Arch RoamRight

TRAVEL PROTECTION PLAN

Cancel for Any Reason Waiver

For Passengers of

caravan

America's Quality Tour Company Since 1952

www.roamright.com/plans/caravan

866-892-2382

Executive Plaza IV
11350 McCormick Road, Ste 102
Hunt Valley, MD 21031

RoamRight is a registered trade name and brand used by Arch Insurance Company and is owned by Arch Capital Group (U.S.) Inc. All insurance products are offered and underwritten by Arch Insurance Company.

Important

This Travel Protection Plan includes two parts: Cancel For Any Reason Waiver and the Travel Protection Insurance Coverage for one total cost. The cost of the Plan will be an optional purchase with your initial tour deposit on your Caravan Tours, Inc. invoice.

This Travel Protection Plan may still be purchased any time up to time of final trip payment, however to be eligible for the Pre-Existing Medical Condition Waiver found in the Travel Protection Plan's Description of Coverage, payment for the Travel Protection Plan must be received by Caravan Tours, Inc. with your tour deposit or within 14 days of making your initial tour deposit/payment.

Please Note: Read this document carefully as it describes the benefits and coverage under both Parts which cover you once you have paid the Plan cost within the time periods specified above.

The following Cancel For Any Reason Waiver is provided by Caravan Tours, Inc. and is not an insurance benefit.

Cancel For Any Reason Waiver

If you cancel your reservation or choose not to use travel arrangements provided in conjunction with a tour, you will be at risk of incurring charges or penalties (explained in the Terms & Conditions sections of the Caravan Tours, Inc. brochure).

This Cancel For Any Reason Waiver provides a full refund less a deductible of $100 per person for tour cancellations made for any reason whatsoever prior to departure. Cancellations made within 72 hours prior to the start of the tour, or during the tour, will be charged an additional $50 per person administrative fee.

Refunds for missed days on tour are based on the actual cost of services not used, less any extra expenses incurred by Caravan Tours, and are not on a per day basis.

Important: You must purchase the Caravan Tours Travel Protection Plan with your initial deposit/payment for your trip or no later than final payment for your trip to be eligible for the Cancel For Any Reason Waiver.

Notice to NY Residents: Residents of the state of New York are not required to purchase Travel Protection Plan Coverage in order to purchase Cancel For Any Reason Waiver.

This Cancel For Any Reason Waiver does not cover any airfare cancellation penalties. See Travel Protection Plan's Description of Coverage in this document for details on the insurance coverage for cancellation of air arrangements due to specific circumstances, as well as details on other insurance benefits and services covering you while on your trip.

Where to Present a Cancel For Any Reason Claim

All Cancel For Any Reason claims must be presented as soon as possible to Caravan Tours, Inc. at the following address:

Caravan Tours, Inc.
401 North Michigan Avenue
Chicago, IL 60611
1-800-227-2826 or 1-312-321-9800



CARAVAN TOURS

DESCRIPTION OF COVERAGE FOR RESIDENTS OF ALASKA AND NEW YORK (A&H)

INDIVIDUAL SHORT TERM TRAVEL INSURANCE POLICY FOR RESIDENTS OF NEW YORK (P&C)

Underwritten by Arch Insurance Company

Policy Number: 11TVL9323400

Notice to Residents of Alaska and New York: The master policy is on file with American Group Travel Trust, BankNewport as Trustee. Your Plan consists of this Description of Coverage, Your Confirmation of Benefits and the enclosed applicable State Exceptions. In the event of any conflict between the Description of Coverage and the master policy, the master policy will govern. If You did not receive any of these documents, please call toll-free: 1-855-762-6252.

You are not eligible for insurance under the plan until You have enrolled for coverage and paid the appropriate premium and provided You have not already departed on Your Trip.

SCHEDULE OF COVERAGE AND SERVICES

Benefits	Maximum Limit Per Person
Part A – Travel Protection	
Trip Cancellation	Air Ticket Cost
Trip Interruption	Air Ticket Cost
Trip Delay (12 Hours)	$500 ($100/day)
Part B – Medical Protection	
Emergency Accident and Sickness Medical Expense	$50,000
Dental Sublimit	$500
Emergency Evacuation, Medically Necessary Repatriation and Repatriation of Remains	$50,000
Security and Political Evacuation	$100,000
Part C – Baggage Protection	
Baggage and Personal Effects	$1,000
Per Article Limit	$250
Combined Articles Limit	$500
Baggage Delay (24 Hours)	$100
Part D – Travel Accident Protection	
Accidental Death and Dismemberment	$50,000

Assistance Services

24/7 Worldwide Assistance Services
CALL TOLL FREE:
(Within the United States and Canada)
844-359-0417
OR CALL COLLECT:
443-275-6001
(From all other locations)

FOURTEEN-DAY FREE LOOK

You may cancel coverage under the plan by giving Arch Insurance Solutions, Inc. written notice, at the address listed on the front panel of this document, within the first to occur of the following: (a) 14 days from the Effective Date of Your coverage; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided You have not filed a claim under the plan.

PART A-TRAVEL PROTECTION

TRIP CANCELLATION

The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are prevented from taking Your Trip due to the following Unforeseen events:

a) Sickness, Accidental Injury or death of You, or Your Traveling Companion, or Family Member or Business Partner of You or Your Traveling Companion; which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.

b) You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action provided You or a Traveling Companion are not a party to the legal action or appearing as a law enforcement officer, or having Your principal place of residence made uninhabitable by fire, flood or other

Natural Disaster; or burglary of Your principal place of residence within 10 days of departure.

c) You or Your Traveling Companion are directly involved in a traffic accident substantiated by a police report while en route to departure.
d) A transfer of the Insured by the employer with whom the Insured is employed on their Effective Date which requires his/her principal residence to be relocated.
e) You or Your Traveling Companion or Family Member who are military personnel, are called to emergency duty for a Natural Disaster.
f) Strike that causes complete cessation of services for at least 24 consecutive hours.
g) Weather which causes complete cessation of Weather which causes complete cessation of services of Your Common Carrier for at least 24 consecutive hours.
h) An Insured is terminated, or laid off from employment subject to two years of continuous employment at the place of employment where terminated.
i) a documented theft of passports or visas.

The Company will reimburse You for the following:

a) Airfare cancellation charges for flights commencing within one week of the Land/Sea Arrangements.
b) If Your Travel Supplier cancels Your Trip, You are covered up to the cost of the ticket or the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Trip including the airfare.

In no event shall the amount reimbursed exceed the lesser of the amount You prepaid for the Trip or the maximum benefit shown on Your Confirmation of Benefits.

Special Conditions: You must advise the Travel Supplier and Arch Insurance Solutions as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier as soon as reasonably possible.

TRIP INTERRUPTION

The Company will pay a benefit, up to the maximum shown on Your Confirmation of Benefits, if You are unable to continue Your Trip due to the Unforeseen events listed under **TRIP CANCELLATION.**

The Company will pay for the following: Up to the maximum shown in the accompanying Confirmation of Benefits for the airfare paid, less the value of applied credit from an unused return travel ticket to return You to the return destination of the Trip as specified in the original travel documents from the point where You interrupted the Trip or rejoin the Trip from the point where You interrupted the Trip. (Airfare limited to the cost of one-way airfare using the same class of fare as the original travel ticket).

In no event shall the amount reimbursed exceed the lesser of the amount You prepaid for the Trip or the maximum benefit shown on Your Confirmation of Benefits.

TRIP DELAY

The Company will reimburse You for covered expenses on a one-time basis, up to the maximum shown on Your Confirmation of Benefits, if You are delayed en route to or from the Trip for twelve (12) or more hours due to a defined Hazard:

Covered expenses Include:

a) Any prepaid, unused, non-refundable land/sea accommodations; or
b) Any reasonable additional transportation expenses incurred
c) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
d) A one-way Economy Fare to return You to Your originally scheduled return destination.
e) Meals and accommodations limited to $100 per day.

PART B-MEDICAL PROTECTION

EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on Your Confirmation of Benefits, Covered Medical Expenses which are incurred while on Your Trip, for Emergency Treatment of an Accidental Injury which occurs while on Your Trip or a Sickness which first manifests itself during the Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

(a) The services of a Physician;
(b) Charges for Hospital confinement and use of operating rooms;
(c) Charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
(d) Ambulance service; and
(e) Drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will advance payment to a Hospital, up to the maximum shown on the accompanying Confirmation of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

The Company will pay benefits, up to $500.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

If You are hospitalized due to an Accidental Injury or Sickness, which first occurred during the course of the scheduled Trip, beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the policy have been paid.

EMERGENCY MEDICAL EVACUATION BENEFIT

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while on a Trip. Benefits payable are subject to the Maximum Amount per person shown on Your Confirmation of Benefits for all Emergency Evacuations due to all Injuries

from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. In the sole discretion of the Assistance Company, it must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with Your Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company.

The Insurer will also pay reasonable and customary charges for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by Your attending Physician and must be pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses to return to where they reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred: but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.

EMERGENCY MEDICAL REUNION

When You are hospitalized for more than 7 days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by You from Your Home Country to the location where You are hospitalized and return to the current Home Country. The benefits payable will include: The cost of a round trip economy air fare up to the maximum stated in Your Schedule of Coverage and Service Emergency Medical Reunion. The period of Emergency Medical Reunion is not to exceed 30 days, including travel.

MEDICALLY NECESSARY REPATRIATION

Following a covered Emergency Evacuation expense or a covered medical expense, the Insurer will pay to return You from the location to which You were evacuated or became sick or injured to Your return destination or the hospital of choice near your permanent residence if medically necessary and authorized by the Assistance Company via Common Carrier within one year from Your original Trip completion date.

Commercial airfare costs will be in the same class of service as Your original airline tickets, or in business or first class as in compliance with Your medical necessities and requirements upon Your discharge, less refunds from Your unused transportation tickets.

In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Emergency Evacuation means Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained.

Transportation means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

Emergency Sickness means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Trip.

All covered transportation expenses must be approved in advance and arranged by an Assistance Company representative appointed by the Company.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the maximum shown on Your Confirmation of Benefits.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

SECURITY AND POLITICAL EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on Your Confirmation of Benefits, if an Emergency Security Situation or a Political Situation commences while You are in a Host Country and results in Your Security Evacuation or Political Evacuation if such evacuation is reasonably possible under the circumstances. The Company will pay benefits for Your Security Evacuation or Political Evacuation only if the actual evacuation process has been initiated within seven (7) days from the initial evacuation notice advised or posted, whichever is earlier, by the recognized government of Your Home Country or the Host Country.

Following a Security Evacuation or a Political Evacuation and when safety allows, the Company will pay for one-way economy airfare to return You to either the Host Country or Your Home Country, whichever country you designate.

Additional Services

The Company will pay the Assistance Company to provide

the following services:

1. The Assistance Company will arrange for Your Security Evacuation or Political Evacuation as provided and limited herein.
2. The Assistance Company will assist You with the arrangement of ground transportation to the designated international airport or other safe departure point. You will be responsible for any costs associated with this segment of the evacuation.
3. If Your Security Evacuation becomes impractical due to hostile or dangerous conditions, the Assistance Company will maintain contact with You and advise You until evacuation becomes viable or the Emergency Security Situation has passed.
4. Upon Your request, the Assistance Company will provide You with the latest authoritative information and security guidance from its security database.
5. In the event You feel Your personal safety is threatened, but the situation does not dictate a Security Evacuation or Political Evacuation and You still request to be evacuated, the Assistance Company will assist You with the evacuation arrangements. You will be responsible for the costs associated with this type of voluntary evacuation.

These payments are in addition to the maximum shown on the Confirmation of Benefits for Security Evacuation or a Political Evacuation.

Assistance Company means the service provider with which the Company has contracted to coordinate and deliver the services as described herein.

Covered Expenses means the necessary expenses incurred by You in Your Security Evacuation or Political Evacuation which do not exceed the maximum shown on the Confirmation of Benefits for Security Evacuation or a Political Evacuation.

Emergency Security Situation means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which in the opinion of either the recognized government of Your Home Country or the Host Country immediate evacuation is advised. Emergency Security Situation does not include natural disasters.

Home Country means the country or territory as shown on Your passport.

Host Country means a country or territory You are visiting or in which You are living which is not Your Home Country.

Political Evacuation means:

(a) The Political Situation warrants immediate transportation from Your Host Country;
(b) You have notified the Assistance Company regarding the need to evacuate; and
(c) The Assistance Company has arranged Your evacuation from an international airport or other safe departure point they designate to the nearest safe haven.

Political Situation means a written recommendation by officials of Your Home Country that You leave Your Host Country for non-medical reasons, or if You are expelled or declared “persona non grata” on the written authority of Your Host Country.

Security Evacuation means:

(a) the Emergency Security Situation warrants immediate transportation from Your Host Country;
(b) You have notified the Assistance Company regarding the need to evacuate; and
(c) The Assistance Company has arranged Your evacuation from an international airport, or other safe departure point they designate, to the nearest safe haven.

Conditions and Limitations

1. The benefits and services described herein are provided to You only if the Assistance Company provides or coordinates them.
2. The Assistance Company has sole discretion regarding the means, methods and timing of a Security Evacuation or a Political Evacuation. However, the decision to travel is Your sole responsibility.
3. You will be responsible for all transportation and living costs while at the safe haven.
4. The Company and/or the Assistance Company are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond their control. This includes Your failure to obtain Security Evacuation or a Political Evacuation, or any additional services where the rendering of such evacuation or service is prohibited by United States of America law, local laws or regulatory agencies.
5. Security Evacuation and Political Evacuation are not covered from Afghanistan, Iraq or Somalia.
6. The maximum shown on the Confirmation of Benefits for Security Evacuation or a Political Evacuation is in US currency and applies per person per Emergency Security Situation or Political Situation.
7. The Company will not pay any costs or expenses arising from:
   a. Security Evacuation or a Political Evacuation from Your Home Country.
   b. Security Evacuation or a Political Evacuation when the Emergency Security Situation or Political Situation precedes Your arrival in the Host Country.
   c. Security Evacuation or a Political Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven(7) days and You have failed to notify the Assistance Company regarding the need to evacuate.
   d. The actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
   e. More than one (1) Security Evacuation or a Political Evacuation from a country or territory per individual per annual term.

PART C-BAGGAGE PROTECTION

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You, up to the maximum shown on Your Confirmation of Benefits for Loss, theft or damage to Baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The Baggage and personal effects must accompany You during the Trip.

There will be a per article limit shown on Your Confirmation of Benefits.

There will be a combined maximum limit shown on Your Confirmation of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sporting equipment, Ski Equipment, personal computers, radios, cameras, camcorders and their accessories and related equipment and other electronic items.

The Company will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.

The Company will reimburse You for fees associated with the replacement of Your passport during Your Trip. Receipts are required for reimbursement.

The Company will pay the lesser of the following:

a) Actual Cash Value at time of Loss, theft or damage to Baggage and personal effects, less depreciation as determined by the Company.
b) The cost of repair or replacement.

BAGGAGE DELAY (OUTWARD JOURNEY ONLY)

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on Your Confirmation of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

PART D – TRAVEL ACCIDENT PROTECTION

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the maximum limit shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within 180 days after the date of the Accident causing the Loss.

The Maximum Limit is shown on Your Confirmation of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage 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%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1) Hand or foot, means actual complete severance through and above the wrist or ankle joints; and

2) Eye means an entire and irrecoverable Loss of sight; and

3) Speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and

4) Thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

Exposure:

The Company will pay benefits for covered Losses which result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within 365 days after the event which caused the exposure.

Disappearance:

The Company will pay benefits for Loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

ASSISTANCE SERVICES

24/7 Worldwide Assistance Services
CALL TOLL FREE:
(Within the United States and Canada)
844-359-0417
OR CALL COLLECT:
443-275-6001
(From all other locations)

AVAILABILITY OF SERVICES

You are eligible for Pre-trip Information and Travel Assistance at any time after you purchase the travel insurance product from Arch Insurance Company. The other services become available when you actually start your trip and end the earliest of: (1) midnight on the day your travel insurance product expires; (2) when you reach your return destination; or (3) when you complete your trip.

Assistance services are provided by UnitedHealthCare Global (UHC Global) on behalf of Arch Insurance Company. UHC Global is an independent organization, and not affiliated with Arch Insurance Company. There may be times when circumstances beyond UHC Global's control hinder their endeavors to provide medical, travel and security assistance services to you.

This provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged by the service provider, UHC Global.

PRE-TRIP INFORMATION - TRAVEL ASSISTANCE - MEDICAL ASSISTANCE

Assistance Services listed in this section are **not insurance benefits**. Costs and expenses associated with the services provided by UHC Global are your responsibility, unless stated otherwise.

PRE-TRIP INFORMATION

Destination Profiles. When preparing for travel, you can contact the Emergency Response Center to have a pre-trip

destination report sent to You. This report draws upon the UHC Global intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.

TRAVEL ASSISTANCE

Replacement of Lost or Stolen Travel Documents. UHC Global will assist the Participant in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements. UHC Global will make new reservations for airlines, hotels, and other travel services for a Participant in the event of a covered emergency.

Transfer of Funds. UHC Global will provide the Participant with an emergency cash advance subject to UHC Global first securing funds from the Participant (via a credit card) or his/her family.

Legal Referrals. Should Participants require legal assistance, UHC Global will direct the Participant to a duly licensed attorney in or around the area where the Participant is located.

Language Services. UHC Global will provide immediate interpretation assistance to a Participant in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UHC Global will provide the Participant with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

Message Transmittals. Participants may send and receive emergency messages toll-free, 24-hours a day, through the UHC Global Emergency Response Center.

MEDICAL ASSISTANCE

Worldwide Medical and Dental Referrals. Upon a Participant's request, UHC Global will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area the Participant is traveling in order to assist the Participant in locating appropriate treatment and quality care.

Monitoring of Treatment. As and to the extent permissible, UHC Global will continually monitor the Participant's medical condition. Physician Advisors will provide consultative and advisory services to UHC Global in relation to the Participant's medical condition, including review and analysis of the quality of medical care received by the Participant.

Relay of Insurance and Medical Information. Upon a Participant's request and authorization, UHC Global will relay the Participant's insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHC Global will also assist with hospital admission and discharge planning.

24-Hour Health Information. UHC Global will provide access to registered nurses who are available 24 hours a day, 365 days a year, to deliver symptom decision support, evidence-based health information and education, and medication information. They will assist Participants in understanding treatment options to discuss with their doctor(s) and answer medication questions.

Medication and Vaccine Transfers. In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHC Global will coordinate the transfer of the medication or vaccine to Participants upon the prescribing physician's authorization, if it is legally permissible.

Updates to Family, Employer, and Home Physician. Upon a Participant's approval, UHC Global will provide periodic case updates to appropriate individuals designated by the Participant in order to keep them informed.

Replacement of Corrective Lenses and Medical Devices. UHC Global will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

EMERGENCY TRANSPORTATION SERVICES

The services in this section are insurance benefits. Costs and expenses for these are covered as defined in your Arch Insurance policy. UHC Global coordinates the assistance services and facilitates payment on behalf of Arch Insurance.

Emergency Medical Evacuation*
Medically Necessary Repatriation*
Repatriation of Deceased Remains*
Return of Dependent Children*
Emergency Medical Reunion*
Emergency Political or Security Evacuation*

**All services outlined above must be coordinated and approved by* UnitedHealthCare Global.
This is only a brief outline of the services available to you. Please review your Arch Insurance policy for full terms, conditions, limitations and exclusions.

DEFINITIONS

1) **"Accident"** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

2) **"Accidental Injury"** means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss.

3) **"Actual Cash Value"** means purchase price less depreciation.

4) **"Assistance Company"** means the service provider with which the Company has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.

5) **"Baggage"** means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on the Trip.

6) **"Bodily Injury"** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such Injury, is the direct cause of death or dismemberment of You

within twelve months from the date of the Accident.

7) **"Business Partner"** means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business.

8) **"Checked Baggage"** means a piece of Baggage for which a claim check has been issued to You by a Common Carrier.

9) **"City"** means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

12) **"Common Carrier"** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

13) **"Company"** means Arch Insurance Company.

14) **"Complication of Pregnancy"** means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

15) **"Covered Expenses"** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under this policy; and which do not exceed the maximum limits shown in the accompanying Confirmation of Benefits, under each stated benefit.

16) **"Cruise"** means any prepaid sea arrangements.

17) **"Default"** means a material failure or inability to provide contracted services due to financial insolvency.

18) **"Dependent Child(ren)"** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

19) **"Domestic Partner"** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 10 continuous months prior to the Effective Date of coverage.

20) **"Economy Fare"** means the lowest published rate for a one-way ticket.

21) **"Effective Date"** means the date and time Your coverage begins, as outlined in the General Provisions section of the policy.

22) **"Family Member"** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, parent, legal guardian, stepparent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, stepchild, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

23) **"Hazard"** means: a) Any delay of a Common Carrier (including Inclement Weather); b)Any delay by a traffic accident en route to a departure, in which You or Your Traveling Companion is directly or not directly involved; c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced Strike, Natural Disaster.

24) **"Hospital"** means a facility that: a) Holds a valid license if it is required by the law; b) Operates primarily for the care and treatment of sick or injured persons as in-patients; c) Has a staff of one or more Physicians available at all times; d) Provides 24 hour nursing service and has at least one registered professional nurse on duty or call; e) Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and f) Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

25) **"Inclement Weather"** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

28) **"Injury"** means Bodily Injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes of Loss covered by the policy. The Injury must be verified by a Physician and require emergency care.

29) **"Insured"** means a person while covered under the policy and for whom the required premium is paid. Insured also means "You or Your".

30) **"Land/Sea Arrangements"** means land and or sea arrangements made by the Travel Supplier.

31) **"Loss"** means Injury or damage sustained by You as a result of one or more of the occurrences against which the Company has undertaken to indemnify You.

32) **"Maximum Benefit"** means the largest total amount of Covered Expenses that the Company will pay for You.

33) **"Medically Necessary"** means that a treatment, service, or supply is: (1) is essential for diagnosis, treatment or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

34) **"Natural Disaster"** means flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes.

35) **"Physician"** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license and shall include Christian Science Practitioners. The treating Physician may not be You, a Traveling Companion or a Family Member.

36) **"Pre-Existing Condition"** means any Injury, Sickness or condition of You, a Traveling Companion or Your and/or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

37) **"Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Trip.

38) **"Scheduled Return Date"** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

39) **"Sickness"** means an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the policy.

40) **"Ski Equipment"** means skis, ski poles, ski bindings, ski boots, snowboards, snowboard bindings, snowboard boots, snowblades and any other recognized snow sports equipment.

41) **"Strike"** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

42) **"Traveling Companion"** means a person who is sharing travel arrangements with You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

43) **"Travel Supplier"** means tour operator, Cruise line, hotel etc. who has made the Land and/or Sea Arrangements.

45) **"Trip"** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one week of the Land/Sea Arrangements. Travel must be more than 100 miles from Your primary residence.

46) **"Unforeseen"** means not anticipated or expected and occurring after the Effective Date of the policy.

47) **"Used"** means to avail oneself of, to employ, to expend or consume, or to convert to one's service.

LIMITATIONS AND EXCLUSIONS

Excess Insurance Limitation: The Insurance provided by this policy shall be in excess of all other valid and collectible insurance or indemnity except for Trip Cancellation, Trip Interruption and Accidental Death & Dismemberment, or as required by state law. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.

The following exclusions apply: This policy does not cover Loss caused by or resulting from:

1) Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains), unless the policy is purchased within 14 days of the initial Trip deposit. The booking for the Trip must be the first and only booking for this travel period and destination, You are not disabled from travel at the time You pay the premium, and You must purchase this policy for the full non-refundable cost of Your Trip;
2) Suicide, attempted suicide or any intentionally self-inflicted Injury while sane or insane (in Missouri, sane only) committed by You, Traveling Companion, or Family Member whether insured or not;
3) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4) Participation in any military maneuver or training exercise;
5) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
6) Mental or emotional disorders, unless hospitalized;
7) Participation as a professional in athletics;
8) Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
9) Commission or the attempt to commit a criminal act by You, Traveling Companion or Family Member whether insured or not;
10) Injury sustained while taking part in mountaineering where ropes and guides are normally used; hang gliding, parachuting, bungee jumping, snowmobiling, jet skiing, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, water skiing, snow skiing, spelunking, parasailing, snowboarding, extreme skiing, bodily contact sports, skydiving, any race or speed contest;
11) Pregnancy and childbirth (except for Complications of Pregnancy);
12) Traveling for the purpose of securing medical treatment;
13) Care or treatment which is not medically necessary;
14) Any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;
15) A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the policy is not in effect for You;
16) Injury or Sickness when traveling against the advice of a Physician.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented You from reporting the cancellation within the specified period.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any Loss or damage to:

1) Animals; automobiles and automobile equipment;
2) Boats or other vehicles or conveyances; trailers; motors;
3) Motorcycles; bicycles (except when checked as Baggage with a Common Carrier); eye glasses, sunglasses or contact lenses; artificial teeth and dental bridges;
4) Hearing aids; prosthetic limbs; keys, money, stamps, securities and documents; tickets.

Any Loss caused by or resulting from the following is excluded:

Wear and tear or gradual deterioration; insects or vermin; inherent vice or damage while the article is actually being worked upon or processed; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; property shipped as freight or shipped prior to the Scheduled Departure Date.

CLAIMS PROCEDURE

To facilitate prompt claims settlement:

TRIP CANCELLATION/TRIP INTERRUPTION: IMMEDIATELY Call Your Travel Supplier and Arch Insurance Solutions to report Your cancellation and avoid non-Covered Expenses due to late reporting. Arch Insurance Solutions will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician. If You are prevented from taking Your trip due to Sickness or Injury, You should obtain medical care immediately. We require a certification by the treating Physician at the time of Sickness or Injury that medically imposed restrictions prevented Your participation in the Trip. Provide all unused transportation tickets, official receipts, etc.

TRIP DELAY: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or Cruise line forms, medical statements, etc).

Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred.

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment. Submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

BAGGAGE: Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases.

HOW TO CONTACT US TO FILE A CLAIM:

Arch Insurance Solutions
Executive Plaza IV
11350 McCormick Rd., Suite 102
Hunt Valley, MD 21031
Phone: 1-866-892-2382
Fax: 1-443-279-2901
Email: claims@roamright.com
Website: www.roamright.com

GENERAL PROVISIONS

The following provisions apply to all coverage:

LEGAL ACTIONS. No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of Loss.

CONTROLLING LAW. Any part of the policy that conflicts with the state law where the policy is issued is changed to meet the minimum requirements of that law.

MISREPRESENTATION AND FRAUD. Your coverage shall be void if, whether before or after a Loss, You have concealed or misrepresented any material fact or circumstance concerning the policy or the subject thereof, or Your interest, or if You commit fraud or false swearing in connection with any of the foregoing.

SUBROGATION. To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as Subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate Subrogation form supplied by the Company.

ASSIGNMENT. The policy is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS. All coverage (except Trip Cancellation) will take effect at 12:01 A.M. local time, at Your location on the Scheduled Departure Date provided:

a) Coverage has been elected; and
b) The required premium has been paid.

Trip Cancellation coverage will take effect at 12:01 A.M. local time at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

WHEN YOUR COVERAGE ENDS. Your coverage will end at 11:59 p.m. local time on the date which is the earliest of the following:

a) The Scheduled Return Date as stated on the travel tickets;
b) The date You return to Your origination point if prior to the Scheduled Return Date;
c) If You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date.
d) The date You cancel Your Trip.
e) When You are less than 100 miles from Your primary residence.

EXTENDED COVERAGE. All coverage under the policy will be extended, if: (a) Your entire Trip is covered by the policy; and (b) Your return is delayed by covered reasons specified under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

MODE OF PREMIUM. The required premium must be paid to the Company or its authorized representative prior to the Scheduled Departure Date of the Trip.

This Description of Coverage describes all of the travel insurance benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to Your Confirmation of Benefits, as it provides You with specific information about the program You purchased.

CLAIMS PROCEDURES AND PAYMENT OF CLAIMS

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of Loss. Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

a) Your spouse:
b) Your child or children jointly:
c) Your parents jointly if both are living or the surviving parent if only one survives:
d) Your brothers and sisters jointly: or
e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to Your legal guardian,

committee or other qualified representative.

All or a portion of all other benefits provided by the policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM. Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name and the policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the policy, or to the Company's designated representative.

PROOF OF LOSS. The claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible.

The following provisions applyto Baggage/Personal Effects and Baggage Delay coverage:

NOTICE OF LOSS. If Your property covered under the policy is lost, stolen or damaged, You must:

a) Notify the Company, or its authorized representative as soon as possible;
b) Take immediate steps to protect, save and/or recover the covered property;
c) Give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
d) Notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS. You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under the policy.

SETTLEMENT OF LOSS. Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of Loss and the value involved to the Company.

VALUATION. The Company will not pay more than the Actual Cash Value of the property at the time of Loss. Damage will be estimated according to Actual Cash Value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

DISAGREEMENT OVER SIZE OF LOSS. If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

BENEFIT TO BAILEE. This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

STATE EXCEPTIONS

ALASKA RESIDENTS:

The following provisions are added: Examination under Oath: You are allowed to have legal representation present when examined under oath.

INSURANCE WITH OTHER INSURERS: If You have other valid coverage, for which this Company has not been given written notice prior to the occurrence or commencement of a Loss, the Company's liability, under any expense incurred coverage of this policy, shall be for such proportion of the Loss as the amount which would otherwise have been payable under this policy plus the total of the like amounts under all such other valid coverage for the same Loss of which this insurer had notice bears to the total like amounts under all valid coverage for such Loss. The Company shall return such portion of the premiums paid as shall exceed the pro-rata portion for the Company's liability as so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

LEGAL ACTIONS: No actions at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of Loss has been furnished in accordance with requirements of this policy. No such action shall be brought after expiration of three years from the date a claim is denied in whole or in part.

Regarding Claims payments, undisputed claims will be paid within 30 business days of satisfactory notice of Loss.

NEW YORK RESIDENTS:

The following exceptions apply to Emergency Accident and Sickness Medical Expense, Emergency Evacuation, Medically Necessary Repatriation, and Repatriation of Remains, Accidental Death & Dismemberment:

The following is added to the medical expense benefits:

NEW YORK MANDATES: Under New York Law, certain mandated benefits are required to be provided under a medical expense policy. The Company will pay benefits as applicable to this program for such mandates.

The Misrepresentation and Fraud Provision is deleted in its entirety and replaced by the following:

MISREPRESENTATION AND FRAUD. Your coverage shall be void if, whether before or after a Loss, You sign a written instrument which conceals or misrepresents any material fact or circumstance concerning the policy or the subject thereof, or Your interest therein, or if in such written

instrument, You commit fraud or false swearing in connection with any of the foregoing.

The Subrogation provision is deleted in its entirety and replaced by the following:

Subrogation

To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss against the party responsible for Your illness or Injury to the extent of the benefits the Company has paid. This means that the Company has the right independent of You to proceed against the party responsible for Your illness or Injury to recover the benefits we have paid.

The following is added to the Payment of Claims provision:
Benefits under this policy are payable to You not more than sixty (60) days after receipt of proper Proof of Loss.

The Excess Insurance Limitation is deleted in its entirety.

The first paragraph of ACCIDENTAL DEATH AND DISMEMBERMENT is deleted and replaced by the following:

The Company will pay the percentage of the Maximum Limit shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustains a Loss shown in the Table below.

The Loss must occur within 90 days after the date of the Accident causing the Loss.

The definition of Covered Expenses is deleted in the entirety and replaced by the following:

"Covered Expenses" shall mean expenses incurred by You which are for covered services, supplies, care, or treatment; due to illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the policy; and which do not exceed the maximum limits shown in the accompanying Confirmation of Benefits, under each stated benefit.

The definition of Dependent Child(ren) is deleted in its entirety and replaced by the following:

"Dependent Child(ren)" means Your children, including a stepchild, legally adopted Child or Child who is under Your guardianship during the waiting period prior to finalization of the adoption of such Child and depends on Your support and maintenance. The term Child includes a foster Child (not pending adoption) who is eligible for benefits provided by a governmental program or law if the foster Child is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

The definition of "Hospital" is deleted in its entirety and replaced by the following:
"**Hospital"** means a short-term, acute, general hospital, that:
(a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
(b) has organized departments of medicine and major surgery;
(c) has a requirement that every patient must be under the care of a physician or dentist;
(d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
(e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97,(42 USCA 1395x[k]);
(f) is duly licensed by the agency responsible for licensing such hospitals; and is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

The definition of Medically Necessary is deleted in its entirety.

The definition of Pre-existing condition is deleted in its entirety and replaced by the following:

"Pre-Existing Condition" means any Injury, Sickness or condition of Your, Your Traveling Companion, Family Member booked to travel with Your, You and/or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

Such an Injury or Sickness will continue to be a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the effective date of coverage for which You have not received any medical care, consultation, diagnosis, or treatment or has not taken any prescribed drug or medicine on account of such condition.
The following definition of Domestic Partnership is added:

"**Domestic Partnership"** means **a** legal or personal relationship between individuals who live together and share a common domestic life but are not joined in a traditional legally binding marriage. Proof of a common domestic financial interdependence can be achieved by registration as a domestic couple, or evidence such a joint bank account, joint credit card, shared rental payments or other items of proof sufficient to establish economic interdependency.

The definition of Terrorist Attack is deleted in its entirety.

The Pre-existing condition exclusion is deleted in its entirety and replaced by the following:

1. Pre-Existing Conditions, as defined in the Definitions section for twelve (12) months following the effective date of coverage (except Emergency Evacuation and Repatriation of Remains) unless the policy is purchased within 21 days of the initial Trip deposit.

For the purpose of this exclusion, genetic information shall not be treated as a Pre-Existing Condition in the absence of a diagnosis of the condition related to such information. No Pre-Existing Condition limitation provision shall exclude coverage in the case of:
(1) an individual who, as of the last day of the thirty-day period beginning with the date of birth, is covered under creditable coverage as defined in subsection (c) of this

section; (2) a Child who is adopted or placed for adoption before attaining eighteen years of age and who, as of the last day of the thirty-day period beginning on the date of the adoption or placement for adoption, is covered under creditable coverage as defined in subsection (c) of this section; (3) pregnancy; or (4) an individual, and any dependent of such individual, who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has three months or more of creditable coverage;

Exclusion 2, Suicide is deleted in its entirety and replaced by the following:
2. Suicide, attempted suicide or any intentionally self-inflicted Injury committed by You, Your Traveling Companion or Family Member, whether insured or not;

Exclusion 3, War is deleted in its entirety and replaced by the following:
3. War, or an act of war (whether declared or undeclared); participation in riot or insurrection; service in the Armed Forces or units auxiliary thereto;

Exclusion 5, Aircraft is deleted in its entirety and replaced by the following:
5. Aviation, other than while You are a fare paying passenger on a scheduled or chartered flight operated by a scheduled airline;

Exclusion 6, Mental or emotional disorders is deleted in its entirety and replaced by the following.
6. Mental or nervous disorders, except to the extent required by New York law;

Exclusion 8, Drugs or intoxicants is deleted in its entirety and replaced by the following:
8. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, except use of a drug prescribed by a physician to the extent coverage is required by New York Law;

Exclusion 9, Criminal Act is deleted in its entirety and replaced by the following:
9. Expenses as a result of or in connection with the commission of any felony or attempt to commit a felony or to which was the contributing cause to You being engaged in an illegal occupation;

Exclusion 11, Pregnancy is deleted in its entirety and replaced by the following:
11. Pregnancy except to the extent required under New York law;

The following exclusions are deleted:
4. Participation in any military maneuver or training exercise; 7. Participation as a professional in athletics; 10. Injury sustained while taking part in mountaineering where ropes and guides are normally used; hang gliding, parachuting, bungee jumping, snowmobiling, jet skiing, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, water skiing, snow skiing, spelunking, parasailing, snowboarding, extreme skiing, bodily contact sports, skydiving, any race or speed contest;12.Traveling for the purpose of securing medical treatment.

The following exceptions apply to Trip Cancellation, Trip Interruption, Trip Delay, Baggage/Personal Effects, Baggage Delay:

The Fourteen Day Free Look Provision is deleted in its entirety.

The Subrogation provision is deleted in its entirety and replaced by the following:

SUBROGATION. To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. This means that the Company has the right independent of You to proceed against the party responsible for Your Loss to recover benefits we have paid.

The Dispute Resolution provision is added to the policy:

DISPUTE RESOLUTION. The Company and You agree to the exclusive jurisdiction of the courts of the State of New York to resolve any dispute or controversy arising out of this policy. The policy shall be construed in accordance with and governed by the laws of the State of New York.

The definition of Pre-existing condition is deleted in its entirety and replaced by the following:

Pre-Existing Condition" means any Injury, Sickness or condition of You, Your Traveling Companion or Family Member booked to travel with You, You and/or Your Traveling Companion's Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the six (6) month period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

Such an Injury or Sickness will continue to be a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Effective Date of coverage for which You have not received any medical care, consultation, diagnosis, or treatment or has not taken any prescribed drug or medicine on account of such condition.

Exclusion 3, War is deleted in its entirety and replaced by the following:
3. War, or an act of war (whether declared or undeclared); participation in riot or insurrection; service in the Armed Forces or units auxiliary thereto;

Exclusion 5, Aircraft is deleted in its entirety and replaced by the following:
5. Aviation, other than while You are a fare paying passenger on a scheduled or chartered flight operated by a scheduled airline;

Exclusion 6, Mental or emotional disorders is deleted in its entirety and replaced by the following.
6. Mental or emotional disorders, except to the extent required by New York law;

Exclusion 11, Pregnancy is deleted in its entirety and replaced by the following:
11. Pregnancy and childbirth except to the extent required under New York law;