



PROTECTION PLUS INSURANCE POLICY POLICY FACE PAGE

Plan Number

Policy ID #

Insured Name

Policy Effective Date

Policy End Date

Benefit Amount

(Both days inclusive, any time zone)

- Life Coverage
- AD&D

\$

Same as Life Amount

Permanent Total Disability

- Accident Only
- 12-Month Deferral Period
- Own Occupation

Hospital Cash Benefit

Included

Date of Birth

Annual Premium

\$

Premium Payment Mode

Policy Renewal No Later Than Age

65 (or Normal Retirement Age, if sooner)

Country of Residence

Beneficiary

Currency

USD

Insurer

GBG Insurance Limited

Administrative Agent

Global Benefits Group, Inc.
27422 Portola Parkway, Suite 110
Foothill Ranch, California 92610 USA

Right to Examine the Policy: The Policyholder can cancel this Policy within 14 days of receiving it. If no claims have been made under the Policy, the Insurer will refund any premiums paid.

Policy Disclaimer: This GBG Insurance Limited Policy is an international health insurance policy. As such, this Policy is subject to the laws of Guernsey, Channel Islands, and the insured should be aware that laws governing the terms, conditions, benefits and limitations in health insurance policies issued and delivered in other countries including the United States are not applicable to this Policy. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document.

LIFE, ACCIDENTAL DEATH & DISMEMBERMENT, PERMANENT TOTAL DISABILITY

COMMENCEMENT

This Insurance Policy begins on the Effective Date shown on the Policy Face Page and terminates on the Policy End Date.

ADMISSION

Actively At Work: The Insured must be actively at work and mentally and physically capable of conducting the regular duties of their employment on the effective date of this insurance, provided not having been absent for more than 10 consecutive days in the preceding three months.

Unless medically underwritten and accepted, no benefit shall be payable if a claim is directly or indirectly related to the medical condition or complications thereof for which the Insured was absent from work on the proposed commencement date of the insurance or date of increase in benefit.

RESIDENCY

This Policy is not intended for citizens of the United States residing in the U.S. If the Insured changes permanent residency to the U.S., the Insurer retains the right to modify the benefits or cancel this Policy. The Insurer must be notified within 31 days of any change in residency status (whether to the U. S. or any other country).

ANNUAL SALARY

Annual salary as used anywhere in this Policy means the basic salary (excluding any allowances and bonuses, unless otherwise agreed), currently being paid to the Insured on the last day of being actively at work preceding any illness, bodily injury, debility or other eventuality covered by the terms of this Policy.

BENEFITS

Life Coverage

The benefit becomes due in the event of the Insured's having suffered any of the losses as outlined in the section titled, Interest prior to the normal retirement age or age 65, whichever is sooner and continuing to meet all other eligibility criteria and any other terms and conditions of the Policy.

Accidental Death & Dismemberment Coverage

Upon proof that the Insured has suffered any of the losses such as enumerated in the Policy as a direct consequence of an accident within 360 days from the date of accident and provided that such loss is not the direct or indirect result of a risk as outlined in the section titled Exclusions, a capital sum becomes payable in accordance with the provisions and limitations as defined.

Accident shall mean any bodily injury involuntarily sustained by the Insured as a consequence of a sudden and unpredictable intervention of external forces, which occurs at an identifiable time and place during the Policy Period.

Accident shall also include disappearance. If the Insured is not found within twelve months of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads them inevitably to the conclusion that the Insured has sustained Bodily Injury and that such injury has caused the Insured's death, the Insurer shall forthwith pay any death benefit, where applicable, under this Policy, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if the Insured is subsequently found to be living.

In case of dismemberment by accident the maximum benefit payable is as defined in the section titled, Interest.

If a dismemberment benefit has been paid to the Insured, who dies later while still being covered under the Accidental Death & Dismemberment section, any dismemberment benefit already paid will be subtracted from the Accidental Death benefit, should it become due.

Accident Permanent Total Disablement

If the Insured is determined to be totally disabled from their Own Occupation as the result of an accident, a lump sum payment is payable, subject to a 12 month deferred period.

ACCELERATED DEATH BENEFIT

None

INTEREST

Life Coverage: Death by any cause, plus Accidental Death & Dismemberment (AD&D) Benefit.

The following benefits are payable if the Insured sustains a Bodily Injury caused by an Accident.

	<i>Proportion Sum Insured</i>
1. Accidental Death	100%
2. Total and irrecoverable loss of sight of both eyes	100%
3. Total and irrecoverable loss of sight of one eye	50%
4. Loss of two limbs	100%
5. Loss of one limb	50%
6. Total and irrecoverable loss of sight of one eye and loss of one limb	100%
7. Accident Permanent Total Disablement	100%

One payment of 100% of the AD&D benefit shall exhaust the AD&D benefits per Insured Person. In event of Accidental Death the policy will pay in addition to the Life sum insured (double indemnity).

If the Insured is covered by a Long Term Disability policy, the Accident Permanent Total Disablement will not pay a benefit in addition to the Long Term Disability policy benefit.

If an Accident causes the death of the Insured within 12 months following the date of the Accident and prior to the definite settlement of the benefit for disablement provided for, only the benefit provided for in the case of death will be paid.

PREMIUMS

The Insurer charges the premiums to the account of the Insured. To the total premium will be added the sum of any taxes, levies or stamp duties due by the present or future legislation. All premiums are payable no later than the premium due date.

CLAIMS

To substantiate a claim for benefits covered by the terms of this Policy, the following initial documents must be submitted:

1. An official certificate of death, indicating date of birth of the Insured;
2. Proof of employment at date of death/disability,
3. Proof of salary, at date of death/disability;
4. A detailed medical report at the onset and course of the disease, bodily injury or accident, that resulted in the death or disability. In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death;
5. Notification of the Insured's usual place of work at date of death;
6. Notification of whether the Insured was a Disability, or Personal Accident claimant prior to date of death;

7. Notification of whether the Insured was temporarily absent from his usual occupation at date of death;
8. Confirmation that the Insured was actively at work at the effective date of this Policy.

The Insurer will pay the benefit as soon as the validity of the claim for benefits has been reasonably satisfied. Expenses incurred in relation to the substantiation of a claim will not be the responsibility of the Insurer.

EXCLUSIONS

If the Insurer alleges that by reason of any exclusion as noted below any loss is not covered by this Policy, the burden of proving the contrary shall be upon the Insured.

1. **Pre-existing medical conditions** defined as any medical condition for which the Insured person has received treatment, consultations, advice, or medical diagnosis within the 5 years previous to the effective date of the policy.
2. This insurance excludes loss, damage, cost or expense of any nature directly or indirectly caused by, resulting from or in connection with the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
 - **War or warlike operations** (whether war be declared or not),
 - **Terrorist Activity**, including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity.
3. Active participation in a **war or in warlike operations**.
4. **Ionizing radiations** or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
5. **Suicide, attempted suicide** and intentionally self-inflicted injuries, whether sane or insane, gross negligence and violation of the law.
6. Any loss caused directly, or indirectly, by **HIV/AIDS or related conditions**.
7. **Abuse of drugs, alcohol and medication** other than prescribed by a physician.
8. The Insured's **deliberate exposure to exceptional danger** (except in an attempt to save human life).
9. The Insured's own **criminal act**.
10. Any loss caused directly or indirectly from **extortion, kidnap & ransom** or wrongful detention of the Insured or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Insured is traveling.
11. Benefits will not be paid under this Policy, if the bodily injury occurs, either directly or indirectly, voluntarily or involuntarily, from any regularly and/or **extensively practiced hazardous sports**, including but not limited to; boxing, climbing/mountaineering requiring ropes or guides or free-climbing; flying except as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees; all professional sports; hang-gliding, delta-wing-gliding and paragliding; motorized racing of any form; deep sea diving; parachuting; bungee jumping; show jumping, steeple chasing, eventing or flat racing with a horse.

WORLD POLICY

The insurance is valid Worldwide.

JURISTITION

This Policy shall be subject to the jurisdiction of the Bailiwick of Guernsey.

CESSATION OF COVERAGE

Coverage ceases:

- Upon attainment of the normal retirement age or age 65; whichever is sooner,
- If premiums cease to be paid by the Insured;
- Death.

NOTICES

All notices including but not limited to premium invoices and reminders shall be addressed to the Insured. If, by written instruction of the Insured notices are to be sent to a third party, then such notices are deemed to have been also received by the Insured.

CANCELLATION

At any time after the 14-day Right to Examine the Policy has expired, the Insured may cancel this Policy by giving 31 days notice to the Insurer. All unpaid premium through the date of cancellation is the obligation of the Insured. There are no refunds for Policy cancellation.

RENEWAL

The Insured has the option to renew the Policy:

- Provided all premium payments are current, and
- Provided notification to the Insurer is made no later than the expiration date of the in-force policy period.

The Insurer retains the right to:

- Increase rates for the new policy period,
- Revise the terms of the Policy.

Health evidence is not required on renewal provided the same or a lesser Benefit Amount is requested.

BENEFICIARY

The designation of a beneficiary in the Policy or in any declaration in writing by the Insured shall create a trust in favor of the beneficiary for the proceeds of the Policy, if and when the proceeds of the Policy become payable upon the death of the Insured. Beneficiaries may be in two classes; primary or secondary (contingent). Beneficiaries in the same class will share equally in any Death Benefit payable to them, unless a designation from the Insured states otherwise.

The nomination of a Beneficiary will fail if any of the following circumstances occur.

- If the Beneficiary predeceases the Insured, or
- Through failure of the Insured to notify the Underwriter of any reappointment of a Beneficiary following the cancellation of an assignment, or
- Through failure of the Insured to notify the Underwriter of any changes to the designation or appointment of Beneficiaries.

The Death Benefit will be paid to:

- Any primary Beneficiaries who are alive when the Insured dies, or
- If no primary Beneficiary is then alive, to any secondary (contingent) beneficiaries who are then alive, or
- If no designated Beneficiary is then alive when the Insured dies, the Insured's estate will be the Beneficiary.

CONTESTABILITY

At any time, the Insurer may contest the validity of the Policy. The contest will be based solely on statements made in the application for the Policy or reinstatement of the Policy, as applicable. The statements and contestability must be material to the risk accepted or the hazard assumed by the Insurer.

TIME LIMIT FOR APPEALING A CLAIM

In the event the Underwriter denies all or part of a claim, the Beneficiary shall have 90 days from the date of the notice of denial was sent to the Beneficiary's last known address to file a written appeal.

FINAL DISPOSITIONS

Termination of the Policy shall cease all mutual obligations except benefits-in-payment and claims incurred but not yet reported, or premium adjustments due.

DEFINITIONS

Accident: Any bodily injury involuntarily sustained by the Insured as a consequence of a sudden and unpredictable intervention of external forces, which occurs at an identifiable time and place during the Policy period.

Active participant: An active member of the military forces e.g. Army, Navy, Air Force, Territorial Army or Police or any other special forces activated by Government or other public authorities to defend law and order in case of a warlike operation, or any other person who takes up arms in an active or defensive role.

Biological agent: Any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Bodily injury: An identifiable physical injury which; a) is caused by an Accident, and b) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured within 12 months from the date of Accident.

Chemical agent: Any compound that, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

Country of residence: Where the Insured resides the majority of any calendar or policy year, or where the Insured has resided more than 180 days during any 12-month period while the Policy is in effect.

Deferred period: This is the time between the beginning of a disability and the time when disability payments may commence.

Loss of a Limb: Permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

Normal retirement age: The age at which a person can receive social security or retirement like benefits upon leaving the work force. This age may vary by country.

Own Occupation: The insured is totally unable to perform the essential duties of their own previous occupation.

Permanent Total Disablement: Disablement which entirely prevents the Insured from attending to any business or occupation for which they are reasonably suited by training, education, or experience and which lasts 12 months and at the end of that period is beyond hope of improvement.

Terrorism: An act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear for such purposes.

Warlike operations: hostilities; invasion; mutiny; riot; civil commotion assuming the proportions of or amounting to an uprising; civil war; rebellion; revolution; insurrection; conspiracy; military or usurped power; martial law or state of siege; act of an enemy foreign to the nationality of the Assured or the country in or over which the act occurs; overthrow of the legally constituted government; explosions of war weapons; murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Assured whether war be declared with that state or not.

SAMPLE

HOSPITAL CASH

SCHEDULE OF BENEFITS

Benefit Amount
After being hospitalized for three consecutive days, the Insured will receive a \$100 per day cash benefit for each day beyond the third night stay.
Maximum Benefit
The maximum cash benefit payable is \$3,000 per policy period.
Waiting Period
Benefits are payable after 180 days covered under the policy.
Coverage Conditions
The daily Benefit Amount will be payable for the first inpatient day following a continuous 72 hour hospitalization as a result of a Medically Necessary covered Accident or Illness.

ELIGIBILITY

This policy is intended to cover the primary insured only, coverage for a dependent spouse or child(ren) is not included. To be eligible for coverage:

- You must be under 65 years of age,
- Reside outside of the United States,
- Do not reside or work in a country designated as restricted by the Insurer.

Residency

This Policy is not intended for citizens of the United States residing in the U. S. If the Insured changes permanent residency to the U.S., the Insurer retains the right to modify the benefits or cancel this Policy. The Insurer must be notified within 31 days of any change in residency status (whether to the U.S. or any other country).

Country of Residence is defined as:

Where the Insured resides the majority of any calendar or policy year, or
Where the Insured has resided more than 180 days during any 12-month period while the Policy is in effect.

EXCLUSIONS

No Benefit Amount will be payable if the Accident or Illness resulted directly or indirectly from, or was in any manner or degree associated with, any one or more of the following:

1. Any period of Hospital confinement unless the entire confinement and all the special Hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required;

2. Any treatment that commences within 180 days of the Effective Date of this Policy;
3. Hospitalization primarily for diagnosis, x-ray examinations, general physical or medical check-up. Hospitalization for routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not Medically Necessary or that could have been performed in an outpatient setting;
4. Outpatient treatment, dental care and its related treatment except as specifically covered under this Contract;
5. Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising from;
6. Investigations into the treatment of infertility, surgical, mechanical or chemical contraceptive methods of birth control, assisted reproduction, sterilization (or its reversal) or any consequence of any treatment for or any consequence of them;
7. Treatment which arises from, or is attributable to, sex change;
8. Treatment of varicocele, impotence or any consequence of it;
9. Non-Hospital nursing care or ambulatory care, rehabilitation, rest cures or sanitarium care, treatment arising from any geriatric, psycho-geriatric or psychiatric condition, and treatment of alcohol dependence syndrome or substance abuse;
10. Circumcision unless Medically Necessary, eye tests, refractive errors of the eyes, provision of implants, medical appliances and prosthetic devices, including spectacles, hearing aids, wheelchairs and lenses;
11. Intentionally self-inflicted injury while sane, or any self-inflicted injury while insane;
12. Consumption or ingestion of any drugs unless prescribed by a Physician and taken as directed;
13. Consumption or ingestion of alcohol alone or in combination with any drug, medication or sedative;
14. The use, or any treatment arising there from, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications;
15. Any poison or gas voluntarily taken, administered, absorbed or inhaled;
16. Commission of, or attempt to commit, or the provocation of an assault or any indictable criminal offense;
17. War declared or undeclared, riot or civil commotion, insurrection or hostilities of any kind;
18. Participation as a professional athlete in an athletic competition or demonstration;
19. Flying, except as a paying passenger on a recognized commercial airline, or any form of airborne aerial activity;
20. Hospitalization for the treatment of any mental illness;
21. Hospitalization for plastic surgery or cosmetic services unless it is necessary as a result of an Accident that has happened after the Policy Effective Date and the hospital stay commences no later than 90 days after the date of the Accident;
22. Any treatment directed towards developmental delay and/or learning disabilities in children or adults;
23. The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction improvement;

24. Treatment of morbid or non-morbid obesity, including but not limited to, gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising there from;
25. Medical fast diets, weight loss programs and educational dietary counseling related to weight loss efforts;
26. Sleep apnea;
27. Physical or Mental Rest Cures;
28. Congenital Anomalies and the dysfunctions that happen for such anomalies, or are directly related with them;
29. Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), Aids Related Complex (ARC), sexually transmitted diseases and all related conditions;
30. Diagnostic examinations performed by naturopaths, homeopaths, or another person that is not a licensed Physician;
31. Services that are deemed by the Insurer to be experimental or investigational.

SPECIFIED SUM BASIS

The Benefits in this Contract are payable on a specified-sum basis and without reference to actual charges incurred, if any. The amount payable may be on a one-time basis or on a periodic basis, as provided in the Schedule of Benefits.

REPEATED HOSPITAL CONFINEMENTS

If you receive a Basic Daily Benefit Amount under the Contract in respect of a period of a covered Hospital confinement and are again confined in a Hospital as a result of the same Accident or Illness within six months after the date of being discharged, we will consider the subsequent period of Hospital confinement as a continuation of the earlier period of Hospital confinement.

PREMIUMS

The first premium is due in advance of the Policy effective date. Subsequent premiums are payable no later than the premium due date.

Grace Period

A grace period of 31 days will be allowed for payment of any premium due after the first premium. During the grace period, Insurer will suspend coverage for 31 days if premium is not received by the Premium Payment Date. If premium is received within 31 days from the Premium Payment Date, coverage will resume without interruption in coverage.

If the premium due is not paid within the grace period, Insurer will cancel the Policy as of the Premium Payment Date for which the grace period was in effect. All unpaid premium through the date of termination is the obligation of the Insured.

Cancellation

The Insurer reserves the right to cancel this Policy if the following conditions are not met:

- This policy will be canceled automatically upon nonpayment of the premium, although the Insurer may at their discretion reinstate the coverage if the premium is subsequently paid.
- If any premium due from the Insured remains unpaid, the Insurer may in addition defer or cancel payment of all or any claims for expenditures incurred during the period it remains unpaid.
- While the Insurer shall not cancel this Policy because of eligible claims made by the Insured, it may terminate the Policy if the Insured has; misled the Insurer by misstatement or concealment; knowingly

claimed benefits for any purpose other than are provided for under this Policy; agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to our detriment; failed to observe the terms and conditions of this Policy, or failed to act with utmost good faith.

- If the Insurer does cancel this policy, they shall give 31 days notice.

The Insurer also has the right to cancel this Policy in the event that we decide to cease offering Hospital Cash policies. We will give you at least 31 days written notice of such cancellation and upon cancellation, you will be granted a pro-rated refund of premium paid.

The Insured may cancel this Policy by giving 31 days written notice to the Insurer. All unpaid premium through the date of cancellation is the obligation of the Insured. There are no refunds for Policy cancellation.

TERMINATION OF INSURANCE COVERAGE

Insurance Coverage in respect of an Insured shall immediately terminate on the earliest of the following dates:

- On the death of the Insured Person;
- Upon the Insured Person ceasing to satisfy any of the eligibility requirements set out in this Policy;
- The date the Policy is terminated;
- In the event a premium due has not been paid, before the 31st day following the premium due date;
- The date that the Insurer received a written request from the Insured to cancel coverage under the Policy;
- The date of the Policy renewal immediately following the 65th birthday of the Insured Person.

CLAIM PROCEDURES

Proof of Claim

Notice of claim must be provided to us within 48 hours of the commencement of any Hospital stay. Contact us by calling a customer service representative 24 hours a day, any day. Worldwide collect: 1-905-669-4920 or Inside the United States or Canada call toll-free, 1-866-914-5333, or Email: gbgassist@gbg.com

The original Hospital invoice detailing the number of days hospitalized along with the reason for hospitalization, accompanied by the completed claim form should be submitted no later than 90 days from the release date from the Hospital.

Such proof of claim must provide proof satisfactory to us of; Accidental Bodily Injury or Illness that is covered under the Policy; and Hospital Stay or Emergency Hospitalization that is covered under the Policy.

Web: You may submit claims online at www.gbg.com

Mail: Claims may be submitted by mail to:
International Claims Services
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

Fax: Claims may be faxed to +1.949.271.2330

The Insurer shall have the right and the opportunity to request medical records and through our medical representatives, to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. The Insured will bear the expenses incurred in such examinations.

Settlement of Claims

All paid claims will be settled in the same currency as the premium currency.

Time Limits

Requests for payment of benefits must be received in Insurer's claims administrator office no later than 90 days following the date on which the Insured received the service. Claims received after this date will be excluded from coverage

Fraudulent/Unfounded Claims

If any claim under this policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

Privacy

The confidentiality of your information is of paramount concern to the GBG companies. GBG complies with Data Protection Legislation and Medical Confidentiality Guidelines. Information submitted to GBG over our website is normally unprotected until it reaches us. We do share information, but only as it pertains to the administration of your health care benefits.

JURISDICTION

This policy is governed by, and shall be construed in accordance with the laws of Guernsey, Channel Islands, and shall be subject to the exclusive jurisdiction of its courts.

DEFINITIONS

Certain words and phrases used in this Policy are defined below. Other words and phrases may be defined where they are used.

Accident – Any sudden and unforeseen event occurring during the policy year period, resulting in bodily injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

Complications of Pregnancy – 1) when pregnancy is not terminated, conditions that require Hospital Confinement, whose diagnoses are distinct from pregnancy but are adversely affected by or are caused by pregnancy, such as: (a) acute nephritis; (b) nephrosis; (c) Cardiac decompensation; (d) missed abortion; and 2) when pregnancy is terminated; (a) non-elective cesarean section; (b) Ectopic pregnancy that is terminated; or (c) Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy will not include false labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy that do not constitute a nosologically distinct Complication of Pregnancy.

Congenital Condition – Any heredity condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. These deviations, either physical or mental, include but are not limited to, genetic and non-genetic factors or inborn errors of metabolism.

Event- Each illness or accident covered by the Policy that requires inpatient hospitalization.

Experimental and/or Investigational – Any treatment, procedure, technology, facility, equipment, drug, drug usage, device, or supplies not recognized as accepted medical practice by Insurer.

HIV – Acquired Immune Deficiency Syndrome (AIDS) and all diseases caused by and/or related to the HIV Virus.

Home Country – The home country of any Insured Person under this contract. Employee is deemed to be from the country from which the Insured Employee holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the home country

Hospital – Includes only acute care facilities licensed or approved by the appropriate regulatory agency as a hospital, and whose services are under the supervision of, or rendered by a staff of physicians who are duly licensed to practice medicine, and which continuously provides 24 hour a day nursing service under the direction or supervision of registered professional nurses. The term Hospital does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

Illness –Any health alteration that started after the effective date of the Policy and that is a result of internal or external pathogens, related to the human organism, and that requires medical or surgical treatment.

Inpatient – A person admitted to an approved Hospital or other health care facility for a medically necessary overnight stay.

Maximum Benefit – The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by Insurer per person, per policy year

Medical Emergency Services – Services provided in connection with an “Emergency”, defined as a sudden or unexpected onset of a condition requiring medical or surgical care which the Insured Person secures after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than 24 hours after the onset) and in the absence of which care an Insured would be expected to suffer serious bodily injury or death.

Medically Necessary – Those services or supplies that are provided by Hospital, Physician or other approved medical providers that are required to identify or treat an illness or injury and which, as determined by Insurer, are:

- Consistent with the symptom, or diagnosis and treatment of condition, disease or injury; and
- Appropriate with regard to standards of accepted professional practice; and
- Not solely for the Insured Person’s convenience, the Physician’s convenience or any other provider’s convenience, and
- The most appropriate supply or level of service, which can be provided. When applied to an inpatient, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an outpatient; and
- Is not a part of or associated with the scholastic education or vocational training of the patient; and
- Is not Experimental or Investigative; and

Physician – Any person who is duly licensed and meets all of the laws, regulations, and requirements of the jurisdiction in which he practices medicine, osteopathy or podiatry and who is acting within the scope of that license. This term does not include; (1) an intern; or (2) a person in training.

Professional Sports – Treatment as a consequence of injury sustained while participating in or training for any professional sport.

Rest Cure- Prescribed rest to the Insured, by a Doctor, resulting from physical, psychiatric, or psychological pathologies.

Routine Tests - Check-ups or preventive health exams where no diagnosis, illness, or symptoms exist.

SAMPLE