

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

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(a capital stock company, herein referred to as the Company)

## ALL SEASONS TRAVEL PLAN - BEACH LIMITED BENEFIT HEALTH COVERAGE

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND  
ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

### OUTLINE OF COVERAGE

**For complete details and benefit amounts, please read your Policy and Declarations Page.**

**This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare review the Guide to Health Insurance for People With Medicare available from the company.**

(1) Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

(2) Limited benefit health coverage is designed to provide limited coverage for **Insureds** during a covered **Trip**.

(3) Your coverage includes up to a Maximum Limit of

\$25,000 for the **Travel Medical Expense Benefit** shown in the **Schedule**. If you are injured or become sick during the **Trip** and require treatment by a physician, the **Company** will reimburse you up to the Maximum Limit shown.

The injury or sickness must occur and first manifest itself during the course of the **Trip**. The **Company** will pay the reasonable and customary charges incurred or medically necessary covered expenses for said injury or sickness within one year from the date of that injury or sickness provided initial treatment was received during the **Trip**.

This benefit covers you for: the services of a physician or registered nurse; hospital charges; local ambulance to or from a hospital; artificial limbs or prosthetic devices; x-rays; up to \$500 emergency dental treatment only during the **Trip**. Dental coverage does not apply if treatment or expenses are incurred after the **Trip** regardless of the reason. Treatment must be given by a **Physician** or dentist.

**Advance Payment:** If you require admission to a **Hospital**, arrangements will be made for advance payment if required. **Hospital** confinement must be certified as **Medically Necessary** by the attending **Physician**.

\$250,000 for **Emergency Evacuation and Repatriation of Remains**, if required, due to an injury or sickness while on the **Trip**.

**Emergency Evacuation** - Coverage includes reasonable and customary charges for necessary transportation, related medical services and medical supplies incurred in connection with the evacuation. **Transportation** must be ordered by the attending physician who must certify its necessity and that adequate medical treatment is not locally available; required by the standard regulations of the conveyance transporting you; and authorized in advance by the **Company** or its authorized representative. In the event your **Injury** or **Sickness** prevents prior authorization of the Emergency Evacuation, the **Company** or its authorized representative must be notified as soon as reasonably possible. Coverage also includes reasonable and customary charges incurred for an escort's transportation and accommodations if recommended in writing by an attending **Physician**.

Coverage is provided if: your medical condition warrants immediate transportation from the place where you are injured or sick to the nearest adequate licensed medical facility of your choice or adequate licensed medical facility nearest your home, if medically required, where appropriate medical treatment can be obtained; and/or after being treated at a local licensed medical facility, your medical condition warrants transportation to your home or adequate licensed medical facility nearest your home to obtain further medical treatment or to recover. Emergency Evacuation to the adequate licensed medical facility of the **Insured's** choice only applies if the upgrade is elected and the appropriate cost is paid.

**Special Limitation:** In the event the **Company** could not be contacted to arrange for emergency **Transportation**, benefits are limited to the amount the **Company** would have paid had the **Company** or its authorized representative been contacted.

**Repatriation of Remains**

The **Company** will pay Repatriation Covered Expenses up to the Maximum Limit shown on the **Schedule** to return your body to the city of burial if you die during the **Trip**.

**Covered Expenses** are limited to the reasonable and customary charges incurred to transport the body.

AIG Travel, Inc. must make all arrangements and authorize all expenses in advance for this benefit to be payable.

**Special Limitation:** In the event the **Company** or the **Company’s** authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the **Company** would have paid had the **Company** or its authorized representative been contacted.

**\$50,000 for Non-Flight Accidental Death and Dismemberment**

This benefit covers **Injuries** for an **Insured** who is **Injured** while on a **Trip** other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot. **Loss** must occur within 365 days of the date of the accident which caused **Injury**. The **Company** will pay the percentage shown below of the Maximum Limit shown in the **Schedule**. The accident must occur while you are on the **Trip** and covered under the Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the **Losses** incurred, will be paid. The **Company** will not pay more than 100% of the Maximum Limit for all **Losses** due to the same accident.

**Table of Losses**

Loss of	% of Maximum Limit
Life .....	100%
Both Hands or Both Feet .....	100%
Sight of Both Eyes .....	100%
One Hand and One Foot.....	100%
Either Hand or Foot and Sight of One Eye .....	100%
Either Hand or Foot.....	50%
Sight of One Eye.....	50%

- “Loss” with regard to:
- (a) hand or foot means actual severance through or above the wrist or ankle joints;
  - (b) eye means entire and irrecoverable Loss of sight in that eye;

**EXPOSURE** The **Company** will pay a benefit for covered **Losses** as specified above which result from your being unavoidably exposed to the elements due to an accidental **Injury** during the **Trip**. The **Loss** must occur within 365 days after the event which caused the exposure.

**DISAPPEARANCE** The **Company** will pay a benefit for **Loss** of life as specified above if your body cannot be located one year after disappearance due to an accidental **Injury** during the **Trip**.

**(4) GENERAL EXCLUSIONS**

In addition to any applicable benefit-specific exclusions, the following exclusions apply to all losses and all benefits. Unless otherwise shown below, these exclusions apply to the **Insured**. This Policy does not cover any loss for, caused by or resulting from:

- (a) any loss that occurs at a time when the applicable benefit is not in effect, as outlined in the Effective and Termination Dates section; or
- (b) war or act of war, whether declared or not; or
- (c) participation in a **Riot, Civil Disorder**, or insurrection; or
- (d) commission of or attempt to commit a felony by the **Insured**; or

- (e) being under the influence of drugs or narcotics, unless administered upon the advice of a **Physician** as prescribed; or
- (f) intoxication above the legal limit at the **Insured's** location at the time of loss; or
- (g) any **Trip** taken by the **Insured** outside the advice of a **Physician**; or
- (h) the release, escape, or dispersal of: nuclear or radioactive contamination; pathogenic, poisonous biological or chemical materials.

**PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

The **Company** will waive the **Pre-Existing Medical Condition** exclusion if all of the following conditions are met:

- (1) the plan is purchased within 21 days of **Initial Trip Payment**; and
- (2) the **Insured** is medically able to travel when the plan is purchased; and
- (3) the amount of coverage purchased equals all **Trip Costs** up to the maximum shown in the **Schedule** including any subsequent arrangements made for the same **Trip**. The **Insured** must update the coverage to include the additional cost of the subsequent arrangements within 21 days of payment to the **Travel Supplier**.

This waiver is limited to the first \$100,000 of **Trip Cost**. This limit does not apply to the medical benefits. If the **Insured** does not insure all **Trip Costs**, this waiver will be terminated and the **Pre-Existing Medical Conditions** exclusion will apply. If the **Insured's Trip Costs** are greater than \$100,000, the waiver will still apply as long as the amount of coverage purchased is \$100,000.

**The following exclusions apply to the Travel Medical Expense Benefit:**

In addition to the General Exclusions, the following exclusions apply to the Travel Medical Expense Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) routine physical examinations or routine dental care; or
- (b) any treatment or medication which, at the time of departure, is required to be continued during the **Trip**; or
- (c) repair or replacement of hearing aids, any type of eye glasses, contact lenses, sunglasses, orthodontic equipment, artificial teeth and prosthetics; or
- (d) any service provided by the **Insured**, a **Family Member**, or **Traveling Companion**; or
- (e) alcohol or substance abuse or treatment for the same; or
- (f) **Experimental or Investigative** treatment or procedures; or
- (g) care or treatment which is not **Medically Necessary**, except for related reconstructive surgery resulting from trauma, infection or disease; or
- (i) physical therapy or occupational therapy; or
- (j) intentionally self-inflicted Injury, suicide, or attempted suicide of the **Insured**; or
- (k) the **Insured** traveling for the purpose of securing medical treatment; or
- (l) **Normal Pregnancy or Childbirth**, or elective abortion. However, **Unforeseen Complications of Pregnancy** are not excluded; or
- (m) expenses incurred by any **Child** born during the **Trip**; or
- (n) **Mental or Psychological Disorder** of the **Insured**; or
- (p) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured** or **Traveling Companion**, or on a **Trip** that is not at least overnight in length; or
- (q) **Pre-Existing Medical Conditions**.

**The following exclusion also applies to the Emergency Evacuation and Repatriation of Remains Benefit:**

In addition to the General Exclusions, the following exclusions apply to the Emergency Evacuation and Repatriation of Remains Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) **Transportation** taken against the advice of the attending **Physician**; or
- (b) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (c) the **Insured** traveling for the purpose of securing medical treatment; or
- (d) **Normal Pregnancy or Childbirth**, or elective abortion. However, **Unforeseen Complications of Pregnancy** are not excluded; or
- (f) **Mental or Psychological Disorder** of the **Insured**; or
- (g) expenses incurred by any **Child** born during the **Trip**; or
- (h) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured** or **Traveling Companion**, or on a **Trip** that is not at least overnight in length; or
- (i) **Pre-Existing Medical Conditions**.

**The following exclusions also apply to Non-Flight Accidental Death and Dismemberment Exclusions:**

In addition to the General Exclusions, the following exclusions apply to the Non-Flight Accidental Death and Dismemberment Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- (a) death caused by or resulting directly or indirectly from **Sickness** or disease of any kind; or

- (b) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; or
- (c) intentionally self-inflicted **Injury**, suicide, or attempted suicide of the **Insured**; or
- (d) [the **Insured** traveling for the purpose of securing medical treatment; or
- (f) **Normal Pregnancy or Childbirth**, or elective abortion. However, **Unforeseen Complications of Pregnancy** are not excluded; or
- (g) **Mental or Psychological Disorder** of the **Insured**; or
- (h) any loss that occurs on a **Trip** with a **Destination** less than 100 miles from the **Insured's Primary Residence** or to another residence of the **Insured** or **Traveling Companion**, or on a **Trip** that is not at least overnight in length; or
- (i) **Pre-Existing Medical Conditions**.

**Pre-Existing Medical Condition** means an **Injury, Sickness** or other condition of the **Insured** to which any of the following applied within the 60 day period immediately preceding and including the purchase date of this plan: (a) worsened, became acute or had symptoms which would have prompted a ordinarily prudent person to seek diagnosis, care or treatment, or; (b) care, testing or treatment was given or recommended by a **Physician**, or; (c) required a change in prescribed medication.

Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:

- (a) between a brand name and a generic medication with comparable dosage; or
- (b) an adjustment to insulin or anti-coagulant dosage.

Death resulting from a pre-existing medical condition will not be excluded. The death must occur prior to the termination date of the benefit under which the claim is being made.

(5) This is a short term, limited benefit nonrenewable product.

**(6) Extension of Coverage – Late Return:**

All coverages will be extended, if:

- (a) the **Insured's** entire **Trip** is covered by the plan; and
- (b) the **Insured's** return is delayed by **Inclement Weather** or any of the **Unforeseen** events listed in Trip Cancellation, Trip Interruption or Trip Delay.

This extension of coverage will end on the earlier of:

- (a) the date the **Insured** reaches his/her **Return Destination**; or
- (b) 7 days after the date the **Trip** was scheduled to be completed.