

TripProtectorSM

Peace of mind when planning your vacation



Crossborder Services LLC

HTH Worldwide

HEALTHY SOLUTIONS FOR THE GLOBAL TRAVELER



Protect your trip.

Each year, thousands of leisure travelers protect themselves, their families and their travel plans with TripProtectorSM.

What is TripProtectorSM?

A comprehensive plan that offers travel protection PLUS travel medical insurance. TripProtectorSM includes medical protection, trip cancellation, trip interruption, baggage protection and more. It boasts a complete set of services to help you identify, access and pay for healthcare services in 180 countries.

Why Buy TripProtectorSM?

Your vacation may be at risk to illness, injury, terrorism, financial default by your tour or cruise operator, dangerous weather conditions and more. TripProtectorSM covers certain non-refundable expenses should covered circumstances force you to cancel or interrupt your vacation.

During your trip you may need to see a doctor, have a prescription filled, receive care at a hospital, or deal with an unexpected medical emergency. TripProtectorSM also provides sickness, accident and medical evacuation benefits.

Pre-existing Conditions for Travel Protection Benefits

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. The payment for this plan is received prior to/or within 24 hours of your final payment for your Covered Trip; and
2. you are not disabled from travel at the time you make your plan payment; and
3. the booking for the Covered Trip must be the first and only booking for this travel period and destination.

Pre-existing Conditions for Travel Medical Benefits

Pre-existing conditions are covered on the medical portion of this program. Participants must be enrolled in a primary health plan to be eligible for medical benefit.

Ten Day Free Look Period

If you are not completely satisfied with our product, simply call **1.888.243.2358** within 10 days of receipt of your certificate and indicate your desire to cancel. If you have not already left on your trip, you will receive a full refund.

Benefits

	TripProtector ^{SM 1}	TripProtector Preferred ^{SM 1}
Travel Protection Benefits	Insurer Pays	Insurer Pays
Insured by Stonebridge Casualty Insurance Company		
Trip Cancellation ²	100% Trip Cost	100% Trip Cost
Trip Interruption ²	100% Trip Cost	150% Trip Cost
Baggage and Personal Effects	\$1,000	\$1,500
Baggage Delay	\$200	\$200
Travel Delay (\$150 Daily Limit)	\$1,000	\$1,000
Air Flight Accident	\$100,000	\$200,000
Rental Car Damage	N/A	\$50,000
Not available to residents of Oregon or Texas.		
Identity Theft (Provided by HTH's Designated Service Provider)	N/A	Included
Pre-existing Conditions	Covered if insurance purchased within 24 hours of final trip payment ³	

	TripProtector ^{SM 1}	TripProtector Preferred ^{SM 1}
Travel Medical Benefits	Insurer Pays	Insurer Pays
Insured by HM Insurance Group or UniCare		
Maximum Benefits per Person when 100 miles from home	\$500,000	\$1,000,000
Surgery, Anesthesia, Radiation Therapy, X-Ray and Lab Office Visits	100%	100%
Doctor Inpatient & Outpatient Office Visits	100%	100%
Outpatient Prescription Drugs Outside U.S.	100%	100%
Accidental Death & Dismemberment	\$50,000	\$50,000
Repatriation of Remains	\$25,000	\$25,000
Medical Evacuation	\$1,000,000	\$1,000,000
Claims resulting from downhill skiing and scuba diving	\$10,000	\$10,000
Dental care due to injury or pain relief	100% up to \$500 \$250 per tooth	100% up to \$500 \$250 per tooth
Bedside Visit	Economy Round Trip Ticket up to \$1,500	Economy Round Trip Ticket up to \$1,500
Pre-existing Conditions	Covered to Policy Maximum	Covered to Policy Maximum
Global Health and Assistance Services	Included	Included
24 Hour Hotline and Concierge Services	Included	Included

¹ TripProtectorSM and TripProtector PreferredSM are only available to U.S. residents in approved states **who are covered under a primary health plan**. No deductible applies to these plans.

² If you insure a \$0 trip cost, all benefits except for Trip Cancellation and Trip Interruption will be provided.

³ Also subject to other terms and conditions.

How to enroll.

How to Enroll

Mail Crossborder Services LLC
Five Green Tree Center
Suite 104, Route 73
Marlton, NJ 08053

Visit www.americanvisitorinsurance.com
E-Mail info@americanvisitorinsurance.com

Call 877-340-7910

How to Calculate Cost

To calculate cost, please choose a plan and follow the steps below using the Plan Pricing chart on page 4.

1. Find the base rate which corresponds with traveler(s) age and trip cost.
2. Find the daily rate (identified as X) and multiply by total number of travel days.
3. Add number 1 and 2 together to calculate your total cost.

If the trip exceeds 31 days

4. Find the extended daily rate (identified as Y) and multiply by number of travel days in excess of 31. Add this to the total cost calculated in step 3.

Cost Calculation Example

If you are 29 years old, with a total trip cost of \$1,500 and your trip length is 10 days, your total cost is \$80.40.

Base Rate = \$71.00
Daily Rate = \$.94 x 10 (days) or \$9.40
 $\$71.00 + \$9.40 = \$80.40$

After you choose your plan and calculate your cost, please fill out the form on page 5 to enroll.



Plan Pricing

TripProtector SM Base Rates						
trip cost per person	age 30 & under	31-55	56-70	71-75	76-80	81-84
\$0	\$27	\$33	\$42	\$47	\$56	\$69
\$1-500	\$38	\$43	\$53	\$64	\$77	\$114
\$501-1,000	\$54	\$59	\$78	\$114	\$129	\$173
\$1,001-1,500	\$71	\$79	\$108	\$158	\$184	\$226
\$1,501-2,000	\$86	\$98	\$136	\$203	\$237	\$289
\$2,001-2,500	\$105	\$121	\$168	\$250	\$293	\$353
\$2,501-3,000	\$124	\$143	\$205	\$297	\$347	\$415
\$3,001-3,500	\$144	\$165	\$236	\$346	\$404	\$481
\$3,501-4,000	\$163	\$188	\$268	\$393	\$460	\$556
\$4,001-4,500	\$183	\$209	\$310	\$442	\$517	\$626
\$4,501-5,000	\$200	\$229	\$347	\$489	\$571	\$696
\$5,001-5,500	\$212	\$244	\$383	\$516	\$605	\$783
\$5,501-6,000	\$236	\$271	\$431	\$578	\$677	\$864
\$6,001-6,500	\$249	\$286	\$463	\$610	\$713	\$945
\$6,501-7,000	\$271	\$312	\$505	\$667	\$782	\$1,021
\$7,001-8,000	\$306	\$354	\$563	\$761	\$891	\$1,148
\$8,001-9,000	\$340	\$396	\$631	\$856	\$1,002	\$1,277
\$9,001-10,000	\$375	\$437	\$695	\$946	\$1,106	\$1,399
Up to \$30,000	5.00%	6.00%	8.00%	10.00%	11.00%	13.00%
Daily Rates						
X	\$0.94	\$2.53	\$4.41	\$6.64	\$10.71	\$13.26
Y	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00

TripProtector Preferred SM Base Rates						
trip cost per person	age 30 & under	31-55	56-70	71-75	76-80	81-84
\$0	\$39	\$44	\$54	\$69	\$79	\$104
\$1-500	\$49	\$64	\$74	\$89	\$104	\$124
\$501-1,000	\$69	\$79	\$104	\$144	\$174	\$199
\$1,001-1,500	\$84	\$104	\$144	\$204	\$244	\$274
\$1,501-2,000	\$104	\$129	\$184	\$264	\$314	\$354
\$2,001-2,500	\$129	\$154	\$224	\$319	\$384	\$434
\$2,501-3,000	\$154	\$179	\$264	\$379	\$459	\$514
\$3,001-3,500	\$174	\$204	\$304	\$439	\$529	\$594
\$3,501-4,000	\$194	\$234	\$344	\$499	\$599	\$679
\$4,001-4,500	\$219	\$259	\$384	\$564	\$679	\$774
\$4,501-5,000	\$239	\$289	\$424	\$624	\$744	\$854
\$5,001-5,500	\$259	\$309	\$479	\$704	\$849	\$949
\$5,501-6,000	\$284	\$334	\$519	\$744	\$894	\$999
\$6,001-6,500	\$299	\$369	\$574	\$819	\$974	\$1,094
\$6,501-7,000	\$329	\$379	\$604	\$859	\$1,044	\$1,134
\$7,001-8,000	\$359	\$439	\$679	\$959	\$1,154	\$1,294
\$8,001-9,000	\$404	\$484	\$749	\$1,074	\$1,289	\$1,449
\$9,001-10,000	\$444	\$529	\$834	\$1,184	\$1,424	\$1,599
Up to \$30,000	5.50%	6.50%	9.25%	12.00%	13.00%	14.00%
Daily Rates						
X	\$0.99	\$2.67	\$4.65	\$6.99	\$11.28	\$13.96
Y	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00

If you do not want trip cancellation/interruption you can buy a plan with a \$0 trip cost.

Enrollment Form

TripProtectorSM and TripProtector PreferredSM

Please print clearly and answer all of the questions below.

Total Trip Cost \$ _____ Total or Per Person

Put a check next to the plan option you are choosing: TripProtectorSM TripProtector PreferredSM

The plan pricing chart reflects the trip cost per person and plan price by age on the date of the purchase. Please insert name(s), age and plan price below by matching the trip cost per person to the applicable age.

Family Information

1/ Enrollee Name	Date of Birth (mm/dd/yy)	Plan Price
2/ Spouse's Name	Date of Birth (mm/dd/yy)	Plan Price
3/ Child's Name	Date of Birth (mm/dd/yy)	Plan Price
4/ Child's Name	Date of Birth (mm/dd/yy)	Plan Price

TOTAL: _____

If your family exceeds four travelers, attach a separate sheet with additional Family Information (10 travelers allowed per policy).

Purchaser Information

Name of Participant: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ E-mail (optional): _____

Trip Information

Departure Date: / / (mm/dd/yyyy) Return Date: / / (mm/dd/yyyy)

If Departure and/or Return Dates change for any reason, notify HTH Administration Services as soon as possible.

Initial Trip Deposit Date: / / (mm/dd/yyyy)

This is the date you made your initial payment (e.g. deposit, down payment or payment-in-full) for your trip.

Travel Destination: _____ Principle Travel Suppliers (Airline, Cruise or Tour Operator): _____

Payment Information

Method of Payment: Check (make payable to "HTH Worldwide") Credit Cards: MASTERCARD VISA AMEX DISCOVER

CARD#: _____ EXP. DATE: / / (mm/dd/yyyy)

Name as it appears on card: _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA) read the state specific warnings at www.hthtravelinsurance.com/fraudwarnings.

TAHC5000GES

To take advantage of the Travel Medical Coverage Insurance Benefits underwritten by HM Insurance Group or UniCare, please read and sign:

I understand that certain conditions are not covered. For details, refer to the "Exclusions" and "Pre-Existing Conditions" section of this brochure. I understand that this plan REQUIRES that I have a primary health plan (go to <http://www.hthtravelinsurance.com/healthplans.cfm> for a definition of primary health plan). I certify that I live in an eligible state (please check with your agent or call for availability). I certify that the ages of insureds listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable).

Beneficiary Name: _____ Beneficiary Relation: _____

Additionally, I agree and acknowledge that any use of the HTH Global Health and safety Services is subject to the term and conditions set forth in the Access Agreement at rewardsworldwide.com/login/registration.cfm.

Date: / / (mm/dd/yyyy) Signature of Enrollee _____

For Agents use only. Agent # 41782

Travel Protection

Insurance Coverages

(Underwritten by Stonebridge Casualty Insurance Company)

Trip Cancellation & Trip Interruption

These coverages reimburse certain non-refundable expenses if your trip is cancelled or interrupted for the following covered reasons:

- Unforeseeable financial default or bankruptcy of a tour operator, cruise line or airline that occurs more than 14 days after coverage is purchased;
- Covered Sickness, injury or death of you, your family member, or traveling companions;
- A terrorist act (or acts) in your departure city or a city which is a scheduled destination when the incident occurs within 7 days of your scheduled departure date;
- Common carrier delays due to inclement weather, mechanical breakdown or organized labor strikes that affect public transportation;
- Your home being made uninhabitable due to fire, flood volcano, earthquake, hurricane or other natural disasters;
- You are subpoenaed, required to serve on a jury, hijacked or quarantined (except as a result of pandemic or epidemic);
- A documented theft of passport or visas.

Travel Delay

This coverage reimburses for reasonable additional expenses for hotel accommodations, meals, telephone calls and local transportation if your trip is delayed for 6 hours or more due to a covered reason.

Baggage Delay

If your baggage is delayed more than 24 hours, you will be reimbursed for the cost of reasonable additional clothing and personal articles purchased by you.

Baggage and Personal Effects

Reimburses you, less any amount paid or payable from any other valid and collectible insurance or indemnity, if your baggage is lost, stolen, or damaged while on your trip.

Air Flight Accident

Provides reimbursement for loss of life or limbs in the event of an accident while traveling as a ticketed passenger on a certified passenger aircraft provided by a regularly-scheduled airline.

Damage To Your Rental Car

(Not available to residents of Oregon or Texas.)

This benefit provides primary coverage if the car you rented

while on your trip is damaged due to collision, fire, flood, theft, vandalism, windstorm or hail.

Exclusions

Exclusions apply to all coverages. Please note additional exclusions may apply to specific coverages. All exclusions will be indicated in your certificate/policy. Please read your certificate/policy carefully when you receive it. No benefit will be paid for any loss caused by or resulting from:

- your, your Traveling Companion's or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
- mental, nervous or psychological disorders;
- being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- normal pregnancy or resulting childbirth or elective abortion;
- participation as a professional in athletics;
- riding or driving in a motor competition;
- declared or undeclared war or any act of war;
- civil disorder (does not apply to Travel Delay);
- service in the armed forces of any country;
- nuclear reaction, radiation or radioactive contamination;
- operating or learning to operate any aircraft (pilot or crew);
- mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than a regularly scheduled airline or air charter company;
- any unlawful acts committed by you or a Traveling Companion (whether insured or not);
- any amount paid or payable by Workers Compensation, Disability Benefit or similar law;
- a loss or damage caused by detention, confiscation or destruction by customs;
- Elective Treatment and Procedures;
- pandemic and/or epidemic;
- medical treatment if the purpose or intent of the trip is to secure medical treatment;
- Financial insolvency of the person, organization or firm from whom you directly purchased or paid for your trip, Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a travel supplier;
- business, contractual or educational obligations of you, a Family Member or a Traveling Companion;
- failure of any tour operator, common carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
- a loss that results from an illness, disease or condition, event or circumstance which occurs at a time when the plan is not in effect.

Pre-Existing Condition Exclusion

Exclusion applies to TripProtectorSM and TripProtector PreferredSM Plans.

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition as defined in the plan, including death that results therefrom. Pre-Existing condition means an illness, disease, or other condition during the 180-day period immediately prior to your effective date for which you, your Traveling Companion, or Family Members:

1. Received a recommendation for a diagnostic test, examination, or medical treatment; or
 2. Took or received a prescription for drugs or medicine.
- Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180-day period before coverage is effective under this Policy.

Pre-Existing Condition Exclusion Waiver

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. The payment for this plan is received prior to/or within 24 hours of your final trip payment for your Covered Trip; and;
2. You are not disabled from travel at the time you pay your plan payment; and;
3. The booking for the Covered Trip must be the first and only booking for this travel period and destination.

Please Note: Benefits in this brochure are described on a general basis only. Certain restrictions, exclusions and limitations apply to all coverages and services. This brochure is not a contract of insurance.

General Provisions

Your coverage for trip cancellation begins the day after we receive your payment. This plan is available to persons who pay the required plan cost prior to trip departure, and whose primary residence is in the United States. These coverages and services are designed to protect you from the specific listed other covered events, not from circumstances known or likely to occur. Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states

except as otherwise noted) under Policy Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX, Policy Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY, Policy TAHC5100IPS and TAHC5200IPS.

For policy inquiries or customer service call: 1.866.501.3254

Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA) read the state specific warnings at www.hthtravelinsurance.com/fraudwarnings.

Identity Theft Protection and Insurance

(Provided by HTH Administration Services' designated provider)

Detection and recovery assistance and insurance to help pay out-of-pocket costs when your identity has been compromised. These essential safeguards are automatically included for 180 days beginning on your trip departure date.

This plan is administered by:

HTH Administration Services
5251 Viewridge Ct.,
San Diego CA 92123

Travel Medical Coverage

Insurance Coverages

(Benefits underwritten by HM Insurance Group)

Who is eligible for coverage?

An Eligible Participant or an Eligible Dependent must meet all of the following requirements: 1) Home Country is the United States; 2) under Age 85; 3) enrolled in a Primary Plan; 4) Is traveling outside the U.S. or is traveling at least 100 miles from his/her Home and is scheduled to spend at least 24 hours away from his/her Home; 5) For children under age 6, must be enrolled with a parent; 6) Initial purchase must be made in home country prior to departing on trip.

When does coverage start and stop?

The Coverage for an Eligible Participant and his or her Eligible Dependents will become effective if the Eligible Participant submits a properly completed application to the Insurer, is approved for coverage by the Insurer, and the Eligible Participant pays the Insurer the premium.

Trip Coverage Start Date: The Insured Person's coverage under the Policy for a trip during the Period of Insurance starts as stated below: 1) For a scheduled trip to a Foreign Country, when the Insured Person boards a conveyance at the start of the trip; 2) For any other trip, when the Insured Person is more than 100 miles from his/her Home. Notwithstanding the foregoing, no coverage is in effect for a trip unless the Insured Person is scheduled to spend at least 24 hours away from Home.

Trip Coverage End Date: The Insured Person's coverage under the Plan for a trip during the Period of Insurance ends as stated below: 1) For a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip; 2) For any other trip, when the Insured Person is less than 100 miles from his/her Home; 3) On the Period of Insurance Termination Date. However, if the Insured Person has not canceled his/her coverage, then coverage for a trip will extend past the Period of Insurance Termination Date if the Insured Person's return is delayed by unforeseeable circumstances beyond his/her control. In this event, coverage will terminate as stated immediately above or, if earlier, 11:59 p.m. on the seventh day following the Period of Insurance Termination Date; 4) If the Insured Person is covered under the Medical Evacuation Benefit, upon the Insured Person's evacuation to his/her Home Area. In no event will coverage for a trip extend past the Maximum Trip Coverage Period stated below, subject to 3 immediately above and as stated in the benefit provisions.

Maximum Trip Coverage Period: Coverage for any one trip may not exceed 180 days.

Benefits: What the plan pays

The benefits described in this section will be paid for Covered Expenses incurred on the date the Insured Person receives the service or supply for which the charge is made. These benefits are subject to all terms, conditions, exclusions, and limitations of this Plan. All services are paid at percentages and amounts indicated below or in the Benefit Overview Matrix, and subject to limits outlined in Section IV, How the Plan Works. Following is a general description of the supplies and services for which the Insured Person's Plan will pay benefits, if such supplies and services are Medically Necessary:

Services and Supplies Provided by a Hospital

For any eligible condition other than for Mental, Emotional or Functional Nervous Conditions or Disorders, Alcoholism or Drug Abuse, the Insurer will pay indicated benefits on Covered Expenses for: 1) Inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bed room rate of the facility. 2) Outpatient services and supplies including those in connection with outpatient surgery performed at an Ambulatory Surgical Center.

Payment of Inpatient Covered Expenses are subject to these conditions: 1) Services must be those which are regularly provided and billed by the Hospital. 2) Services are provided only for the number of days required to treat the Insured Person's Illness or Injury. Note: No benefits will be provided for personal items, such as TV, radio, guest trays, etc.

Professional and Other Services

The Insurer will pay Covered Expenses for: 1) Services of a Physician. 2) Services of an anesthesiologist or an anesthesiologist. 3) Outpatient diagnostic radiology and laboratory services. 4) Radiation therapy and hemodialysis treatment. 5) Surgical implants. 6) Artificial limbs or eyes. 7) The first pair of contact lenses or the first pair of eyeglasses when required as a result of a covered eye surgery. 8) Self-Administered injectable drugs. 9) Syringes when dispensed with self-administered injectable drugs (except insulin). 10) Blood transfusions, including blood processing and the cost of unreplaced blood and blood products. 11) Services for the detection and prevention of osteoporosis for qualified individuals. 12) Rental or purchase of medical equipment and/or supplies that are all of the following: a) ordered by a Physician; b) of no further use when medical need ends; c) usable only by the patient; d) not primarily for the Insured Person's comfort or hygiene; e) not for environmental control; f) not for exercise; and g) manufactured specifically for medical use. Note: Medical equipment and supplies must meet all of the

above guidelines in order to be eligible for benefits under this Plan. The fact that a Physician prescribes or orders equipment or supplies does not necessarily qualify the equipment or supply for payment. The Insurer determines whether the item meets these conditions. Rental charges that exceed the reasonable purchase price of the equipment are not covered.

Ambulance Services

The following ambulance services are covered under this Plan:

1) Base charge, mileage and non-reusable supplies of a licensed ambulance company for ground or air service for transportation to and from a Hospital. 2) Monitoring, electrocardiograms (EKGs or ECGs), cardiac defibrillation, cardiopulmonary resuscitation (CPR) and administration of oxygen and intravenous (IV) solutions in connection with ambulance service. An appropriate licensed person must render the services.

Dental Care for an Accidental Injury

Benefits are payable for dental care for an Accidental Injury to natural teeth that occurs while the Insured Person is covered under this Plan, subject to the following: 1) services must be received during the six months following the date of Injury; 2) no benefits are available to replace or repair existing dental prostheses even if damaged in an eligible Accidental Injury; and 3) damage to natural teeth due to chewing or biting is not considered an Accidental Injury under this Plan.

Dental Care for Relief of Pain

Benefits are payable for dental care for Relief of Pain to the teeth that occurs while the Insured Person is covered under this Plan. Services must be received while covered during the Trip Coverage Period. The Insurer pays as stated in the Benefit Overview Matrix.

Complications of Pregnancy

Complications of Pregnancy are covered under this Plan as any other medical condition. Benefits for complications of pregnancy shall be provided for all Insured Persons.

Benefits for Claims resulting from downhill skiing and scuba diving:

The Insurer will pay Covered Expenses for claims resulting from downhill (alpine) skiing. It will also pay Covered Expenses resulting from scuba diving provided that the diver is certified by the Professional Association of Diving Instructors (PADI) or the National Association of a Underwater Instructors (NAUI), or provided that he/she is diving under the supervision of a certified instructor. These Covered Expenses are Limited as stated in the Benefit Overview Matrix.

Accidental Death and Dismemberment Benefit

The Insurer will pay the benefit stated below if an Insured Person sustains an Injury resulting in any of the losses stated below within 365 days after the date the Injury is sustained:

Loss	Benefit
Loss of life	100% of the Principal Sum
Loss of one hand	50% of the Principal Sum
Loss of one foot	50% of the Principal Sum
Loss of sight in one eye	50% of the Principal Sum

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye. If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Insured Person due to any one Accident.

Repatriation of Remains Benefit

If an Insured Person dies, while traveling more than 100 miles from their place of residence on an overnight trip, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator. No benefit is payable if the death occurs after the Termination Date of the Policy. The Insurer will not pay any claims under this provision unless the expense has been approved by the Administrator before the body is prepared for transportation.

Medical Evacuation Benefit

If an Insured Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services, while traveling more than 100 miles from their place of residence on an overnight trip, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness

requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Insured Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services.

Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Insured Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. The Insurer will pay Reasonable Charges for escort services if the Insured Person is a minor or if the Insured Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer. As part of a medical evacuation, the Administrator shall also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital. If following stabilization, when medically necessary and subject to the Administrator's prior approval, the Insurer will pay for a medically supervised return to the Insured Person's permanent residence or, if appropriate, to a health care facility nearer to their permanent residence or for one-way economy airfare to the Insured Person's point of origin, if necessary. All evacuations must be approved and coordinated by Administrator designated physicians. Transportation must be by the most direct and economical route. With respect to this provision only, the following is in lieu of the Policy's Extension of Benefits provision: No benefits are payable for Covered Expenses incurred after the date the Insured Person's insurance under the Policy terminates. However, if on the date of termination the Insured Person is Hospital Confined, then coverage under this benefit provision continues until the earlier of the date the Hospital Confinement ends or the end of the 31st day after the date of termination.

Bedside Visit Benefit

If an Insured Person is Hospital Confined due to an Injury or Sickness for more than 7 days, is likely to be hospitalized for more than 7 days or is in critical condition, while traveling more than 100 miles from their place of residence on an overnight trip, the Insurer will pay up to the maximum benefit as listed in Table 1 of the Schedule of Benefits for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one person designated by the Insured Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or

friend. With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Insured Persons on that trip. The determination of whether the Covered Member will be hospitalized for more than 7 or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

Exclusions and Limitations: What the plan pays for

The Plan does not provide benefits for:

1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
2. Services not specifically listed in this Plan as Covered Services.
3. Services or supplies that are not Medically Necessary as defined by the Insurer.
4. Services or supplies that the Insurer considers to be Experimental or Investigative.
5. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received after coverage ends unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required while traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
10. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed by (a) an act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being

engaged in an illegal occupation; (f) An Insured Person, age 19 or older, being under the influence of alcohol or intoxicants or of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a Physician.

12. Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.

13. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Person's employer.

14. Inpatient or outpatient services of a private duty nurse.

15. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.

16. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

17. Treatment of Mental, Emotional or Functional Nervous Conditions or Disorders.

18. Treatment of Drug, alcohol, or other substance addiction or abuse.

19. Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury in the Benefits section of this Plan.

20. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).

21. Orthodontic Services, braces and other orthodontic appliances.

22. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.

23. Hearing aids.

24. Routine hearing tests.

25. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.

26. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).

27. Outpatient speech therapy.

28. Any Drugs, medications, or other substances except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.

29. Any intentionally self-inflicted Injury or Illness.

30. Cosmetic surgery or other services for beautification,

including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.

31. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.

32. Treatment of sexual dysfunction or inadequacy.

33. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization

34. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.

35. Cryopreservation of sperm or eggs.

36. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.

37. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.

38. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.

39. Charges by a provider for telephone consultations.

40. Items which are furnished primarily for the Eligible Participant's personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).

41. Educational services except as specifically provided or arranged by the Insurer.

42. Nutritional counseling or food supplements.

43. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.

44. Physical and/or Occupational Therapy/Medicine, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.

45. All infusion therapy together with any associated supplies, Drugs or professional services are excluded.

46. Growth Hormone Treatment.
47. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
48. Charges for which the Insurer are unable to determine the Insurer's liability because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
49. Charges for the services of a standby Physician.
50. Charges for animal to human organ transplants.
51. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
52. Medical treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This exclusion does not apply to charges the law requires the Insured Person to pay.)
53. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
54. Claims arising from participation in interscholastic or professional and/or non-professional club sports or sports event or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
55. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
56. Treatment of Congenital Conditions.

Important Definitions

Accidental Injury means an accidental bodily Injury sustained by an Insured Person which is the direct cause of a loss independent of disease, bodily infirmity, or any other cause.

An Illness is a sickness, disease, or condition of an Insured Person which first manifests itself after the Insured Person's Effective Date.

Complications of Pregnancy are conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from the pregnancy, but are adversely affected by the pregnancy, including, but not limited to acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar

medical and surgical conditions of comparable severity. Complications of Pregnancy also include termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, physician prescribed rest during the period of pregnancy, hyperemesis gravidarium, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct complication of pregnancy

The Coverage Period Maximum Benefit is the maximum amount of benefits available to each Insured Person during the person's Coverage Period (Period of Insurance and/or Trip Coverage Period). All benefits furnished are subject to these maximum amounts.

Covered Expenses are the expenses incurred for Covered Services. Covered Expenses for Covered Services will not exceed Reasonable Charges. In addition, Covered Expenses may be limited by other specific maximums described in this Plan under section IV, How the Plan Works and section V, Benefits: What the Plan Pays. Covered Expenses are subject to applicable Deductibles, penalties and other benefit limits. An expense is incurred on the date the Insured Person receives the service or supply.

Covered Services are Medically Necessary services or supplies that are listed in the benefit sections of this Plan, and for which the Insured Person is entitled to receive benefits.

A Primary Plan is a Group Health Benefit Plan, an individual health benefit plan, or a governmental health plan (including Medicare) designed to be the first payor of claims for an Insured Person prior to the responsibility of this Plan.

Group Health Benefit Plan means a group, blanket, or franchise insurance policy, a certificate issued under a group policy, a group hospital service contract, or a group subscriber contract or evidence of coverage issued by a health maintenance organization that provides benefits for health care services. The term does not include: 1) accident-only, credit or disability insurance coverages; 2) specified disease coverage or other limited benefit policies; 3) coverage of Medicare services under a federal contract; 4) Medicare Supplement and Medicare Select policies regulated in accordance with federal law; 5) long-term care, dental care, or vision care coverages; 6) coverage provided by a single service health maintenance organization; 7) insurance coverage issued as a supplement to liability insurance; 8) insurance coverage arising out of a workers' compensation system or similar statutory system; 9) automobile medical

payment insurance coverage; 10) jointly managed trusts authorized under 29 U.S.C. Section 141 et seq. that contain a plan of benefits for employees that is negotiated in a collective bargaining agreement governing wages, hours, and working conditions of the employees that is authorized under 29 U.S.C. Section 157; 11) hospital confinement indemnity coverage; or 12) reinsurance contracts issued on a stop-loss, quota share, or similar basis.

Home Country means the Insured Person's country of domicile named on the enrollment form or the roster, as applicable. However, the Home Country of an Eligible Dependent who is a child is the same as that of the Eligible Participant.

The Insurer means HM Life Insurance Company, a nationally licensed and regulated insurance company. Insurer also includes a third party administrator with which the Insurer has contracted to perform certain of its duties on its behalf. The Group and the Insured Participant will be notified of the use of an administrator.

Medically Necessary services or supplies are those that the Insurer determines to be all of the following: 1) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition; 2) Provided for the diagnosis or direct care and treatment of the medical condition; 3) Within standards of good medical practice within the organized community; 4) Not primarily for the patient's, the Physician's, or another provider's convenience; 5) The most appropriate supply or level of service that can safely be provided. For Hospital stays, this means acute care as an inpatient is necessary due to the kind of services the Insured Person is receiving or the severity of the Insured Person's condition and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy.

Important Information

This Plan provides medical benefits while a person is temporarily away from Home. This Plan provides short term, limited duration coverage. It is not subject to the guaranteed renewability and portability provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Insured Person may not purchase insurance under this Plan for a Period of Insurance longer than 6 months.

Excess Coverage

The Insurer will reduce the amount payable under the Policy to the extent expenses are covered under any Other Plan. The Insurer will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non

duplication of benefits, or other similar provisions. The amount from Other Plans includes any amount to which the Insured Person is entitled, whether or not a claim is made for the benefits. This Policy is secondary coverage to all other policies.

The Insurance Coverage Area is any place that is anywhere in the world.

This brochure describes the travel protection benefits and travel medical benefits under the plans of insurance. This is not a contract of insurance. Coverage is governed by an insurance plans issued to the Global Citizen Association. Travel protection is underwritten by Stonebridge Casualty Insurance Company, Columbus, OH, NAIC # 10952, Travel medical benefits are underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC# 0812-93440 under policy form HM207-TH; HM Life Insurance Company of New York, New York, NY, NAIC #0812-60213 under policy form HM207- TH; or UniCare Life & Health Insurance Company, Chicago, Illinois NAIC #842-80314. The coverage requested may not be available in all states. The coverage described in this brochure is limited in scope and nature; exclusions and limitations apply. Complete information on the insurance is contained in the Certificate of Insurance or other announcement material issued by the applicable carrier, which will be provided to you as evidence of coverage under the plan.

Links to the certificates of insurance:

www.hthtravelinsurance.com/cert/tp.cfm

www.hthtravelinsurance.com/cert/tpp.cfm

Administrator

Travel Medical benefits are administered by HTH Worldwide Insurance Service, Inc., One Radnor Corporate Center, Suite 100, Radnor, PA 19087. In California, d/b/a Worldwide Services Insurance Agency, CA Lic # OC26161.

Email: customerservice@hthworldwide.com

Conformity with Statute

Any provisions in conflict with the requirements of any state or federal law that applies to this coverage is automatically changed to satisfy the minimum requirements of such laws.

Global Citizens Association

By signing up for this insurance, you are also signing up to become a member of the Global Citizens Association at no additional fee. Your membership remains intact once you return from your covered trip. Certain benefits you are entitled to include access to Global Health and Safety Services. Access to these services is limited in nature and will cease upon the expiration of the insurance policy. To review your Association Benefits, visit RewardsWorldwide.com.