

Global Medical International

Accident and Sickness
Insurance Plan for
Individuals traveling outside
of their Home Countries and
Outside of the USA.

Including...

- Accident & Sickness
Insurance Benefits,
choice of Plans
- Emergency Medical
Evacuation Benefit
- Emergency Reunion
Benefit
- Repatriation of Remains
Benefit
- Accidental Death &
Dismemberment
Benefits
- Optional Athletic /
Hazardous Activity, and
Home Country Benefits
- 24-Hour Assistance
Services

You are entitled to the benefits
described in this brochure if you have
enrolled for this insurance and paid
the required premium.



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GO FURTHER. DO MORE.



Global Medical USA
Accident and Sickness Insurance
Plan for individuals traveling outside
of their Home Countries and outside of the USA

Global Medical International is for individuals while traveling outside of their Home Country to any other country, except the United States. Insured Individuals may also purchase coverage for their eligible dependents, spouse, and any unmarried dependent children, up to age 19. Married children should enroll on their own.

Even if you have good health insurance at home, you may only have limited coverage or no coverage at all while abroad. Few domestic insurers, Health Maintenance Organizations or Preferred Provider Networks provide coverage for medical evacuations, reunion benefits, repatriation benefits, or medical assistance in a foreign country.

The Global Medical International Plan is designed for foreign trips or visits lasting up to 12 months and may provide peace of mind for travelers.

The plan provides international insurance benefits for individuals, their spouses, and for their unmarried dependent children. "Dependents" not fitting the insurance definition under eligibility may purchase coverage on their own.

Benefits Include:

- Access to the 24 hour, 365 days per year FrontierMEDEX network for emergency assistance anywhere in the world. This gives you fast, reliable referrals to the nearest medical facility or provider, as well as help relaying messages to family members.
- Medical Expense Benefits with choice of deductibles.
- Emergency Medical Evacuation Benefits.
- Emergency Reunion Benefits.
- Repatriation of Remains Benefits.
- Accidental Death and Dismemberment Benefits.
- Optional Riders for Home Country coverage, Hazardous Activities, and Athletic Coverage.

Period of Coverage

Coverage may be purchased from a minimum 15 days (if trip duration is shorter than 15 days, use the 15 day rate) up to a maximum of 12 months. Coverage may be purchased in 15 day or monthly increments. Rates are listed in the enrollment form. Coverage begins at 12:01 a.m. at the covered person's address, on the latest of the following: a) the date of the covered person's departure from their Home Country or the United States; b) the date the enrollment form and premium are received by the Company or its designated representative; or c) the date requested on the enrollment form. Coverage will end on the earliest of the following: a) the date of covered person's return to their Home Country or the United States (there is no continuation of coverage upon return home, except as specifically indicated in the Extended Home Country Benefit); b) the date requested on the enrollment form; or c) the end of the period for which premium has been paid. Coverage may not be purchased for longer than 12 months, and coverage may not be extended, it must be repurchased with a new Period of Coverage issued (no more than 12 months in total).

Refund of premium, less a \$10 processing fee, will be considered only if a written request is received prior to the effective date of coverage. Once the coverage has begun, the premium is considered fully earned and no refund will be allowed. Partial refunds are not available.

All correspondence and requests for information should be directed to CMI Insurance, P.O. Box 19056, Baltimore, MD 21284. Phone: (410) 583-2595, (800) 586-0753. FAX: (410) 583-8244. Or go to www.cmi-insurance.com or www.globalmedicalinternational.com. Enroll on line or email us from the site.

Schedule of Benefits

Medical Expense Benefits

Medical Expense Benefits will be paid up to the Plan maximum elected by you.

Plan A	\$ 100,000 lifetime maximum
Plan B	\$ 250,000 lifetime maximum
Plan C	\$ 500,000 lifetime maximum
	\$ 50,000 maximum ages 70-79
	\$ 10,000 maximum ages 80+

Deductible Options

Rates shown in the enrollment form are for a \$250 deductible. In addition, \$50, \$100, \$500, or \$1,000 per person, per Period of Coverage deductibles are also available. There is a maximum of three deductibles per family.

Co-Insurance

After you pay the selected deductible amount the Plan pays 100% of the covered expenses to the selected benefit maximum. Covered expenses are based on usual and customary charges for the area in which the claim is incurred.

Definitions

“Sickness” means an illness, disease or condition of the covered person that causes a loss for which the covered person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Injury” means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the covered person’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may consider the cost of the alternative to be the Covered Expense.

What Expenses are Covered

To be considered a Covered Expense under the Plan, it must: a) be usual and customary charges incurred for Medically Necessary medical Covered Expenses; b) have been incurred as the result of, and within 52 weeks of a covered Sickness or Injury outside of the United States, during the Period of Coverage (except as specifically provided in the Extended Home Country Benefit, if applicable and enrolled); c) not be excluded by provisions of the Plan; and d) be specifically included in the following list of Covered Expenses:

Covered Expenses

1. Expenses made by a hospital for room and board, general nursing care and other services, including professional services, but not including personal services of a non-medical nature. However, covered expenses may not exceed the hospital’s average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care: limited to 80% of covered expenses, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs, and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses

- incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental expenses resulting from an accident, up to \$100 per tooth, \$500 maximum benefit.

Emergency Medical Evacuation Benefit, 100% of Covered Expenses

The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by FrontierMEDEX in consultation with the local attending Doctor.
2. 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, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by FrontierMEDEX to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are terminated except Accidental Death and Dismemberment Benefits. (Unless the Home Country Benefit Option is purchased, in which case those benefits will be available.)

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. "Trip" means travel by air, land, or sea from the Covered Person's Home Country.

Benefits will not be payable unless the Company (or FrontierMEDEX) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by FrontierMEDEX.

Emergency Reunion Benefit, \$12,500 Maximum Benefit

In the event the Insured has either been: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness, where the attending doctor believes it would be beneficial for the Insured to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, the Company will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum of \$12,500. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum of \$300 and a maximum of ten days.

In the event that a Covered Person dies as a result of a Covered Injury or Sickness, the Company will pay the expenses incurred for emergency travel arrangements up to a maximum of \$2,500 for a Family Member to accompany the mortal remains of the deceased Covered Person.

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

“Felonious Assault” means a violent or criminal act reported to the local authorities which were directed at the covered person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping, or rape. **“Family Member”** means a person who is related to the covered person in any of the following ways: spouse, parent (includes stepparent); child (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

All arrangements must be made by FrontierMEDEX and approved by the Company (or FrontierMEDEX) in order for expenses to be considered eligible.

Repatriation of Remains, 100% of Covered Expenses

The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

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

Accidental Death & Dismemberment Benefit \$25,000 Principal Sum

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, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

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

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

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

Home Country Benefit

The Company will pay benefits if, during the Period of Coverage, a covered person returns to the United States for incidental visits of up to two weeks total, provided: a) the period of coverage is for a period of at least 30 days; and b) the primary reason for the covered person’s return to the United States is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Optional Benefits

Optional Hazardous Activity Coverage - The Company will pay benefits if a covered person is injured and the covered accident results from: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. Note: Exclusion 16 does not apply when this coverage is purchased.

Optional Athletic Coverage - The Company will pay

benefits if a covered person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded. Note: Exclusion 6a does not apply with respect to these named sports when this coverage is purchased.

Extended Home Country Benefit - You may purchase up to one additional month of the Home Country Benefit at the time of original enrollment, if you are enrolling in the Plan for a minimum of 6 months.

Excess Benefits

All Coverages, except Accidental Death & Dismemberment, shall be excess of all other valid and collectible insurance.

Right of Subrogation

If the covered person is injured as the result of another person's negligence, the Company has the right to seek reimbursement on his/her behalf against the negligent party for any claims paid under this Plan, unless prohibited by state law.

EXCLUSIONS

For the Medical Expense, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Home Country benefits, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions defined as a Sickness, disease or other condition of the covered person, that in the 12-month period before the covered person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. However, this limitation will not apply if the Covered Person was previously covered for such pre-existing condition under Creditable Coverage and such Creditable Coverage was continuous to a date

less than 63 days prior to the effective date of coverage under the Policy. "Creditable Coverage" means: 1) a self-funded employer group health plan under ERISA; 2) a group or individual health Insurance coverage; 3) Part A or Part B of Medicare; 4) Medicaid; 5) CHAMPUS; 6) the Indian Health Service of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the federal employees health benefits program (FEHBP); 9) a public health plan; or 10) a health benefit plan. **(This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.);**

2. For services, supplies, or treatment, including hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a doctor; or expenses which are non-medical in nature;
3. For suicide or attempted suicide, while sane or insane;
4. For loss incurred as a result of war or any act of war, whether declared or not;
5. For loss incurred as a result of the covered person's commission of, or attempt to commit an assault or a felony;
6. a) For injury sustained while participating in an amateur, club, intramural, interscholastic or intercollegiate sport; b) For injury sustained while participating in a professional or semi-professional sport;
7. For loss incurred as a result of pregnancy, childbirth, or miscarriage, or any complications of any of these conditions;
8. For routine physicals;
9. For cosmetic or plastic surgery; except as the result of an Injury;
10. For elective surgery;
11. For any mental and nervous disorder or rest cures;
12. For dental care, except as the result of Injury to natural teeth caused by an accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured under the Policy;
14. In connection with alcoholism or drug addiction; or the use of any drug or narcotic except as prescribed by a doctor;
15. For expenses as a result of, or in connection with,

intentionally self inflicted injury;

16. For specific named hazards: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; parasailing;
17. For treatment furnished under any government program or facility set up for treatment without cost to any individual;
18. For treatment by a family member;
19. For treatment relating to birth defects and congenital conditions; or complications arising from those conditions;
20. For treatment of sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any Sickness or disease arising from these medical conditions;
21. Any treatment, services or supplies received by the covered person with respect to an Injury or Sickness which are incurred or received by the covered person while he or she is in his or her Home Country, except as provided by the Home Country Benefits provided or if selected by the covered person.
22. Organ or tissue transplant.
23. Injury or sickness where the covered person's trip to the host country is undertaken for treatment or advice for such injury or sickness.

For Accidental Death and Dismemberment Indemnity the Plan does not cover any loss caused by or resulting from:

1. Suicide or attempted suicide, intentionally self inflicted injury;
2. War or any act of war, whether declared or not;
3. Service in the military, naval, or air service of any country;
4. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
5. Piloting or acting as a crewmember or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

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

24 Hour Assistance Services Offered by FrontierMEDEX

Available around the world!

Every hour of the day!

Every day of the week!

- *More than 59,000 resources to help with any travel or medical emergency*
- *Multi-lingual coordinators and experts working 24/7 to care for your assistance needs*
- *Centralized case management gives you one easy-to-reach point of contact*
- *Access the U.S.-based Emergency Response Center from any place in the world using toll-free phone numbers*

In addition to this health insurance program is the availability of the 24-hour assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free, direct or collect. The telephone numbers from around the world will be supplied to you when you enroll in the plan. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The following services are included:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board-certified emergency doctors.
3. Urgent message relay between family, friends, personal doctor, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions, and Repatriations.
6. Emergency travel arrangements for disrupted travel as a consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Global Medical International is for individuals traveling outside of their Home Countries and outside of the USA.

Underwritten By:



ace usa

ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

Marketed By:



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This brochure 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 policy issued to: Trustee of ACE USA Accident and Health Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.