Accident and Sickness Benefits for Lakeland Tours, LLC dba WorldStrides

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

Class Description: All Worldstrides participants traveling outside of his or her Home Country to Australia, New Zealand, or Spain where the student is participating in the required local national mandated coverage, not covered under any other Class.

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid.

Term of Coverage: This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). “Personal Deviation” means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

Covered Activities:

Educational Travel - We will pay the benefits described only if you suffer a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 365 days; and 3) engaging in an educational Trip authorized by the Policyholder.

Exposure & Disappearance - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

Personal Deviation – The Covered Accident or Sickness must take place during a Personal Deviation while on a Trip covered by the Policy.

“Personal Deviation” means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

Specified Trip - The Covered Accident or Sickness must take place while on a Trip described in the Schedule of Benefits sponsored by the Policyholder.

Coverage under the Policy is extended to U.S. citizens traveling to U.S. Territories. “U.S. Territories” means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, Puerto Rico, and all U.S. Minor Outlying Islands.

Description of Benefits

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date your Trip ends, or 52 weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits is $500,000; subject to a Deductible of $0 per Covered Accident or Sickness. The Maximum for Dental Treatment (Injury Only) is $500 max - $100 per tooth; the Maximum for Dental Treatment (Alleviation of Pain) is $500 max - $100 per tooth; the Maximum for Emergency Medical Treatment of Pregnancy is treated as any other medical condition; the Maximum for Room & Board Charges is the average semi-private room rate; the Maximum for ICU Room & Board Charges is two-times the average semi-private room rate. All Preexisting Conditions are treated as any other medical condition.

Other limitations, if any, may apply as shown in the Policy.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while on a covered Trip.

Covered Medical Expenses:

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Newborn nursery care
- Emergency treatment for the alleviation of dental pain
- Mental and Nervous Disorders: "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

Full Excess Benefits - We pay Covered Expenses: 1) after you satisfied any Deductible; and 2) only when they are in excess of amounts paid by any other Health Care Plan.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.

"Health Care Plan" means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.

Emergency Medical Provider Guarantee Benefit - We will pay $10,000 for Covered Expenses incurred for emergency medical services to treat you if: 1) suffer a Medical Emergency during the course of the Trip; and 2) are traveling on a covered Trip, or across an international border. Covered Expenses include expenses for guarantee of payment to a medical provider and expenses for guarantee of payment to a Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless: 1) the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We (or Our authorized assistance provider) authorize all expenses in advance, and services are rendered by Our assistance provider. If expenses are incurred without prior authorization from Us or Our assistance provider, We will reimburse only the amount We would have paid had Our assistance provider authorized coverage for you and provided the services.

Emergency Medical Evacuation Benefit - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip, or across an international border. Covered Expenses: 1) Medical Transport: expenses for transportation under medical supervision to a Hospital or treatment facility for Medically Necessary treatment in the event of

your Medical Emergency. 2) Transportation After Stabilization: Medically Necessary transportation costs to your: a) Home Country, or b) host country, c) to join the group if they have moved onward to a different location; or d) place of residence. 3) Ambulance: services provided for transportation from the scene of the Covered Accident to the nearest Hospital that is able to provide appropriate care, or for transportation to a Hospital within 24 hours of the Covered Accident. 4) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 5) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 6) Escort Services for up to $20,000: round-trip economy airline ticket and other travel related expenses for up to 3 persons of your choice to attend with you during your emergency medical evacuation to a Hospital, treatment facility or your place of residence. In the event you are unable to make decisions (incapacitated), your Immediate Family Member or companion will designate the person(s) to attend with you. 7) Return of Baggage and Personal Property for up to $3,000 per Trip: expenses incurred to bring your Baggage and Personal Property to your place of residence or to the place designated by you, or designated by your Immediate Family Member or companion.

Limitation for Escort Services: For the person(s) selected to attend with you under this Emergency Medical Evacuation Benefit, We will pay the attendees' transportation and necessary lodging expenses only once, regardless of any other benefit in this Policy providing such coverage.

1. The transportation arrangements must be the most direct and economical conveyance and route possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred; and
2. The lodging arrangements may not exceed the usual level of charges for similar lodging in the locality where the lodging expense is incurred.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred; 3) the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize all expenses in advance, and services are rendered by Our assistance provider. If expenses are incurred without prior authorization from Us or Our assistance provider, We will reimburse only the amount We would have paid had Our assistance provider authorized coverage for you and provided the services.

If you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

"Baggage" as used in this benefit, means luggage and personal possessions, whether owned, borrowed or rented, taken by you on the Trip.

"Personal Property" as used in this benefit, means personal goods belonging to you or for which you are responsible and are taken on a Trip or acquired by you during the Trip. It does not include: vehicles (including aircraft and other conveyances) or their accessories or equipment, home furnishings, furniture, or household items.

Repatriation of Remains Benefit - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip, or across an international border. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; 4) Escort Services for up to $20,000: round-trip economy airline ticket and other travel related expenses for up to 3 persons designated by your Immediate Family Member or companion to attend with the your body during the repatriation to your place of residence; 5) Return of Baggage and Personal Property for up to $3,000: expenses incurred to bring your Baggage and Personal Property to your place of residence or to the place designated by your family or companion.

Limitation for Escort Services: For the person(s) selected to attend with you under this Repatriation of Remains Benefit, We will pay the attendees' transportation and necessary lodging expenses only once, regardless of any other benefit in this Policy providing such coverage.

1. The transportation arrangements must be the most direct and economical conveyance and route possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred; and

2. The lodging arrangements may not exceed the usual level of charges for similar lodging in the locality where the lodging expense is incurred.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize all expenses in advance, and services are rendered by Our assistance provider. If expenses are incurred without prior authorization from Us or Our assistance provider, We will reimburse only the amount We would have paid had Our assistance provider authorized coverage for you and provided the services.

"Baggage" as used in this benefit, means luggage and personal possessions, whether owned, borrowed or rented, taken by you on the Trip.

"Personal Property" as used in this benefit, means personal goods belonging to you or for which you are responsible and are taken on a Trip or acquired by you during the Trip. It does not include: vehicles (including aircraft and other conveyances) or their accessories or equipment, home furnishings, furniture, or household items.

Emergency Reunion Benefit - We will pay $20,000 for expenses incurred to have up to 3 persons of your choice to accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness; 2) the victim of a Felonious Assault; or 3) in the event that you die as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown above, for the person(s) of choice to accompany your mortal remains. The selected person(s)' travel must take place within 7 days of the date you are confined in the Hospital, or the date of the occurrence of the Felonious Assault. In the event you are unable to make decisions (incapacitated), your Immediate Family Member or companion will designate the person(s) to attend with you.

Limitation: For the person(s) selected to attend with you under this Emergency Reunion Benefit, We will pay the attendees' transportation and necessary lodging expenses only once, regardless of any other benefit in this Policy providing such coverage.

1. The transportation arrangements must be the most direct and economical conveyance and route possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred; and
2. The lodging arrangements may not exceed the usual level of charges for similar lodging in the locality where the lodging expense is incurred.

Covered expenses include a round-trip economy airline ticket and other travel related expenses.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize all expenses in advance, and services are rendered by Our assistance provider. If expenses are incurred without prior authorization from Us or Our assistance provider, We will reimburse only the amount We would have paid had Our assistance provider authorized coverage for you and provided the services.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

Security Evacuation Expense Benefit - We will pay $100,000 for you, if:

1. an Occurrence takes place during the Covered Activity described in the Policy and within your Term of Coverage; and
2. while you are traveling outside of your Home Country.

Benefits will be subject to the Benefit Maximum shown above.

Security Evacuation Expense Benefits will be paid for:

1. your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by Our Designated Security Consultant.

2. your Transportation within 5 days of the Security Evacuation to either of the following locations:
   a. your Home Country;
   b. a destination where the Policyholder is located or where the Policyholder directs you to travel to continue a Covered Activity. Coverage will be extended for up to 5 days if the Policyholder provides documented proof that it is not possible to make arrangements for your relocation within 5 days.
3. consulting services for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Expense Benefits are payable only once for you for any one Occurrence up to $1,000,000.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize all expenses in advance, and services are rendered by Our assistance provider. If expenses are incurred without prior authorization from Us or Our assistance provider, We will reimburse only the amount We would have paid had Our assistance provider authorized coverage for you and provided the services.

Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation can occur.

Right of Recovery – If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, or that another third party may be liable for evacuation expenses, We have the right to recover all Transportation and Related Costs from you or the third party.

Changes in Terms and Conditions – The term and conditions of this benefit may be changed at any time to reflect conditions that constitute a change in the Policyholder's Security Evacuation Exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and condition of this benefit.

"Appropriate Authority(ies)" means the U.S. State Department, the government authority(ies) in your Home Country, or the government authority(ies) of the Host Country or the Company's Designated Security Consultant.

"Baggage" as used in this benefit, means luggage and personal possessions, whether owned, borrowed or rented, taken by you on the Trip.

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and the measures necessary to ensure your safety in his or her care.

"Host Country" means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy.

"Imminent Danger" means an immediate threat of harm, or the existence of any condition or practice that could reasonably be expected to cause death or serious physical harm if you were to proceed in the affected area or if you were to enter the affected area before the condition or practice was eliminated.

"Missing Person" means you who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

"Natural Disaster" means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:
1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous.

Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events.

"Nearest Place of Safety" means a location determined by the Designated Security Consultant where:
1. you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and
2. you have access to Transportation; and
3. you have the availability of temporary lodging, if needed.

"Occurrence" means any of the following situations involving you that trigger the need for a Security Evacuation:

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. a Political or Military Event involving a Host Country, if the Appropriate Authority(ies) issue a Travel Advisory stating that citizens of your Home Country, or citizens of the Host Country should avoid all but essential travel to the Host Country; or Our Designated Security Consultant recommends an evacuation due to political or civil unrest;
3. within 7 days of a Natural Disaster;
4. deliberate physical harm to you or a threat of Imminent Danger against you confirmed by a documented report from a supervising authority, police report or other physical evidence;
5. being found if there is documented evidence that you are threatened after being deemed kidnapped or a Missing Person.

"Personal Property" as used in this benefit, means personal goods belonging to you or for which you are responsible and are taken on a Trip or acquired by you during the Trip. It does not include: vehicles (including aircraft and other conveyances) or their accessories or equipment, home furnishings, furniture, or household items.

"Political or Military Event" means social unrest or a military activity such that Appropriate Authorities suggest evacuation of travelers or in-patriates and/or warn travelers to defer all but essential travel, or issue a similar warning of Imminent Danger.

"Related Costs" means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to your Home Country or other country where the Policyholder that sponsored your Trip is located, or where the Policyholder directs you to travel to continue a Covered Activity. Related Costs do not include charges for alcoholic beverages, tobacco, entertainment, or non-emergency use of a mobile device.

Benefits will not be payable for Related Costs unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. If expenses are not authorized in advance by Us or Our assistance provider, We will pay such expenses to the extent that We or Our assistance provider determine(s) that such authorization would have been provided to you.

"Security Evacuation" means your extrication from an area of conflict or hostility due to an Occurrence which could result in the likelihood of grave physical harm or death to you.

"Transport" or **"Transportation"** means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used. Transportation includes any expenses associated with transporting your Baggage and Personal Property for up to $3,000 per Occurrence, subject to availability.

"Travel Advisory" means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country, or citizens of the Host Country should avoid all but essential travel in the Host Country. In the U.S. this is a Level 4 Travel Advisory.

"**Trip**" means your sponsored travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or personal deviation if covered under the Policy.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

- payable under any other provision of the Policy.
- that are recoverable through the Covered Person's employer or other entity sponsoring the Covered Person's Trip.
- due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
- for repatriation of remains expenses.
- for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
- for medical services.
- for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
- arising from or attributable, in whole or in part, to:
    - a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or

any other financial cause;
    - non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
- failure of the Covered Person to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate the Covered Person, failure to follow the directions given by Our designated security consultants during a security evacuation.

If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

Trip Interruption Benefit - We will reimburse the cost of a round-trip economy air and/or ground transportation ticket for your Trip, up to $5,000 if your Trip is interrupted as the result of: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of you or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3) a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or 4) substantial destruction of your principal residence by fire or weather related activity. “Family Member” means your parent, sister, brother, spouse, child, grandparent, or in-law.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is $15,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	**Benefit Amount**
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	100% of the Principal Sum
Paraplegia	100% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Coma Benefit - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed “Comatose” or in a “Coma” if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

Home Alteration and Vehicle Modification Benefit - We will pay 20% of the Principal Sum up to $3,000, if you suffer a Covered Loss, other than a Loss of Life, as a direct result of the Covered Accident, you now require adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle. This benefit is payable only if you require home

alteration or vehicle modification within one year of the Covered Accident and prior to the Covered Accident you did not require the use of any adaptive devices of residence and/or vehicle.

Aggregate Limit - We will not pay more than $1,000,000 forall Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- organ or tissue transplants and related services.
- Injury sustained while participating in professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- Injury resulting from scuba diving; jet or water skiing; mountain climbing (where ropes or guides are used); sky diving; professional or amateur racing.

If We determine the benefits paid under the Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

War Risk Coverage: We will pay benefits for Covered Losses due to Covered Accidents resulting from war or acts of war anywhere in the world, except the following countries:

- the United States
- The Covered Person's Home Country
- The Covered Person's Country of Permanent Assignment
- Specific Countries: Iraq, Afghanistan, Russia, Ukraine, Belarus, Israel, Gaza, West Bank, Lebanon, Iran.

The war exclusion is deleted to the extent coverage is provide by the terms and conditions of War Risk Coverage.

"Home Country" means the country where you have your true, fixed and permanent home and principal establishment or the United States.

"Country of Permanent Assignment" means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 365 continuous days.

We will not pay more than $1,000,000 per occurrence for war risk benefits. This limit shall apply to Injuries sustained from all acts of war in a consecutive 72-hour period. If but for this limit We would pay more than $1,000,000, then the benefits We will pay to each Covered Person will be reduced in the same proportion, so that the total amount We will pay for war risk coverage is $1,000,000.

Definitions: "Country of Permanent Assignment" means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 365 continuous days. **"Country of Permanent Residence"** means a country or location in which you maintain a primary permanent residence. **"Covered Accident"** means an accident that occurs while coverage is in force for a Covered Person and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable. "**Covered Person**" means any eligible person for whom the required premium is paid. **"Home Country"** means the country where a Covered Person has his or her true, fixed and permanent home and principal establishment or the United States. "**Injury"** means accidental bodily harm sustained by a Covered Person that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. "**Medical Emergency**" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "**Sickness**" means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. "**Trip**" means travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy. "**We, Our, Us"** means the insurance company underwriting this insurance or its authorized agent.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: GLM N18661044, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Administrative Concepts, Inc. (ACI) at 1-888-293-9229 (from inside the U.S.) or 610-293-9229 (from outside the U.S.); fax 610-293-9299 for claims or inquiries, or e-mail claims@acitpa.com. Mail claims to: PO Box 4000, Collegeville, PA 19426.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

IMPORTANT NOTICE

This plan provides travel insurance benefits for individuals traveling outside of their home country. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

For medical evacuation, repatriation, or other assistance services call: AXA Assistance at 888-647-4294 (Toll-Free) or 630-766-7690 (Direct Dial); or e-mail medassist-usa@axa-assistance.us.

To access Chubb's Travel Assistance Website go to https://chubbtravelassistance.com/ and enter your username and password (shown on your Travel Assistance ID card).

Travel Assistance Services: In addition to the insurance protection provided by your insurance plan, Chubb NA has arranged with our Assistance Provider to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, verifies medical benefits and assists with medical claims process.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling.

When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for your insurance plan; 3) a description of the insured's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Our Assistance Provider makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Chubb's Assistance Provider are not employees or agents of our Assistance Provider and the choice of provider is yours alone. Chubb's Assistance Provider assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.