

TRAVMED CHOICE

DESCRIPTION OF COVERAGE

FOR WASHINGTON STATE RESIDENTS TRAVELING OUTSIDE THE UNITED STATES



This Insurance is underwritten by:

Arch Insurance Company, with its principal place of business in New York, NY.

Please keep this document with you while you travel.

Schedule of Benefits	Maximum Benefits Per Person
Part A – Medical Protection	
Accident and Sickness Medical Expense.....	amount selected; maximum \$500,000
Deductible	amount chosen (\$100 or \$250)
In -Hospital Indemnity	\$100/day, maximum of 30 days
Emergency Dental	\$1,000
Emergency Evacuation.....	\$100,000
Repatriation of Remains	\$20,000
Emergency Reunion.....	\$10,000
Return of Minor Children.....	\$5,000
Part B – Travel Protection	
Trip Interruption	\$5,000
Part C – Baggage Protection	
Lost Baggage	\$250
.....	Per Article \$50
Part D – Travel Accident Protection	
Accidental Death & Dismemberment....	\$25,000

Part A - MEDICAL PROTECTION

Accident and Sickness Medical Expense The Maximum Benefit Amount under this Benefit for each Insured covered under the policy is shown in the Schedule of Benefits.

The Company will pay benefits up to maximum shown on the Schedule subject to any deductible and coinsurance, if an Insured incurs necessary Covered Medical Expenses as a result of an accidental Injury or a Sickness which occurs outside the Insured's Home Country except as otherwise stated in the policy during the Trip. All services, supplies or treatment must be received within 52 weeks of the date of the Accident.

Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include but are not limited to: the services of a Physician; charges for Hospital confinement and use of operating rooms; charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; ambulance service; drugs, medicines, prosthetics and therapeutic services and supplies; emergency dental treatment for the relief of pain.

Benefits will include expenses for emergency dental treatment not to exceed the amount shown in the Schedule of Benefits.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure an Insured's admission to a Hospital, because of a covered accidental Injury. The authorized travel assistance company will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

In-Hospital Indemnity The Insurer will reimburse You \$100 per day up to 30 days for Hospital costs due to Sickness.

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

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

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

The Insurer will also pay reasonable and customary charges, up to the maximum escort limit shown on the policy, for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by the Insurer's attending Physician and must be pre-approved by the Assistance Company.

Transportation After Stabilization In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class, or in business or first class as in compliance to Your medical necessities and requirements upon the discharge.

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

Emergency Reunion If You are going to be hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Company will pay for expenses to bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of one round-trip economy airfare ticket.

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

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

or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Trip.

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

Repatriation of Remains The Insurer will pay reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverage and Services.

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

Part B - TRAVEL PROTECTION

Trip Interruption Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the additional cost for one way Economy Transportation for the Insured to return to their original destination or rejoin their Trip less the value of the original unused return travel ticket when an Insured is prevented from completing his or her Trip due to:

- a) Death of Your Family Member.
- b) Having Your principal place of residence made uninhabitable by fire, flood, or other Natural Disaster.

Part C - BAGGAGE PROTECTION

Lost Baggage The Insurer will pay benefits if Your checked baggage is lost due to theft or misdirection or damaged by a Common Carrier while You are on a Trip and are a ticketed passenger on the Common Carrier. The Company will reimburse the Insured for the cost of replacement of the baggage and its contents up to the maximum shown on the Schedule. There will be a per article limit shown on the Schedule.

All claims must be verified by the Common Carrier who must certify the loss or theft occurred while in possession of the Common Carrier.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

The Company will pay the lesser of the following: actual cash value at time of loss, theft or damage to baggage and personal effects; or the cost of repair or replacement.

If an Insured has checked his/her property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

Part D - TRAVEL ACCIDENT PROTECTION

Accidental Death & Dismemberment If You sustain an Injury while on the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 365 days of the date of the Accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech, and hearing in both ears, one hand, and one foot, sight in both eyes, one hand or one foot, and sight in one eye. One-half of the benefit amount is paid for loss of one hand or one foot. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverage and Services for all losses due to the same Accident.

Exposure The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Accident.

Disappearance The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the conveyance in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

EXCLUSIONS

The following exclusions apply to Parts A, B, and D

- 1) Suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane committed by the Insured, Traveling Companion or Family Member, whether insured or not;
- 2) resulting from an act of declared or undeclared war; while participating in maneuvers or training exercises of an armed service;
- 3) while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving; while riding, driving or participating in races, or speed or endurance contests;
- 4) while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
- 5) while participating as a member of a team in an organized sporting competition;
- 6) while piloting or learning to pilot or acting as a member of the crew of any aircraft;

7) received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;

8) commission or the attempt to commit a criminal act by the Insured, Traveling Companion, or Family Member, whether insured or not;

9) due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;

10) for dental treatment, except as coverage is otherwise specifically provided herein);

11) due to a Pre-existing Condition, as defined in the policy; The Pre-Existing Condition Limitation does not apply to: Emergency Evacuation or Medical Repatriation;

12) for mental or nervous disorders, unless hospitalized;

13) Venereal disease or syphilis.

The following exclusions apply to Baggage/Personal Effects Coverage only in Part C:

Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked vehicle; property illegally acquired, kept, stored or transported; an Insured's negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date.

DEFINITIONS

1) "Accident" means a sudden, unexpected, or unintended event that occurs while this policy is in force and causes Injury.

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

3) "Baggage and Personal Effects" means goods being used by an Insured during a Trip. The term Baggage and Personal Effects does not include: animals; automobiles and automobile equipment; boats or other vehicles or conveyances; trailers; motors; aircraft; bicycles, except when checked as baggage with a Common Carrier; sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids; prosthetic limbs; money, credit cards, tickets, documents or securities.

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

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

6) "Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Trip, reduced by the value of an unused return travel ticket.

7) "Family Member" means Your legal or common law spouse, parent, natural or adopted child, brother, sister.

8) "Hospital" means: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

9) "Individual Coverage Term" means the period of time beginning when You have been enrolled for coverage under the policy and for whom the required premium has been paid.

10) "Injury" means bodily injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.

11) "The Insurer" means Arch Insurance Company.

12) "Legally Qualified Physician" or "Physician" means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion or a Family Member.

13) "Maximum Benefit Amount" means the maximum amount payable for each coverage described herein and as shown in the Schedule of Benefits.

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

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

16) "Pre-Existing Condition" means any Injury, Sickness or condition of Yourself, for which medical advice, diagnosis, care or treatment was recommended or received with the 180-day period ending on the effective date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

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

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

19) "Sickness" means an illness or disease that is first manifested, diagnosed, or treated by a Legally Qualified Physician after the effective date of insurance and while the Insured is covered under this policy.

20) "Trip" means any trip taken during the Individual Coverage Term.

21) "Unforeseen" means not anticipated or expected and occurring after the effective date of the policy.

22) "Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

23) "You," "Your," or "the Insured" means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

GENERAL PROVISIONS

Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify the Insured.

Claim Forms: When notice of claim is received by the Company or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Physician Examination and Autopsy: The Company, at the expense of the Company, may have an Insured examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against us until sixty (60) days after we receive proof of loss. No legal action for a claim can be brought against us more than three (3) years after the time required for giving proof of loss. This three (3) year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been intentionally concealed or misrepresented.

Other Insurance with the Company: An Insured may be covered under only one travel policy with the Company for each Trip. If an Insured is covered under more than one such policy, he or she may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Clerical Error: Clerical error on the Company's part or that of a Travel Supplier in keeping records or furnishing information will not void an Insured's coverage if it is otherwise validly in force; nor will it continue an Insured's coverage if it is otherwise validly terminated under the terms of this policy.

Conformity with State Statutes: The provisions of this policy must conform with the laws of the state in which the policy is issued. If any do not, they are hereby amended to conform.

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request, nor do anything after the loss to prejudice the Company's rights, and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss. You are entitled to complete reimbursement for loss covered under this policy before the Company is entitled to subrogation proceeds.

WHEN AN INSURED'S COVERAGE BEGINS. All coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

Plan is designed by MEDEX