reconstruction; Skilled Nursing; Home Care; Drugs for Treatment of HIV Infection; Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care; Temporomandibular Disorders; and Lead Poisoning Screening.

Please refer to the Master Policy on file at the University for a complete description of these benefits.

ASK MAYO CLINIC

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by Ask Mayo Clinic. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and

- Assistance in decisions on the appropriate level of care for an Injury or Illness. Appropriate care may include self-care at home, a call to a physician, or a visit to the emergency room. Calls are answered 24 hours a day, 35 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. Ask Mayo Clinic does not answer health plan benefit questions. Health benefit questions should be referred to AMA & Associates. The Ask Mayo Clinic 24-hour nurse line toll free number will be on your ID card.
EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits or elsewhere herein, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed 12 months prior of the effective date of the insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional and professional sports or travel connected therewith;
6. For pregnancy, childbirth or miscarriage (except when conception occurred while insured hereunder); elective abortion; elective cesarean section;
7. For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For 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 hereunder;
13. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: traveling upon a motorcycle, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the 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.
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventative medicines, serums or vaccines, shots or injections (unless required as a result of accidental injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle.
CLAIM PROCEDURE

In the event of injury or illness, the Student/Scholar should:

1. Report at once to the Student Health Center or Neighborhood Health Clinic, or when not in school, to the nearest doctor or hospital.

2. Secure a claim form from the Office of International Education or from the address below. Fill in the necessary information and attach all itemized bills showing claimant’s name, nature of illness/injury, and description and charge for each service provided. **Mail or fax to:**

   **AMA & ASSOCIATES**  
   P. O. Box 659570  
   San Antonio, TX  78265-9570  
   FAX:  1-210-822-4113

**THE COMPANY MUST BE NOTIFIED WITHIN 90 DAYS FROM DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS**

For additional information on this insurance plan, or for assistance on how to expedite claims, please contact:

**rustinternationalassociates**  
1-800-336-0747  
info@rustinternational.com  
www.rustinternational.com

This Plan is Underwritten By:

**The Insurance Company of the State of Pennsylvania**

**IMPORTANT INFORMATION:** Please retain this brochure as it outlines the provisions of the Master Policy which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.
TRAVEL GUARD ASSIST PROGRAM

The Travel Guard Assist Program is offered along with the Accident and Sickness Insurance Program. The premium rates include both programs. Travel Guard provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you.

Highlights of this program include:

Transportation

- **Emergency Evacuation and Medically Necessary Repatriation**: benefits are provided to a maximum single limit of $100,000 if an Injury or Sickness results in necessary evacuation or repatriation. Both must be ordered by a legally licensed Physician and approved by The Company.

- **Return of Mortal Remains**: benefits are provided to a maximum of $20,000 to return the covered person's body to his/her home country, including cost of embalming, cremation, and necessary coffin.

- **Transportation to Join Disabled Member**: when a covered person is hospitalized for more than seven days, economy, round trip transportation to the place of hospitalization is provided to a person chosen by the covered person, including $100 per day for 30 days for accommodations, meals and transportation in the area of hospitalization.

All Transportation Expenses must be: 1) recommended by the attending Physician; 2) required by the standard regulations of the conveyance transporting the covered person; and 3) **verified and approved in advance by the Assistance Company**.

Worldwide Emergency Assistance Services

The Company can assist with the following services (the covered person is responsible for all the costs involved): pre-departure information; lost/stolen luggage and personal effects; trip interruption; medical evaluation and referrals; critical care monitoring; lost document assistance; emergency personal cash transfer; emergency medication; emergency message transmission; shipment of medical records, and legal referrals worldwide/bail bonds.

When to Contact Travel Guard

- When you require medical travel assistance or have a medical emergency.
- For all non-medical situations (lost luggage, lost documents, legal help, etc.).
- Whenever there is a question.

How to Contact the Travel Guard 24-hour Worldwide Call Center

**Phone Numbers**

Inside the USA or Canada: ................................................................. (877) 832-3523

From Countries other than the USA or Canada:

- Request an international operator
- Request the international operator to place a collect call to .................. (715)-295-1194

Terms & Conditions

The Assistance Company is not responsible for any loss caused by or resulting from:

Suicide, attempted suicide or intentionally self-inflicted injury, or sexually transmitted conditions, Acquired Immune Deficiency Syndrome (AIDS), Human Immune Deficiency Virus (HIV) infection; participation in any professional, semi-professional or interscholastic team sport or any bodily contact sport; being under the influence of drugs, alcohol or other intoxicants unless prescribed by a Physician and taken as prescribed; participation in a felony, riot, crime, misdemeanor or civil commotion; participation in contests of speed using a motorized vehicle or bicycle; participating in skydiving/parachuting, hang gliding; bungee jumping, scuba diving, mountain climbing, pot-holing or while riding on a motorcycle; congenital anomalies; declared or undeclared war or any act thereof; service in the military, naval or air service of any country; piloting any aircraft or while flying as a passenger in any aircraft owned or operated by the Policyholder.