

## SCHEDULE OF BENEFITS

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to a Deductible of \$75/\$250 /\$500/\$1,000/\$5,000/\$10,000 per person for each covered Injury and each Sickness. 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 the Covered Person incurs; (3), for charges incurred for services rendered to the Covered Person while on a covered Trip; and (4) provided the first charge is incurred within 90 days of the Covered Accident or Sickness. Payment for Covered Expenses will not exceed the benefit limits shown below. The total amount payable under the policy will not exceed the Policy Maxi-mums shown below. This policy includes coverage for pre-existing conditions in case of an acute onset of such condition. Treatment of said condition must be obtained within 12 hours of sudden and unexpected outbreak or recurrence.  
**\*U&C—100% of Usual & Customary charge incurred.**

| Covered Medical Services  | \$50,000 Policy Maximum Coverage<br>Deductible: \$75, \$250, \$500.                                 | \$100,000 Policy Maximum Coverage<br>Deductible: \$75, \$250, \$500, \$1,000.                       | \$150,000 Policy Maximum Coverage<br>Deductible: \$75, \$250, \$500, \$1,000.       |
|---|---|---|---|
| Pre-Existing Maximum  | 50K-500 ded — pre-ex max \$2,500  | 100K-1,000 ded—pre-ex max \$6,500   | 150K-1,000 ded-pre-ex max \$7,500   |
| <b>INPATIENT BENEFITS</b>                                       |   |   |   |
| Hospital Room and Board   | U&C* Charge incurred, Up to \$1,300 a day, to 30 days max   | U&C* Charges incurred, Up to \$1,750 per day, to 30 days max  | U&C* Charge incurred, Up to \$1,900 per day, to 30 days max                         |
| Hospital Intensive Care Unit Room and Board                     | U&C* Charge incurred, Up to \$525 a day, to 8 days max  | U&C* Charge incurred, Up to \$750 a day, to 8 days max  | U&C* Charge incurred, Up to \$850 per day, to 8 days max                            |
| Surgeon Services  | U&C* Charge incurred, Up to \$3,000 max   | U&C* Charges incurred, Up to \$5,000 max  | U&C* Charge incurred, Up to \$6,000 max   |
| Anesthetics   | U&C* Charge incurred, Up to \$750 max   | U&C* Charge incurred, Up to \$1,250 max   | U&C* Charge incurred, Up to \$1,500 max   |
| Assistant Surgeon Expenses                                      | U&C* Charge incurred, Up to \$750 max   | U&C* Charge incurred, Up to \$1,250 max   | U&C* Charge incurred, Up to \$1,500 max   |
| Physician Non-Surgical Treatment/Examination Expenses           | U&C* Charge incurred, Up to \$60 max per visit, 1 visit per day, 30 visits max                      | U&C* Charge incurred, Up to \$100 per visit, 1 visit per day, 30 visits max                         | U&C* Charge incurred, Up to \$125 per visit, 1 visit per day, 30 visits max         |
| Consultant visits, when requested by a Physician                | U&C* Charge incurred, Up to \$400 max   | U&C* Charge incurred, Up to \$450 max   | U&C* Charge incurred, Up to \$500 max   |
| Pre-Admission Tests, when requested by a Physician              | U&C* Charge incurred, Up to \$1,000 max, test must occur within 14 days prior to Hospital Admission | U&C* Charge incurred, Up to \$1,100 max, test must occur within 14 days prior to Hospital admission | U&C* Charge incurred, Up to \$1,200 max, within 14 days prior to Hospital admission |
| <b>OUTPATIENT BENEFITS</b>                                      |   |   |   |
| Surgical Room and Supply Expenses                               | U&C* Charge incurred, Up to \$1,000 max   | U&C* Charge incurred, Up to \$1,100 max   | U&C* Charge incurred, Up to \$1,200 max   |
| Surgeon Services  | U&C* Charge incurred, Up to \$3,000 max   | U&C* Charge incurred, Up to \$5,000 max   | U&C* Charge incurred, Up to \$6,000 max   |
| Anesthetics   | U&C* Charge incurred, Up to \$750 max   | U&C* Charge incurred, Up to \$1,250 max   | U&C* Charge incurred, Up to \$1,500 max   |
| Assistant Surgeon Expenses                                      | U&C* Charge incurred, Up to \$750 max   | U&C* Charge incurred, Up to \$1,250 max   | U&C* Charge incurred, Up to \$1,500 max   |
| Physician Non-Surgical Treatment/Examination Expenses           | U&C* Charge incurred, Up to \$60 max per visit, 1 visit per day, 10 visits max                      | U&C* Charge incurred, Up to \$100 max per visit, 1 visit per day, 10 visits max                     | U&C* Charge incurred, Up to \$125 max per visit, 1 visit per day, 10 visits max     |
| Diagnostic X-Rays and Laboratory Procedures                     | U&C* Charge incurred, Up to \$400 max   | U&C* Charge incurred, Up to \$650 max   | U&C* Charge incurred, Up to \$750 max   |
| CAT Scan, PET Scan or MRI                                       | U&C* Charge incurred, Up to an additional \$400 of the Diagnostic X-Ray and Lab Services Benefit    | U&C* Charge incurred, Up to \$650 of the Diagnostic X-Ray and Lab services Benefits                 | U&C* Charge incurred, Up to an additional \$1,000 of the Diagnostic X-Ray and Lab   |
| Hospital Emergency Room   | U&C* Charge incurred, Up to \$350 max   | U&C* Charge incurred, Up to \$500 max   | U&C* Charge incurred, Up to \$750 max   |
| Prescription Drug Expenses                                      | U&C* Charge incurred, Up to \$100 max   | U&C* Charge incurred, Up to \$150 max   | U&C* Charge incurred, Up to \$200 max   |
| <b>OTHER BENEFITS</b>   |   |   |   |
| Ambulance Services  | U&C* Charge incurred, Up to \$400 max   | U&C* Charge incurred, Up to \$450 max   | U&C* Charge incurred, Up to \$500 max   |
| Initial Orthopedic Prosthesis or Brace                          | U&C* Charge incurred, Up to \$1,000 max   | U&C* charge incurred, Up to \$1,100 max   | U&C* Charge incurred, Up to \$1,200 max   |
| Dental Treatment Injury to Sound, Natural Teeth Due to Accident | U&C* Charge incurred, Up to \$450 max   | U&C* Charge incurred, Up to \$500 max   | U&C* Charge incurred, Up to \$550 max   |
| Chemotherapy and/or Radiation Therapy                           | U&C* Charge incurred, Up to \$1,000 max   | U&C* Charge incurred, Up to \$1,150 max   | U&C* Charge incurred, Up to \$1,250 max   |
| Maternity (conception must occur after the Trip begins)         | U&C* Charge incurred, Up to \$4,500 max   | U&C* charge incurred, Up to \$5,000 max   | U&C* Charge incurred, Up to \$5,500 max   |
| Physical and Occupational Therapy                               | U&C* Charge incurred, Up to \$35 per visit, 1 visit per day, 12 visits max                          | U&C* Charge incurred, Up to \$45 per visit, 1 visit per day, 12 visits max                          | U&C* Charge incurred, Up to \$50 per visit, 1 visit per day, 12 visits max          |
| Private Duty Nurse  | U&C* Charge incurred, Up to \$400 max   | U&C* Charge incurred, Up to \$500 max   | U&C* Charge incurred, Up to \$550 max   |
| Emergency Medical Evacuation                                    | U&C* Charge incurred, Up to \$10,000 max  | U&C* Charges incurred, Up to \$10,000 max   | U&C* Charge incurred, Up to \$10,000 max  |
| Repatriation of Remains   | U&C* Charge incurred, Up to \$10,000 max  | U&C* Charges incurred, Up to \$10,000 max   | U&C* Charge incurred, Up to \$10,000 max  |
| Accidental Death and Dismemberment                              | \$500,000 Aggregate Sum   | \$500,000 Aggregate Sum   | \$500,000 Aggregate Sum   |

Note: to see coverage for every policy maximum (\$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$250,000) please go to AXIS plan program description on <https://www.kvrao.org>

EMERGENCY MEDICAL EVACUATION AND REPATRIATION: These Benefits will not be payable unless We (or Our authorized 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. Contact Europe Assistance for these services at (877) 243-4134 or call collect at 240-330-1528 (24 hours a day, 7 days a week). Email: OPS@europeassistance-usa.com.

EMERGENCY MEDICAL EVACUATION BENEFIT: We will pay emergency medical evacuation benefits as shown for Covered Expenses incurred for the emergency evacuation of a insured Person. Benefits are payable up to the Benefit Maximum shown, if the insured Person suffers a covered injury or emergency sickness during the course of the covered trip that requires emergency evacuation.

REPATRIATION OF REMAINS BENEFIT: We will pay Repatriation Benefits up to the Benefit Maximum shown for preparation and return of a insured Person's body to his or her place of primary residence if he or she dies as a result of a covered injury or emergency sickness while traveling on a covered trip.

ACCIDENTAL DEATH AND DISMEMBERMENT: If Injury to the Covered Person results, within 365 days of 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. The Principal Sum is \$25,000 as shown. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Disclaimer: This is a brief description of the coverage provided under the policy, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for details. This insurance includes limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Further, this insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

| Covered Loss                                  | Benefit Amount            |
|---|---------------------------|
| Loss of Life                                  | 100% of the Principal Sum |
| Both Hands or Both Feet or Sight of Both Eyes | 100% of the Principal Sum |
| One Hand and One Foot                         | 100% of the Principal Sum |
| Loss of one Hand or Foot and Sight in one eye | 100% of the Principal Sum |
| Loss of One Hand or Foot                      | 50% of the Principal Sum  |
| Loss of Sight of One Eye                      | 50% of the Principal Sum  |
| Expenses and Dismemberment                    | Included                  |

**ADMINISTERED BY**  
**INDIA NETWORK SERVICES, USA**  
**855-428-3425 \* 408-540-3600**  
**CLAIMS OFFICE:**  
**WebTPA, Inc.**  
**(877) 563-7492, fax (469) 417-1989**

# India Network Foundation, Inc.

Serving the community  
Since 1988

**AXIS Plan**  
**with pre-existing**  
**conditions coverage\***  
**\* Pre-existing**  
**limited to**  
**Acute Onset**  
**coverage.**

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Online Quote, Application Instant ID Card  
& Online Claim Submission  
24x7 access to Travel Assistance Services  
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**Insurance for Members of the**  
**India Network Foundation, Inc.**  
**Visiting the United States**  
**Underwritten by AXIS Insurance Company**

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**WWW.INDIANETWORK.ORG**

**Telephone: 408-540-3600**  
**855-428-3425**

KVR-AXS PREEX 0118

## AXIS ACCIDENT AND SICKNESS INSURANCE

**Important Notice:** This information provides 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 in the state in which the policy was delivered under form number BACC-001-0909-PA. Complete details may be found in the policy on file with the Policyholder. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

## INSURANCE ELIGIBILITY

All non-US citizens and their eligible dependents (if coverage has been elected), while visiting the United States. Eligible dependents are any of the following persons while accompanying the Member in the USA: the Member's legal spouse, and their unmarried dependent children under 17 years old, 30 if a full-time student, who is chiefly dependent on the Covered Person for support. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Covered Person for support and maintenance. A newborn child born of an Covered Person covered under the Policy will be covered for the first 31 days after birth. If adoption, birth or marriage occurs while the Member is covered by this plan, the member will have 31 days within which to pay the required additional premium to enroll any newly eligible dependents for the remainder of the Member's period of coverage.

## Monthly Premium Rates

Premiums for all the policies can be found at <https://www.kvrao.org>. Members may enroll for coverage, subject to the following rules: One month premium is the minimum acceptable premium; 300 days premium is the maximum acceptable premium; and the full premium for entire stay in USA is payable at the time of enrollment. Members may re-enroll for coverage periods not exceeding 300 days.

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance under this Policy when premium payment is received by the administrator on or before the termination of the last coverage period. This continuation of coverage will not establish a new benefit period, not affect any life time or specifically stipulated benefit limits or maximums under the Policy.

### HOW TO ENROLL FOR COVERAGE?

Enrollment into this program can be done in following ways:

- ⇒ Complete and submit online India Network Membership Form under the **Online Forms link** at <https://www.kvrao.org/>
- ⇒ Complete and submit online Insurance Enrollment Form available under the **Online Forms link** at the above website.
- ⇒ On Successful completion of online application, ID cards will be produced on the web page for your record and as proof of insurance.

Membership and Accident and Sickness Insurance forms can also be downloaded from our websites and faxed to 408-520-4967 with proper credit card authorization for membership and premium. The India Network Services will mail the insurance card and Membership benefit information to the policy holder's temporary address in the US for coverage of 2 months or more. For duration less than 2 months, India Network will email the insurance card and Summary of Benefits to India Network member email provided during enrollment period.

## EFFECTIVE AND TERMINATION DATES OF INSURANCE

The India Network Foundation Group Policy Effective Date is December 1, 2017. Coverage of Insured Persons and any eligible dependent Child(ren) or Spouse enrolled in this plan will begin at 12:01 AM on the latest of the following dates: the Policy's Effective Date; the departure date from the Insured Person's Home Country; or the date that India Network Services receives the insurance enrollment form and the required premium.

The Company will pay benefits while an Insured Person is traveling: 1) Outside of his or her Home Country to the United States or during a Personal Deviation as listed on the Policy; and 2) up to 300 days.

The Coverage will start on the actual start of the Covered Trip and will end on the first of the following dates occur: the date the Insured Person returns to his or her Home Country; the date the Insured makes a Personal Deviation for more than 2 days; the date the Insured Person is no longer eligible; the last day of the period for which the required premium is paid; or the Policy Termination Date. Coverage of an Insured Person's Dependent Child(ren) or Spouse will end when the Insured Person's coverage ends.

## DEFINITIONS

**Accident or Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under the Policy

**Covered Accident** means an Accident that results in a Covered Loss during the Policy Term.

**Covered Injury** means Accidental bodily injury; (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force, and (2) which results directly and independently from all other causes from a Covered Accident and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury. **Covered Loss** means a loss which meets the requisites of one or more benefits and results from a Covered Accident , Covered Injury or Covered Activity.

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

**Covered Trip** means travel by air, land or sea from the Insured Person's Home Country. **Deductible** means the amount that must be paid for Covered Medical Services by the Insured Person before benefits will become payable. A separate deductible shall apply to each Covered Loss.

**Eligible Person** means an individual as defined in the Policy Schedule of Benefits. **Emergency Sickness** means an illness or disease diagnosed by a Physician which: 1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the Insured Person's health or place his or her life in jeopardy; and 2. first manifests itself suddenly and unexpectedly while the Insured Person is covered under this policy and is participating in a Covered Activity.

**Home Country** means a country from which the Insured Person holds a passport or where the Insured Person has primary residency. If the Insured Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to the Company in writing as his or her Home Country.

**Hospital** means a facility that: 1. is operated according to law for the care and treatment of injured people; 2. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; 3. has 24 hour nursing service; and 4. is supervised by one or more Physicians.

A Hospital does not include: a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

**Insured Person** means an Eligible Person, as defined in the Policy Schedule of Benefits, for whom required premium has been paid when due and for whom coverage under the Policy remains in force.

**Medically Necessary** means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Accident or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

**Other Health Care Plan** means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for healthcare, dental care disability benefits or repatriations of remains. An Other Health Care Plan includes group, blanket, franchise, family or individual: 1. insurance policies; 2. subscriber contracts; 3. uninsured agreements or arrangements; 4. coverage provided through Health Maintenance Organizations, Preferred Providers Organizations and other prepayment, group practices and individual practice plans; 5. medical benefits provided under automobile "fault" and "no-fault" type contracts; 6. medical benefits provided by any governmental plan or coverage or other benefit law, except: a. a state sponsored Medicaid plan; or b. a plan or law providing benefits only in excess of any private or nongovernmental plan.

**Physician** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person; 2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; 3. a person living in the Insured Person's household; or 4. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services. **Personal Deviation** means 1. an activity that is not reasonably related to the Insured Person's Covered Activity; 2 such travel or activities coincide with the Insured Person's Covered Activity; and 3. Personal Deviation is limited to any consecutive 2 day period immediately prior to, during or following such Covered Activity.

**Pre-Existing Condition** means an illness, disease, injury or other condition of the Insured Person that in the 90 day period before the Insured Person's coverage became effective under the Policy: 1. was treated by a Physician or treatment had been recommended by a Physician; 2. required taking prescribed drugs or medicines, or 3. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis.

**Sickness** means disease or illness, including related conditions and recurrent symptoms, which begin after the effective date of an Insured Person's coverage and while coverage is in force.

**Usual and Customary Charge(s)** - 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.

## 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 any attempt while sane or insane.
- Commission or attempt to commit a felony or an assault.
- Commission of or active participation in a riot or insurrection.
- Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy.
- Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
- The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication.
- An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor.
- Injuries compensable under Workers' Compensation law or any similar law.
- Operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred.
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice, unless it occurs during treatment of injuries sustained in a Covered Injury.
- In addition, We will not pay Covered Medical Services for any loss, treatment, or services resulting from:
  - Expenses incurred during travel for the purposes of seeking medical care or treatment, or while on a waiting list for specific treatment or while traveling against the advice of a Physician.
  - Expenses incurred within the Insured Person's Home country or country of regular domicile,
  - Routine physical or other examinations where there is not objective indications of impairment for normal health or well baby care.
  - Dental treatment, except as the result of Covered Injury to sound, natural teeth as stated in the Rider Schedule.
  - Cosmetic or plastic surgery or treatment for congenital abnormalities, except reconstructive surgery as a result of a as the result of a Covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a Covered Injury or Sickness
  - Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses.
  - Hearing examination or hearing aids or other treatment for Hearing Defects and problems. Hearing Defects means any physical defect of the ear which does or can impair normal hearing.
  - Treatment by any Immediate Family member or member of the Insured Person's household. "Immediate family member "means an Insured Person's spouse, child, brother, sister, grandparents or in laws.
  - Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature;
  - In connection with alcoholism and drug addiction, or use of any drug or narcotic agent unless prescribed by a Physician;
  - The commission of a felony offense;
  - Charges for Covered Medical Expenses for which the Insured Person would not be responsible for in the absence of this coverage;
  - Any expense paid or payable by any Other Health Care Plan;
  - Any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual
  - Treatment , services supplies or facilities in a Hospital owned or operated by the Veteran's Administration, or b) a national government or any of its agencies( this exclusion does not apply to treatment when a charge is made which the Insured Person is required by law to pay)
  - 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.
  - Expenses payable by any automobile insurance policy without regard to fault.
  - Organ or tissue transplants and related services.
  - 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.
  - Birth control including surgical procedures and devices.
  - Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
  - Birth defects and congenital anomalies, or complications which arise from such condi-

tions.

- Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the 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.
- specific named hazards: piloting any aircraft;
- Expenses incurred for any treatment if the Insured Person is travelling against the advice of a Physician.
- Expenses incurred after the date insurance terminates for an Insured Person under this Policy
- Any mental or nervous disorders or rest cures;
- Duplicates services actually provided by both a certified nurse- midwife and Physician.
- Expenses payable under any prior Policy which was in force for the person making the claim.
- Expenses incurred in a Hospital emergency room visit which is not of an emergency nature.
- Expenses incurred for chiropractic care-outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertical column.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- Benefits will not be paid for services or treatment rendered by any person who is: Employed or retained by the Policyholder; Living in the Insured Person's household; An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or The Insured Person.
- If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured Person is eligible for reimbursement.
- Payment of claims under any policy issued shall only be made in full compliance with all economic or trade and sanction laws or regulations, including but not limited to, laws and regulations administered and enforced by the US Treasury Department's Office of Foreign Assets Control.

## PLAN ADMINISTRATOR

### INDIA NETWORK SERVICES

**Toll Free: (855) 428-3425 \* (408) 540-3300**

**Information available online at:**

**[www.kvrao.org](http://www.kvrao.org)**

General questions about the Insurance Plan should be addressed to India Network Services. Contact India Network Services between 9.00 a.m. and 6.00 p.m. (EST), Monday through Friday. Please provide your Primary ID (Passport Number) when you call India Network Services Office or WebTPA Claims Office.

**TRAVEL ASSISTANCE SERVICES:** Europ Assistance can help travelers with medical emergencies by: (i) Emergency Medical Evacuation & treatment en-route if necessary (ii) Repatriation of remains in the event of Covered Person's death; and (iii) Medical emergencies and many other services (see web). The Europ Assistance communications network is available 24 hours a day, seven days a week to provide assistance to the Covered Person.

Inside United States/Canada, Call (877) 243-4134 **or outside USA/Canada, call collect at 240-330-1528 or email to: [OPS@europassistance-usa.com](mailto:OPS@europassistance-usa.com)**

**TELADOC PROGRAM:** The Teladoc program is available 24 hours a day, seven days a week and provides you with access to a physician in the United States for any medical consultation and short-term prescription refills. This program is not insurance. Please find more details at [www.Teladoc.com](http://www.Teladoc.com).

**CLAIMS:** Claims process begins by submitting a duly completed online claim form found on the web site under **"Members Area"**. The claim form has two sections— First section should be completed online by the Covered Person; and the second section should be completed by the provider (doctor's office or hospital, etc.). Providers or Covered Person can submit the fully completed claim form to WebTPA Claims Office: **WebTPA, Inc., PO Box 669, Grapevine, TX 76099-0669 Phone: (877) 563-7492 \* Fax: (469) 417-1989**

*THE SERVICES DESCRIBED ABOVE ARE NOT INSURANCE AND ARE NOT PROVIDED BY AXIS INSURANCE COMPANY. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.*