

## POLICY WORDING

### INF – Elite Plus X Plan | Policy Number TDV090814

The following benefits are payable in the event that a Covered Person suffers a covered Injury or Illness whilst travelling outside of their Home Country. This is subject to the terms and conditions contained in this Policy.

If You are in the eligible class defined below, You are eligible for coverage under the Policy. For benefits to be payable, the Policy must be in force and the required premium must have been paid. Payment of benefits is subject to the terms and conditions of this Policy.

#### **Class of Eligible Persons:**

Non-US residents who have completed the online application form and been accepted for cover. All persons eligible for insurance must be traveling outside of their Home Country and have paid the required Premium.

If you have elected and paid for Dependent coverage, Your Dependents are also covered, but only if and while they are traveling with You.

#### **Benefit Schedule:**

BENEFIT	ELITE PLUS X PLAN	
	In-Network	Out-of-Network
<b>Total Annual Maximum for all Accident or Sickness Expense Benefits</b>	Options: \$150,000 Options (70-99): \$75,000	
<b>Deductible</b>	Deductible per Injury/Sickness Options: \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000	
<b>Co-insurance Rate</b>	Insurance pays 80%/90% Insured pays 10%/20%	Insurance pays 60%/70% of Usual, Reasonable & Customary (URC) Charges Insured pays 30%/40%
<b>Pre-existing Conditions</b>	Options (Age 0-69) \$25,000 Maximum Benefit; Options (Age 70-99): \$20,000 subject to a \$1,500 Deductible Pre-existing Conditions Sub-Limits: \$15,000 Hospital/ICU Room & Board / \$15,000 Hospital Miscellaneous / \$15,000 Surgeries / \$7,500 Hospital Emergency / \$5,000 Assistance Surgeon Expenses / \$500 Prescriptions	
<b>Urgent Care Visits</b>	\$25 copay per visit	\$50 copay per visit
<b>Physiotherapy</b>	\$50 per visit up to a maximum of \$500	
<b>Incurral Period</b>	30 days after the date of Injury/Sickness	
<b>Maximum Benefit Period</b>	The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness	
<b>Accidental Death and Dismemberment</b>	Up to \$25,000 Principal Sum	
<b>Trip Interruption</b>	Up to \$1,000	
<b>Emergency Medical Evacuation</b>	Up to \$25,000	
<b>Repatriation of Mortal Remains</b>	Up to \$10,000	

The Maximum Benefit Amounts and applicable Deductibles/Co-insurance rate will be based on the options selected by You and for which You have paid the relevant premiums. Maximum benefit is inclusive of PPO repricing benefits from United Healthcare Options PPO. Should there be a conflict between the option elected and the actual premium paid, benefits will be payable according to the plan of insurance that would have been purchased for the amount of premium paid.

## Definitions

**Covered Accident** means an accident that is as a result of a sudden, unintentional and unexpected occurrence caused by external visible means, while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. In no circumstances will an illness be considered an accident

**Covered Expense** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Covered Person** means the persons insured hereunder who are listed on the application and have been accepted for cover and for whom the applicable premium has been paid for the Period of Coverage.

**Deductible** means the dollar amount of Covered Expense that must be incurred as an out-of-pocket expense by each Covered Person per each Covered Accident or Sickness before benefit is paid on an expense incurred basis under the Policy.

**Dependent** means an Covered Person's lawful spouse or a Covered Person's unmarried child, from age 14 days to age 18, who is chiefly dependent on the Covered Person for support. A child, for eligibility purposes, includes the Covered Person's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Covered Person or depends on the Covered Person for financial support.

**Doctor** means a duly educated trained physician who is appropriately licensed in the state or country in which they are practicing and providing services. The services must be within scope of their license, training, experience and competence and according to health care standards of practice.

**Home Country** means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, their Home Country will be the country that they have declared to Us in writing as their Home Country. Home Country also includes the Covered Person's country of permanent assignment or country of permanent residence.

**Hospital** means an institution which operates as a Hospital pursuant to law and is licensed in the state or country in which it operates. It must operate primarily for the treatment of sick or injured persons as inpatients and provide 24 hour nursing services by registered nurses on duty or on call. It must have Doctors available at all times and provide organized facilities and equipment for diagnosis and treatment of medical conditions on its premises. It must not primarily be a long-term care facility, rehabilitation or extended care facility, nor a nursing, rest or convalescent home or place for the aged, drug addicts, alcoholics or similar establishment.

**Immediate Family Member** means Your spouse, child, brother, sister, parent,

grandparent, or in-law.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. It also includes that person's Dependents if Dependent coverage has been elected and paid for

**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 layperson 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.

**Medically Necessary** means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting air conditioners, air purifiers, motorized transportation Equipment, escalators or elevators in private homes, eyeglass frames or lenses, hearing aids, swimming pools or supplies for them, and general exercise equipment, is not deemed to be Medically Necessary. We may consider a service or supply is not Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

**Mental Health Disorder** means a mental or emotional disorder or disease characterized by a disturbance in the Covered Person's individual cognition, emotional regulation, or behavior. This includes but is not limited to depression, psychosis, bipolar affective disorder, schizophrenia, and other psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**"Pre-existing Condition"** means an illness, disease, or other medical condition of the Covered Person for which medical advice, diagnosis, care, monitoring or treatment was recommended or received from a licensed health care practitioner, and/or which would have caused a reasonably prudent person to seek medical attention, before the Covered Person's coverage became effective under the Policy, whether disclosed or not on the Covered Person's application or online enrolment.

**Sickness** means an illness, disease, or condition of the Covered Person that causes a loss, for which a Covered Person incurs medical expenses, while covered under this 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 the Covered Person's Home Country. It includes the period of time from the start of the trip until its end provided the Covered Person is covered under the Policy.

**Usual Reasonable and Customary** means the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply is provided.

**We, Our, Us** means the insurance company underwriting this insurance, or its authorized agent.

**You, Your, Yours** means the insured Covered Person.

## Eligibility for Insurance

Each person in the Class of Eligible Persons is eligible to be insured on the effective date of the Policy, or the day they become eligible, if later. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, no insurance will be provided for that person and Our only obligation is to issue a pro-rata refund from the date ineligibility is discovered to the end of the policy period.

## Effective Date of Insurance

An eligible person will be insured on the later of effective date of the Policy or the date they are eligible.

Whilst cover is effective, You will be a Covered Person.

## Period of Coverage

You will be a Covered Person and insured on the later of the effective date of the Policy or the date that you become eligible. Your coverage will end on the earliest of the date:

- 1) the Policy terminates;
- 2) You return to Your Home Country;
- 3) the scheduled Trip return date;
- 4) You are no longer eligible;
- 5) the period ends for which the premium has been paid.

Dependent coverage will end on the earliest of the date:

- 6) they are no longer a Dependent;
- 7) Your coverage ends; or
- 8) the period ends for which the premium has been paid.

## Description of Benefits

### Medical Expense Benefits

We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are only payable until the earlier of: the date your Trip ends; return to Your Home Country; or 364 days from the date of the Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. Your Maximum Benefit payable for all Accident and Sickness benefits is shown in the Benefit Schedule, and subject to the Deductible, Co-insurance Rate and copay amount. The Maximum Benefit for a Pre-existing Condition is shown in the Benefit Schedule and is subject to the applicable Deductible. Other limitations may apply as shown in the Policy.

Benefits are only payable:

- 1) for Usual, Reasonable and Customary Charges incurred after the Deductible, if any, has been met;
- 2) for Medically Necessary Covered Expense that You incur as a result of a Covered Accident or Sickness;
- 3) for charges incurred for services rendered to You while on a covered Trip; and
- 4) provided the first charge is incurred within 90 days after the date of the Covered Accident or Sickness.

### *Covered Medical Expenses*

- 1) Hospital semi-private room and board (or room and board in an intensive care unit) to a maximum of \$20,000
- 2) Hospital ancillary services (including, but not limited to, use of the operating room or emergency room) to a maximum of \$20,000
- 3) Doctor non-surgical treatment/examination expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor
- 4) Doctor's surgical expenses. If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Benefit Schedule for the most expensive procedure and 50% of Covered Expense for the additional surgeries
- 5) Assistant surgeon expenses when Medically Necessary
- 6) Services of a Doctor or a registered nurse (R.N.)
- 7) Ambulance service to or from a Hospital
- 8) Outpatient diagnostic X-rays, laboratory procedures and tests
- 9) Laboratory tests
- 10) Radiological procedures
- 11) Anesthetics and their administration
- 12) Blood, blood products, artificial blood products, and the transfusion thereof
- 13) Inpatient physiotherapy;
- 14) Expenses include treatment, and office visits connected with such treatment, when prescribed or performed by a Doctor, including diathermy, ultrasonic, or heat treatments, adjustments, or manipulation, only if treating an injury as a result of a Covered Accident.
- 15) Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- 16) Dental charges for Injury to sound, natural teeth
- 17) Emergency medical treatment of pregnancy
- 18) Therapeutic termination of pregnancy
- 19) Artificial limbs or eyes (not including replacement of these items)
- 20) Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- 21) Oxygen or rental equipment for administration of oxygen
- 22) Rental of a wheelchair or hospital-type bed
- 23) Rental of mechanical equipment for treatment of respiratory paralysis
- 24) Pre-admission testing
- 25) Outpatient injections when administered in a Doctor's office
- 26) Consultation visits
- 27) Diagnostic and treatment of urinary tract infection, including but not limited to pyelonephritis, urethritis, and cystitis is limited to \$2,000 per Policy period.

### **Trip Interruption**

Benefits will be paid, up to the amount shown in the Benefit Schedule, for the cost of expenses related to the return travel to your Home Country which must be organized by Robin Assist.

Trip Interruption must be due to a Covered Accident or Sickness to You, or the death of an Immediate Family Member while You are on Your Trip.

### **Emergency Medical Evacuation**

We will pay Emergency Medical Evacuation benefit up to the amount shown in the Benefit Schedule for Covered Evacuation Expenses incurred for Your medical evacuation if You:

- 1) suffer a Medical Emergency during Your trip;
- 2) require Emergency Medical Evacuation; and
- 3) are traveling on a covered Trip.

Covered Evacuation Expenses:

- 4) Medical Transport: expenses for transportation under medical supervision to the nearest hospital or treatment facility where You will receive treatment in the event of Your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
- 5) 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 Robin Assist to Your location to make the assessment.
- 6) Return of Dependent child 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 Dependent child; and c) you suffer a Medical Emergency and must be confined in a Hospital.
- 7) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join You during Your Emergency Medical Evacuation to a different hospital, or treatment facility.

Benefits for these Covered Evacuation 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 for the Emergency Medical Evacuation are made by the most direct and economical conveyance and route possible;
- 3) the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred;
- 4) Covered Evacuation Expenses do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event You refuse to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is required.

### **Wellness Medical Expense Benefit**

We will pay Covered Expenses, as per the limits stated in the Schedule of Benefits, Sickness Medical. Coverage is limited to the following expenses incurred subject to Exclusions. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits.

Covered wellness expenses include:

- 1) Routine physical examinations: per Plan term, which includes, one routine physical examination, laboratory tests, x-rays and any other medical expense related to the examination.
- 2) Preventive medical attention: Immunizations Include: flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention

### Repatriation of Mortal Remains

We will pay Repatriation of Remains benefits as shown in the Benefit Schedule for preparation and return of your body or mortal remains to your Home Country if You die as a result of a Medical Emergency while traveling on a covered Trip. Covered Expense includes:

- 1) expenses for embalming or cremation;
- 2) the least costly coffin or receptacle adequate for transporting the body or mortal remains;
- 3) transporting the mortal remains; and
- 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join Your body or mortal remains during the repatriation to Your Home Country. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual, Reasonable and Customary Charges for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We (or Robin Assist) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

### Accidental Death and Dismemberment Benefits

We will pay up to the Principal Sum of \$25,000, if Injury to You results within 30 days, in any one of the losses shown below. The Benefit amount is shown below.

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
One Member.....	50% of the Principal Sum

“Member” means Loss of Hand or Foot, and Loss of Sight. “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. “Severance” means the complete separation and dismemberment of the part from the body.

**Aggregate Limit** – We will not pay more than \$50,000 in total, per Policy, for all Accidental Death and Dismemberment losses per Covered Accident that involves You and other Covered Persons under the plan. 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 You and each other 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:

- 1) intentionally self-inflicted injury; suicide or attempted suicide.
- 2) war or any act of war, whether declared or not.
- 3) a Covered Accident or Sickness that occurs while You are 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.
- 4) piloting or serving as a crewmember in any aircraft or watercraft
- 5) riding in any aircraft or watercraft except as a fare-paying passenger on a regularly scheduled or charter airline

- 6) commission of, or attempt to commit, a felony.
- 7) sickness, disease or Mental Health Disorder, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound (applicable to accident benefits only).
- 8) You being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- 9) commission of, or active participation in a riot, civil commotion assuming the proportions of or amounting to an uprising or an insurrection.

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

- 10) routine physicals and care of any kind.
- 11) routine dental care and treatment.
- 12) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury resulting from a Covered Accident.
- 13) eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- 14) 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.
- 15) treatment or service provided by a private duty nurse.
- 16) treatment by any Immediate Family Member or member of Your household.
- 17) expenses incurred during travel for purposes of seeking medical care or treatment,
- 18) medical expenses for which You would not be responsible to pay for in the absence of the Policy.
- 19) expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
- 20) any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- 21) custodial care
- 22) Calculus of gallbladder and nephroscopy
- 23) services or expenses incurred in Your Home Country.
- 24) elective treatment, exams or surgery; elective termination of pregnancy.
- 25) expenses for services, treatment or surgery deemed to be experimental or which are not recognized and generally accepted medical practices in the United States.
- 26) expenses payable by any automobile insurance policy without regard to fault.
- 27) organ or tissue transplants and related services.
- 28) any expense paid or payable by any other valid and collectible group insurance plan.
- 29) Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- 30) Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional, semi-professional sports or hazardous sports and activities.
- 31) 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.
- 32) Orthopedic shoes or devices, or expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails,.
- 33) expenses incurred for birth control including surgical procedures and devices.
- 34) birth defects and congenital anomalies, or complications which arise from such conditions.
- 35) sexually transmitted diseases or immune deficiency disorders and related conditions.



- 36) care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- 37) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions, except to the extent otherwise provided in the Policy
- 38) Mental Health Disorders.
- 39) expenses incurred for any condition directly or indirectly related to or caused by cancer, dialysis, or on-going and preventive care
- 40) expenses incurred for cataract surgeries, eye sickness or treatments
- 41) Pre-existing Conditions, unless otherwise provided in the Policy
- 42) Any sickness which was known or unknown to the Covered Person which requires immediate medical attention within 5 days after the policy effective date
- 43) Exercise programs, whether or not prescribed by a Doctor
- 44) Failure to keep a scheduled appointment
- 45) Any treatment which is not Medically Necessary, or costs which are in excess of the Usual, Reasonable and Customary amounts.
- 46) Epidemic and Pandemic or other disease outbreaks when prior to the effective date, warning or Alert Level 3 or higher was issued by the US Center for Disease, Control and Prevention.
- 47) Medical Expenses related to complications or consequences of a treatment or condition not covered by this Policy.

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 or the provision of any benefit.

### **Claims**

You must provide notification of a claim within 30 days of a Covered 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, and Your Policy Number.

### **Insurer:**

Underwritten by Tideview Risk SPC and backed by a Reinsurer rated A (Excellent) by AM Best'

### **Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact:**

Robin Assist, 45 East Lincoln Street, Columbus, OH 43215. Phone number: 1-888-207-1694; or  
email: [Claims@robinassist.com](mailto:Claims@robinassist.com). A claim form may also be found at: [www.infplans.com/claims](http://www.infplans.com/claims) or in the MyINFPlans portal. You must provide notification of a claim within 30 days of a Covered Accident.

Appeals can be sent to [operations@infplans.com](mailto:operations@infplans.com) with a cc to [help@robinassist.com](mailto:help@robinassist.com). Once an appeal is received, it will be responded to within 30 days. The member may appeal the claim again, until the final decision has been made.

**Governing Jurisdiction:** All claims arising under this insurance shall be governed by the Laws of Anguilla whose courts alone shall have jurisdiction in any dispute arising hereunder

**Proof of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 30 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, in the absence of legal capacity, will proof of loss be accepted if it is sent later than 30 days from the time proof is otherwise required.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain United States citizens or United States residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on United States residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this Policy meets any obligations you may have under PPACA. This Policy is not designed to cover United States residents and citizens. This plan is not subject to guaranteed issuance or renewal.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.