



Accident and Sickness Benefits for Global Medical USA

You are a Covered Person and eligible for coverage under the plan, if: 1) you are a non-United States citizens and foreign national traveling outside of your Home Country while participating in the Global Medical USA Program; 2) you have completed an enrollment form; 3) the required premium is paid and 4) you are engaged in one of the Covered Activities described below.

Optional Dependent Coverage:

If you have selected to offer coverage for your Dependents, your Dependent Child(ren) are also covered if they are accompanying you on a covered Trip, provided the required Dependent premium is paid. A person may not be insured as a Dependent and an Insured at the same time. A Dependent's insurance will not be in effect prior to the date you are insured.

Period of Coverage: You will be insured on the later of the Policy Effective Date; 2) the date We receive the completed enrollment form, if any; 3) the date the required Premium is paid; 4) the date of the scheduled Trip departure date; or 5) the date of your departure from your Home Country. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid; 4) of the scheduled Trip return date; or 5) you return to your Home Country. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; 3) the period ends for which the required premium is paid; 4) of the scheduled Trip return date; or 5) your dependent returns to his or her Home Country.

Covered Activities: We will pay benefits only if you suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 365 days; and, 3) while participating in the Global Medical USA Program.

Optional Covered Activities, if selected in your enrollment form:

Athletic Activities - The Covered Accident must result from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball, and golf sports. All other sports are not covered.

Hazardous Activities - The Covered Accident must result from: motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing.

Description of Benefits

Scope of Coverage for Medical Expense Benefits: Full Excess Benefits - We pay Covered Expenses after you satisfy any Deductible; and only when they are in excess of amounts paid by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.

"Health Care Plan" means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country, or 365 days from the date of a Covered Accident or Sickness, provided the first Covered Expense was incurred within 60 days after the date of the Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits is based on the Plan for which you enrolled. Regardless of the Plan selected, benefits are limited to \$100,000 at age 60-64; \$10,000 at age 65 and over; \$50,000 at age 18 and under; and if you have selected coverage for Dependent Children, the Maximum Benefit is \$50,000.

The following limits apply regardless of the Plan selected: 1) the Maximum for Dental Treatment (Injury Only and alleviation of pain) is \$100 per tooth, up to a maximum of \$500; 2) the Maximum for Room & Board Charges is the average semi-private room rate; 3) the Maximum for ICU Room & Board Charges is two times the semi-private room rate; 4) the Maximum for Chiropractic Care is \$35 per visit, up to a Maximum of 10 visits per Covered Accident or Sickness and 5) Covered Expenses incurred for a Sickness first manifested, treated or diagnosed during the first fourteen days of coverage is subject to a \$1,000 Maximum Benefit.

Benefits will be paid at 50% of the Usual and Customary Charges for Outpatient Prescription Drugs; and 80% of the Usual and Customary Charges for Chiropractic Care. For all other Covered Expenses benefits will be paid at 80% of the Usual and Customary Charges for the first \$10,000, and 100% thereafter.

These benefits are subject to the Deductible you have selected per Covered Accident or Sickness. In addition, the Deductible per Surgery is \$250 and the Deductible for Emergency Room Visits is \$50 which will be waived if you are admitted to the hospital as an inpatient.

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 you incur; 3) for charges incurred for services rendered to you while traveling on a covered Trip; and 4) provided the first charge is incurred within 60 days after the date of the Covered Accident or Sickness.

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PRE-ADMISSION CERTIFICATION REQUIREMENT

All Inpatient Stays must be Certified by the Claim Administrator

The Plan Administrator, Administrative Concepts, Inc. (ACI), must be notified of all hospital admissions as stipulated below. You are responsible for advising your physician of the pre-admission certification requirement of this Plan.

If you need continued stay hospitalization beyond the time initially certified, additional necessary hospital days must be approved by the pre-certification nurse. Expenses incurred beyond the number of authorized days will not be considered unless this procedure has been followed.

Outpatient Diagnosis and Treatment Must be Certified by the Claim Administrator

The Plan Administrator, Administrative Concepts, Inc. (ACI), must be notified of the uses of the following diagnostic equipment or methods of outpatient treatment: CAT Scans, Magnetic Resonance Imaging, Electroencephalogram, Holter Monitor Testing, Cystoscopy, Laparoscopy, and Sleep Testing. You are responsible for advising your physician of the pre-admission certification requirement of this Plan.

IMPORTANT: If Pre-Admission Certification is not given, the Company may reduce payment for such expenses to 70% of the Covered Expense. Pre-Certification is not a guarantee that benefits will be paid. All certification and notification information and questions will be handled by the Claim Administrator.

You must call Administrative Concepts, Inc. (ACI) at (610) 293-9229 or (888) 293-9229 for Pre-Admission Certification.

Emergency Medical Evacuation Benefit - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip.

Covered Expenses:

1. **Medical Transport:** expenses for transportation under medical supervision to a different Hospital, treatment facility or to your place of residence for Medically Necessary 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.
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, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your 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) you are age 18 or older; and b) you are 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 you to join you during your emergency medical evacuation to a different Hospital, treatment facility or your 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 your 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 Usual and Customary Charges 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.

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.

Repatriation of Remains Benefit - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. 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 which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges 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.

Emergency Reunion Benefit – We will pay up to \$300 per day up to 10 days, subject to a maximum of \$12,500 for travel and lodging expenses including an economy airline ticket for a member of your family to join you if: 1) you are confined in a Hospital for at least 24 consecutive hours due to a Covered Accident or Sickness, and the attending Doctor believes it would be beneficial for you to have an Immediate Family Member at your side; or 2) you are the victim of a Felonious Assault. Your Immediate Family Member’s travel must take place within 7 days of the date you are confined in the Hospital or the date of the occurrence of the Felonious Assault. “Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at you during the course of or an attempt of a physical assault resulting in serious injury, kidnapping or rape.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges 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 and Dismemberment Benefits

If your Injury results, within 365 days from 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. Your Principal Sum is \$25,000. 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
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum
Uniplegia	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.

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 attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is 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. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- Injury or loss contributed to the use of drugs, unless administered by a Doctor.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to the Accidental Death and Dismemberment Benefit only).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline (Applicable to the Accidental Death and Dismemberment Benefit only).

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

- routine physicals and care of any kind.
- routine dental care, except as the result of Injury to natural teeth caused by an accident or for emergency pain relief treatment to sound, natural teeth.
- expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Mental and Nervous disorders (unless otherwise provided in the Policy).
- pregnancy or childbirth.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- 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.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery.
- expenses incurred during travel for purposes of seeking medical care or treatment.
- Preexisting Conditions (unless otherwise provided in the Policy).
- any expense paid or payable by any other valid and collectible group insurance plan.
- 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.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports (unless otherwise provided in the Policy).
- 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.
- rest cures or custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- 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.
- Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- expenses payable by any automobile insurance policy without regard to fault.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing (unless otherwise provided in the Policy).
- organ or tissue transplants and related services.
- 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.
- treatment of hernia.

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.

Definitions: “**Covered Accident**” means an accident that occurs while coverage is in force for you and which results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. “**Covered Person**” means any eligible person for whom the required premium is paid. “**Home Country**” means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. “**Immediate Family Member**” means your spouse, child, brother, sister, parent, grandparent or in-laws. “**Injury**” means accidental bodily harm sustained by you that results directly 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 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. “**Preexisting Condition**” means an illness, disease, or other condition of the Covered Person that in the 36 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. “**Sickness**” means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. Pregnancy is included in the definition of Sickness. “**Trip**” means travel by air, land, or sea from your Home Country. “**We, Our, Us**” means the insurance company underwriting this insurance or its authorized agent.

Policy Number: GLM N04950884, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information:

Claims Administrator: Administrative Concepts, Inc. (ACI), 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802

From within the USA and Canada: 1-888-293-9229. Outside the USA or Canada: 1-610-293-9229.

FAX: 1-610-293-9299 Website: www.visit-aci.com

You must notify ACI within 90 days of an 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 the Policy Number.

Emergency Assistance: FrontierMEDEX. Toll free from within the USA and Canada: 1-800-527-0218.

From France: 0800-90-8505; From Germany: 0800-1-811401; From Italy: 800-877-204; From Mexico: 001-800-101-0061; From the UK: 0800-252-074; From Spain: 900-98-4467. From outside the USA or Canada, call direct or collect: 410-453-6330.

In addition to this insurance program is access to the 24-hour FrontierMEDEX network for emergency assistance anywhere in the world. Call the assistance center at FrontierMEDEX toll-free or collect using the telephone numbers listed above. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency physicians in the United States; urgent message relay between family, friends, personal physician, school and insured; guarantee of payment to providers and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Emergency Reunions and Repatriations of Remains; emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing.

Program arranged by: CMI Insurance, a FrontierMEDEX Company, P. O. Box 19056, Baltimore, MD 21284

Website: www.cmi-insurance.com



This Description of Coverage is 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 to the Policyholder. 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.

Emergency Assistance: *FrontierMEDEX*

With your health insurance program, you have access to the 24-hour FrontierMEDEX Emergency Response Center (ERC) for emergency assistance anywhere in the world. Simply call the FrontierMEDEX ERC using the toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. Services include: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by FrontierMEDEX Physician Advisors; urgent message relay between family, friends, personal physician, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, Repatriations Remains, and Emergency Reunion; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen travel documents, and more.

FrontierMEDEX is under contract with ACE American Insurance Company to provide international services in conjunction with the insurance benefits. The following is a brief summary of services:

24-Hour Access

You can reach the multilingual FrontierMEDEX Emergency Response Center, by calling toll-free or collect using the phone numbers below, or by emailing operations@frontiermedex.com. FrontierMEDEX is available 24-hours a day, 365 days a year to confirm your coverage and give you access to the following services.

Emergency Medical Assistance

• **Location of Medical Providers**

FrontierMEDEX can provide contact information for physicians, hospitals, dentists, and dental clinics in the area where you're traveling. FrontierMEDEX can also attempt to confirm the availability of the provider, ascertain payment requirements and make an appointment for you with the medical provider of your choice.

In a serious medical emergency, you should seek immediate care before contacting FrontierMEDEX. FrontierMEDEX medical experts will then consult with the local physician and determine the next most appropriate steps to provide proper care.

• **Medical Monitoring**

FrontierMEDEX Assistance Coordinators will continually monitor your case. In addition, FrontierMEDEX Physician Advisors will provide consultative and advisory services, including review and analysis of the quality of medical care you are receiving.

• **Emergency Medical Transport**

If you sustain an injury or suffer a sudden and unexpected illness and adequate medical treatment is not available in your current location, FrontierMEDEX will arrange and pay for a medically supervised evacuation to the nearest medical facility determined to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and FrontierMEDEX, you require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. Included are 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.

• **Repatriation of Remains**

If you sustain an injury or suffer a sudden and unexpected illness that results in your death, FrontierMEDEX will assist in obtaining the necessary clearances for your cremation or the return of your mortal remains. We will coordinate and pay for the preparation and transportation of your mortal remains to your Home Country.

• **Emergency Reunion**

FrontierMEDEX will arrange for a family member to be involved according to the benefits of the insurance.

• **Trip Interruption**

FrontierMEDEX will arrange for your transportation according to the benefits of the insurance.

• **Replacement of Medication**

If you have an unexpected need for prescription medication while on a covered trip, or you lose, forget, or run out of prescription medication while traveling, FrontierMEDEX will attempt to locate the medication or its equivalent and attempt to arrange for you to obtain it locally, where it is available, or to have it shipped to you, subject to local laws, if it is not available locally. You will be provided with a cost estimate for the replacement medication and/or shipment costs that are subject to your approval.

• **Guarantee of Payments and Method of Payment**

Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, FrontierMEDEX will work with ACE American Insurance Company to make that guarantee under the insurance benefits. FrontierMEDEX may further assist you by advancing money in dollars or local currency to medical providers according to repayment provisions worked out with ACE, you or a family member.

• **Travel and Communication Assistance/Telephone Interpretation Service**

If you need help communicating in an emergency, FrontierMEDEX will provide telephonic interpretation services in all major languages. In emergency situations that require extensive translation, FrontierMEDEX will make referrals to local translators.

- **Transmission and Retention of Urgent Messages**

In an emergency, FrontierMEDEX will use its best efforts to transmit an urgent message to your family, friends, and/or business associates.

- **Legal Assistance**

In an emergency, FrontierMEDEX will use its best efforts to provide you with the names, addresses and telephone numbers of lawyers in the area in which you are traveling in case of a car accident, traffic violations, and other civil offenses. However, the selection of and the expenses associated with a particular attorney will be your responsibility.

The above description is a brief summary and not the contract of insurance. Please refer to the stated Description of Coverage for the insurance benefits provided under the plan.

FrontierMEDEX Assistance Coordinators are available 24/7 to help you with travel emergencies. For immediate assistance, contact FrontierMEDEX through one of the toll-free numbers listed below or call the multilingual Emergency Response Center collect.

FrontierMEDEX EMERGENCY RESPONSE CENTER

Baltimore, Maryland, USA
Call Collect: 1-410-453-6330

TOLL-FREE ACCESS - The numbers below must be dialed from within the country.

If your location is not listed or the call will not go through, call the 24-hour FrontierMEDEX Emergency Response Center COLLECT 1-410-453-6330.

Australia and Tasmania	1-800-127-907
Austria	0-800-29-5810
Belgium	0800-1-7759
Brazil	0800-891-2734
China (northern regions)	108888 (pause for tone) 800-527-0218
China (southern regions)	10811 (pause for tone) 800-527-0218
Dominican Republic	1-888-567-0977
Egypt (inside Cairo)	2-510-0200 (pause for tone) 877-569-4151
Egypt (outside of Cairo)	022-510-0200 (pause for tone) 877-569-4151
Finland	0800-114402
France and Monaco	0800-90-8505
Germany	0800 1 811401
Greece	00-800-4412-8821
Hong Kong	800-96-4421
Indonesia	001-803-1471-0621
Israel	1-809-41-0172
Italy, Vatican City and San Marino	800-877-204
Japan	00531-11-4065
Mexico	001-800-101-0061
Netherlands	0800-022-8662
New Zealand	0800-44-4053
Philippines	1-800-1-111-0503
Portugal	800-84-4266
Republic of Ireland (Eire)	1-800-409-529
Republic of South Africa	0800-9-92379
Singapore	800-1100-452
South Korea	00798-1-1-004-7101
Spain and Majorca	900-98-4467
Switzerland and Liechtenstein	0800-55-6029
Thailand	001-800-11-471-0661
Turkey	00-800-4491-4834
UK & N. Ireland, Isle of Jersey and Isle of Man	0800-252-074
United States, Canada, Puerto Rico, US Virgin Islands, Bermuda	1-800-527-0218

PLEASE NOTE:

The toll-free for Israel line is not available from payphones and there is a local access charge.

The toll-free for Italy, Vatican City and San Marino number has a local charge for access.

The toll-free for Japan is only available from touchtone phones (including payphones) equipped for International dialing.

If dialing the toll-free access number for Mexico from a payphone, the payphone must be a La Datel payphone.