

CCS Volunteer Travel Medical and Evacuation Insurance Program Frequently Asked Questions and Answers

January 10, 2010

Plan Administrator

For info regarding coverage and upgrades:
www.coretravelinsurance.com
administrator@coretravelinsurance.com

For claims questions, see question #28.

Medical Assistance Provider

For 24-hour emergency medical assistance:
Europ Assistance USA
Tel: 866-690-5111 (inside the USA)
Tel: 202-659-7776 (collect outside the USA)

1. What is the purpose and limitation of this document?

This document addresses frequently asked questions about the CCS travel medical and evacuation insurance program in which you are automatically enrolled. It allows you to quickly locate the information you need to know about the program and its benefits. Please note that we address coverage issues in a broad way, and this summary does not contain all of the policy details that govern the insurance. That information is available from administrator@coretravelinsurance.com upon request. In the event of a coverage dispute or discrepancy the wording of the policy on file will apply. These benefits are subject to change without notice.

2. Who is the insurance company?

The Insurance Company is Starr Indemnity and Liability Company. The policy number is ITA 270065.

3. What benefits does this plan offer and what are its limits?

"The Core Plan" is automatically provided to CCS volunteers while they are on a CCS program anywhere in the world, outside of the United States. It covers your travel medical risks, including Medical Expenses and Emergency Medical Evacuation, while you are traveling. Travel medical insurance is not the same as the health insurance available to you at home and does not cover routine or wellness visits, or expenses that can safely wait until you get home. Expenses that arise from situations that are not clearly due to a covered travel medical risk may be payable by the volunteer. You can then submit the claim to the insurance company with a request for reimbursement.

This policy doesn't provide any kind of liability insurance. Baggage insurance is not included in "The Core Plan" but can be purchased as an upgrade.

The benefits and limits of "The Core Plan" are:

Medical Expense	\$50,000
Emergency Medical Evacuation	100% of covered expenses
Home Country Coverage ("Tail Medical")	\$10,000
Emergency Dental	\$1000 for injury \$250 for alleviation of pain
Accidental Death	\$10,000
Permanent Total Disability	\$10,000
Return of Mortal Remains	100% of covered expenses
Trip Cancellation	\$1,000
Emergency Reunion/Trip Interruption	\$3,000

4. Can I get higher limits of coverage during my CCS program?

Yes. You can choose to upgrade your limits of coverage from the "The Core Plan" to "The Silver Plan," "The Gold Plan" or "The Diamond Plan." These plans offer up to \$500,000 in Medical Expense, as well as increased limits on other benefits. You can upgrade by going to www.coretravelinsurance.com, filling out the online application and paying for the additional benefits with a credit card before your CCS program starts. You will receive a confirmation of your order by email. However, once you have begun your CCS program, your limits of insurance coverage cannot change. Premiums paid for upgrades are not refundable once you have left for the international journey. **If you do not wish to upgrade the coverage, you do not have to do anything. You will automatically receive coverage under the "The Core Plan."**

5. When does the coverage begin and end?

You are automatically covered for the scheduled period of the CCS program. Coverage begins on the day that your CCS program is scheduled to start, and stays in effect until the end of the day on which your program is scheduled to finish. The insurance does not cover international travel time to and from your home country, or the ordinary travel to and from the airports or other points of disembarkation. However, if you return from your program by Emergency Medical Evacuation, coverage applies for transportation directly to the designated medical facility or to your home.

6. Is it possible to buy insurance that would cover me either before or after the CCS program?

Yes, you can use the upgrade feature to buy travel insurance for your periods of international travel before or after your CCS program, or both.

Extension Before

If you want coverage for the period before you arrive at the program site, you can purchase that using the upgrade feature before your departure from your home country. If you choose to cover your trip from your home country, coverage begins at the airport (or at the international disembarkation site) on the day you depart for your international journey.

Make sure to specify enough days to fully cover your transportation time, accounting for all stopovers and travel from the airport to the CCS program site. For some CCS programs this may require two or more days.

You may also cover other days you are overseas before your CCS program begins. You can choose to start your coverage at any time before your CCS program begins, as long as you are not in your home country or in the US during that time, and as long as your period of extension ends on the day your CCS program begins.

Go to the application on the www.coretravelinsurance.com website and click on the tab called "buying the upgrades." You will find pricing and instructions for purchasing extension coverage for the specific dates you want.

Extension After

If you want coverage for the period after your CCS program ends, you can buy it either before your departure from the home country or even while you are still on the CCS program, as long as your period of group insurance with CCS has not yet expired. Coverage for your trip back to your home country will end when you arrive at the airport or other international disembarkation site in your home country.

You can buy extension coverage for travel past your program dates at www.coretravelinsurance.com. Go to the tab called "buying the upgrades" for pricing and instructions. Note that once the date on which your program is scheduled to end has passed, you will no longer be able to buy the extension.

If you need to stay overseas past the program end date, for medical or other reasons, make sure that your insurance is extended in time to keep your coverage going. Your insurance will end on the date your program ends unless you have arranged for an extension. If you are not able to arrange for the extension yourself, ask CCS to assist you.

Coverage extension after the CCS program has ended is the only benefit from Core Travel that can be purchased after the departure from your home country.

General Information About Extensions

Coverage limits for extension periods will be the same as the limits in effect during the CCS program. For example, if you elect to upgrade to Silver Plan coverage for your CCS program, you will also need to buy any extension coverage under the Silver Plan too. Coverage extension is available for up to a full year, including your time on the CCS program. Coverage applies anywhere in the world except for travel in your Home Country or the US.

Extension coverage is not provided until your purchase is approved and confirmed. Make sure to include your email address on the extension application so that you can receive immediate confirmation by email of your extension coverage purchase. If you feel you have not received the confirmation, check your spam or junk files. Then send an email to administrator@coretravelinsurance.com to request duplicate confirmation. Keep this confirmation with you while you travel outside the dates of the CCS program.

Premium paid for extended coverage is not refundable once you have left for the international journey.

7. Where does the insurance cover me?

Coverage is valid in the country of your CCS program. Overseas travel to and from the CCS program site is not covered, but you can buy Extension coverage for these periods at www.coretravelinsurance.com. Extension coverage applies anywhere in the world except for travel within the US or within your Home Country. The place where extension coverage can begin is at the airport or international site of disembarkment for your international journey. Extension coverage ends once you have arrived at the airport or international site of disembarkment in your Home Country.

8. Does coverage continue if I remain out of my Home Country?

Coverage ends when your CCS program is over, even if you choose to remain overseas, stay at the program location, or don't return directly home. Your travel medical coverage is only effective for the official period of your CCS trip. If you plan to continue traveling or remain outside the US or outside your home country after your CCS program ends, you may want to extend coverage to remain protected. You need to do that **before your group coverage ends**. There is no extension of coverage available once your CCS program is over. You can upgrade at www.coretravelinsurance.com by filling in the online application, paying by credit card and receiving an email confirmation.

Your Home Country is the country from which you hold a passport. If you hold a passport from more than one country, it's the country you declare to the insurer in writing.

9. Is there a deductible or co-payment?

Yes. There is a \$50 deductible payable per claim. There is no copayment required. Once the deductible has been paid one time for each claim, you're fully covered up to the policy limits for medical expenses, except for any exclusions or limited provisions under the coverage. Normally the deductible is addressed after the period of medical care, but CCS participants should be prepared to pay it up front if required. (There is also a deductible for baggage and personal effects coverage, available as an upgrade.) It's important to note that the insurance does contain exclusions. If one is found to apply to you after coverage has been provided, for example for a pre-

existing condition, your insurance claim could be denied and you could be held financially responsible for the expense, as is the case with any medical insurance policy.

10. I think I am already insured for my medical expenses while on the program. What happens then?

The CCS insurance program is mandatory for all volunteers, regardless of existing coverage. Many domestic insurance policies don't cover expenses incurred outside your Home Country or even in different states or provinces in your Home Country. In particular, many don't cover Emergency Medical Evacuation, especially from remote areas. We have this policy to make sure that you don't encounter gaps in coverage that might impede your medical care while on the program and could result in costly medical expenses for you. There are also special travel risks that can occur on an international travel program that this policy is designed to address that other medical policies may not cover. In many cases, such as automobile accidents, the insurer is obliged to investigate coverage related to the vehicles involved. We will ask for your help in making such investigations, as they assist greatly in helping to keep CCS' insurance affordable.

11. What is covered under the Medical Expense benefit?

The medical limit of "The Core Plan" coverage is \$50,000. "Medical expense" means the cost of medical care received overseas. It applies to Medical Expenses that arise from a covered Illness or Injury. This policy is meant to cover expenses that can't wait until you return home, and those not covered under any other source of insurance. The time period for a loss is 30 days from the date of covered accident or illness.

The same medical expense benefits are covered on all the Upgrade plans we offer. The maximums covered are different from plan to plan. If an Injury or Illness occurs during the period of coverage and you require medical or surgical treatment, this plan will pay no more than ***Reasonable and Customary (R&C)*** charges for Covered Expenses, up to the policy maximum. Reasonable and customary represents the range of usual fees for comparable services charged by medical professionals in the geographic area where medical services are rendered, as determined by the insurance company.

Covered Medical Expenses include:

- **Hospital Expenses** – Charges for average semi private room and board, floor nursing and other services inclusive of charges for professional services, provided that expenses do not exceed the Hospital's average for semi-private room and board accommodations. Also, charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, while in the hospital, both Inpatient or Outpatient.
- **Intensive Care** – **at two times the average semi-private room and board and R&C charges.** Two times the average semi-private room charge made by the servicing Hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing Hospital, whichever is less.
- **Physician Visits** – Charges for an office visit to a Physician for a covered Injury or Illness.
- **Physiotherapy** – Charges for physiotherapy, if recommended by a Physician for treatment of a specific disablement and administered by a licensed physiotherapist are included.
- **Dressings, Prescription Drugs and Medicines** – Charges are included for dressings. Prescription drugs and medicines are covered only if prescribed by a Physician in relation to a covered Injury or Illness. Prescriptions must be paid for at the Pharmacy and then receipts must be submitted with a claim form.
- **Dental (if Caused by an Accident or for Alleviation of Pain)** – Charges for repair and replacement of sound, natural teeth damaged as a result of an accident or for the relief of pain are covered up to the maximum. Routine dental examinations, routine x-rays, and other dental procedure that are not the result of an accident are not covered.

- **Mental Health Visits** – Charges for up to two visits to a mental health professional, including costs for an interpreter if needed, up to a maximum of \$500. This maximum limit applies for the entire duration of the volunteer's international journey, including any extensions taken.

Medical Expenses Not Covered:

- **Pre-existing Conditions** – which means that expenses arising from an Injury or Illness for which a person has manifested symptoms, sought medical treatment, received medical advice or treatment, or taken prescribed drugs or medicine in the **30-day period** immediately preceding the dates of travel are not covered. Note that if a condition for which a prescribed drug is taken remains controlled without any change in the required prescription during the 30-day period before departure, then the pre-existing treatment exclusion does not apply. However, when it does apply, there is an emergency medical benefit of up to \$2,500 for medical expenses arising from pre-existing conditions.
- **Routine Physical Examinations, Vaccinations** – *Not covered*
- **Routine Eye Examinations, Eyeglasses and Contact Lenses** – *Not covered*
- **Preventive Medical Services and Wellness Benefits** – *Not covered*
- **Maternity or Childbirth or nursery care** – *Not covered*. There is an emergency medical services benefit of up to \$2,000 for medical expenses arising from pregnancy.

12. What kind of dental coverage is provided?

The plan provides coverage for expenses due to injury to sound, natural teeth or to relieve pain. It does not cover fillings or routine dental exams. There is no upgrade available for dental coverage.

13. What is the "Tail Medical" benefit?

This used to be called the "Follow Me Home" benefit and it keeps you covered in certain cases after you return to your Home Country. It covers medical expenses from a covered Injury or Illness that occurred while you were on a CCS program. It's particularly useful should you be medically evacuated and face continuing medical bills from a covered Injury or Illness. This coverage does not apply to a new Injury or Illness you experience once you have returned to your Home Country.

The maximum is \$10,000, which you must use in the forty-five days immediately following the date of your return to your Home Country. Coverage ends forty-five days from the date you return to your Home Country even if the full limit has not been used up. Coverage includes Physician visits, surgery, medicine, hospital stay and ambulance, but not air evacuation that may be desired once you're back home. If you have other insurance, like domestic medical insurance, available on your return, this feature will not apply. This benefit is in excess of any other valid and collectible insurance. There is no upgrade available for the "Tail Medical" benefit.

14. How much coverage is available for Emergency Medical Evacuation and how does it work?

The policy pays 100% of covered emergency medical evacuation expenses. Emergency Medical Evacuation is used when you become injured or ill and the Physician assisting you recommends that your Illness or Injury requires an Emergency Medical Evacuation to the nearest medical facility where appropriate medical treatment can be obtained or to your Home Country. This can include the costs of a nurse or physician to accompany you, either on a commercial airliner, on a special chartered plane, or other means of transportation.

It is important to note that Emergency Medical Evacuation is subject to the terms and conditions of the policy, which means that coverage exclusions apply. If you are medically evacuated for a reason that is found to be excluded under the policy, the Medical Evacuation expenses become your responsibility. If it is possible that you could be medically evacuated for a reason excluded under this policy, it is advisable to make special provisions for additional coverage.

Note that Emergency Medical Evacuation is done only in serious cases, where your life is threatened or where you face a risk of permanent disability, and used when your health would be threatened by using regular forms of transport.

The decision to medically evacuate, and the determination of whether the evacuation is made to the home country or to a different medical facility, is made based on information from medical professionals working on the case and is implemented by Europ Assistance USA.

The process has to be coordinated by Europ Assistance USA in order to be covered, including medical care, transportation arrangements and travel plans. Do not arrange a Medical Evacuation on your own. Make sure that both Europ Assistance USA and CCS are involved in helping with any medical evacuation plans.

15. Who is Europ Assistance USA and how do I reach them?

Europ Assistance USA used to be called Worldwide Assistance but their service to Core Travel has not changed. Their emergency hotline is available 24 hours a day, 7 days a week. You can call them from **inside the US at 1-866-690-5111**, and collect from **outside the US at 202-659-7776**. If a medical evacuation is required, Europ Assistance USA will arrange for it. They provide the following services:

Medical Assistance – Worldwide medical information, worldwide hospital and physician referral, medical monitoring, mental health counseling, dispatch of physician or specialist, emergency prescription replacement, evacuation or return of remains, and payment guarantee of medical expense

Please note that payment guarantees apply to emergency medical situations only and must be approved by the assistance provider. Medical expense for emergency in-patient admission will be guaranteed in full. Medical expenses for emergency out-patient will be guaranteed in excess of the first \$100 of expenses. Up-front payment by Europ Assistance USA for non-emergencies is not guaranteed. You should be prepared to pay these expenses and submit a claim to the insurance company for them later if necessary.

The assistance provider will provide the service and guarantee payment unless there is clear indication that the situation is not an emergency. The definition of an emergency is “a condition caused by accident or illness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive adequate medical attention would place the health of the person in serious jeopardy.”

Travel Assistance Services – 24-Hour emergency travel arrangements, emergency translation service (for a fee), embassy and consular assistance, lost document assistance, worldwide legal referrals, bail bonds assistance, credit card replacement, lost baggage assistance. For more information about these services, please contact Europ Assistance USA.

16. Who handles my insurance questions and administration?

For questions about Core Travel coverage and upgrade options, you can send an email to administrator@coretravelinsurance.com or telephone at 518-708-4192.

For information about the Core Travel program for CCS volunteers, including detailed explanation of upgrade options, go to www.coretravelinsurance.com. There you can complete an online application and pay for any upgrades. Payment may be made by Visa or MasterCard; payment by check or money order is not accepted. You will be contacted by the administrator if there are any questions about your application or adjustments that need to be made, and you will receive a confirmation of upgrade purchase by email. Premium paid for upgrades, including coverage extension, is not refundable once you have left for the international journey.

All questions about claims should be directed to the insurance company at the contact information listed in question 28.

17. What is the Return of Mortal Remains benefit?

Return of Mortal Remains means the transport of bodily remains or ashes to your Home Country. The process has to be coordinated by Europ Assistance USA in order to be covered.

18. How does the Accidental Death benefit work?

This benefit is paid to a beneficiary of the insured person in the event of death as the result of a covered Injury that occurred while traveling on an expedition. The death has to arise solely as a result of the covered Injury, and within twelve months of the date it occurred. Death that occurs as a result of an Illness is not covered. Disappearance of the insured person is covered. The insurer will need a certificate of death to process a claim.

Volunteers have the option to increase this limit by using the Silver or Gold upgrade plans.

19. How are benefits paid for permanent disability?

A lump sum payment is made to you if you are permanently totally disabled because of a covered Injury. Permanent disablement means that if you are employed, you cannot do any work for which you are, or may become, qualified by reason of education, experience or training. If you are not employed, you cannot perform the normal and customary activities of a healthy person of like age and sex.

In addition to the benefit paid for permanent disability, the insurance policy can also pay a Rehabilitation benefit of \$5,000 and a Home Alteration/Vehicle Adaptation benefit of \$5,000, when special equipment may be required.

Volunteers have the option to increase this limit by using the Silver or Gold upgrade plans.

20. What are the Emergency Reunion/Trip Interruption benefits?

This benefit accommodates three kinds of unexpected travel expenses that arise from a medical emergency while you are traveling outside your home country. These are subject to the conditions specified by the policy.

- 1) **Emergency Reunion – A family member visit to your international location:** If you suffer an injury or sickness while overseas and must be confined to a hospital for at least seven days, the insurer will reimburse the expenses for a Family Member to visit you during your stay in the hospital. This includes transportation and lodging arrangements made in the most direct and economical way and not exceeding the usual level of charges for similar transportation or lodging in the location where the expense is incurred.

Benefits need to be approved in advance by the Insurance Company, and travel arrangements made by Europ Assistance USA.

- 2) **Trip Interruption – You return to your Home Country for your health reasons:** If you are advised by a Physician in writing that you should return to your Home Country before the scheduled completion of your trip for health reasons, but the situation does not require an Emergency Medical Evacuation, this benefit can address your extra traveling expenses. It can reimburse the costs of a one-way economy air and/or ground transportation ticket, up to the limit of coverage provided. This benefit can also pay for your economy transportation costs home should you be medically evacuated to a location other than your home country. The benefit does not cover the expenses of returning to the location of your trip after your recovery.

3) **Trip Interruption – You return to your Home Country for family health reasons:** If a Family Member has died or experienced an unforeseen illness or injury, to a degree that is so disabling that it could reasonably cause a trip to be interrupted, this benefit will reimburse the cost of your one-way economy air and/or ground transportation ticket to return home. The health situation of the family member should be confirmed in writing by a physician who is not related to you or to a family member or by a death certificate. The benefit also responds should there be substantial destruction of your principal residence by fire or weather-related activity. This benefit does not cover the expenses of returning to the location of your trip.

“Family Member” means your parent, parent-in-law, sister, brother, husband, wife, domestic partner, children, or grandparent.

An unforeseen injury is one that happens after the participant has left for the trip overseas. An unforeseen illness is one for which the sick person had not seen a doctor, experienced symptoms or received treatment in the thirty days before coverage became effective under the policy.

See questions 21 and 22 for information on upgrading trip interruption benefits.

Note that when a trip is interrupted due to a covered reason, the Trip Interruption benefit pays for transportation expenses. In some cases the trip cancellation benefit could also be payable, up to the Core limit provided, or to the upgrade limit purchased. For example, if a volunteer must return home early because of the illness of a Family Member, the Trip Interruption expense could reimburse travel expenses up to \$3,000. The trip cancellation benefit could pay up to \$1,000 towards the costs of non-refundable trip payments, or more if you have purchased a voluntary upgrade.

The Trip Cancellation benefit is also triggered when a trip has been purchased but can't be undertaken for covered reasons. See question 26 for more information on the trip cancellation benefit and upgrades.

21. Can I get higher limits of coverage?

You can upgrade to any of the following plans. Any extension of coverage you take before or after your CCS program will also be put into effect at the upgraded level. Rates are based on the length of your program. The per-claim deductible of \$50 applies regardless of upgrade level.

Terms and conditions offered under these plans are the same as provided under “The Core Plan,” but the limits are higher. See the **Upgrade Application** for applicable premiums at www.coretravelinsurance.com.

The benefits and limits of “The Core Plan” are:

Medical Expense	\$50,000
Emergency Medical Evacuation	100% of covered expenses
Home Country Coverage (“Tail Medical”)	\$10,000
Emergency Dental due to	Injury \$1000 or Pain \$250
Accidental Death	\$10,000
Permanent Total Disability	\$10,000
Return of Mortal Remains	100% of covered expenses
Trip Cancellation	\$1,000
Emergency Reunion/Trip Interruption	\$3,000

The limits of coverage for “The Silver Plan” are:

Medical Expense	\$100,000
Emergency Medical Evacuation	100% of covered expenses

Home Country Coverage ("Tail Medical")	\$10,000
Emergency Dental due to Accidental Death	Injury \$1000 or Pain \$250
Permanent Total Disability	\$15,000
Return of Mortal Remains	\$15,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$5,000

The limits of coverage for "The Gold Plan" are:

Medical Expense	\$200,000
Emergency Medical Evacuation	100% of covered expenses
Home Country Coverage ("Tail Medical")	\$10,000
Emergency Dental due to Accidental Death	Injury \$1000 or Pain \$250
Permanent Total Disability	\$25,000
Return of Mortal Remains	\$25,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$10,000

The limits of coverage for "The Diamond Plan" are:

Medical Expense	\$500,000
Emergency Medical Evacuation	100% of covered expenses
Home Country Coverage ("Tail Medical")	\$10,000
Emergency Dental due to Accidental Death	Injury \$1000 or Pain \$250
Permanent Total Disability	\$25,000
Return of Mortal Remains or Cremation	\$25,000
Trip Cancellation	100% of covered expenses
Emergency Reunion/Trip Interruption	\$1,000
	\$10,000

22. Is it possible to buy higher levels of trip interruption only?

Trip interruption levels rise in the Silver and Gold plans. To increase trip interruption coverage volunteers need to buy one of these plans. To determine the level of trip interruption benefit that is right for you, consider the cost of last-minute travel to and from your home and overseas location. Trip interruption covers transportation costs for the traveler or their immediate family that are triggered by qualified health issues during the covered period of overseas travel. For more specific information about trip interruption, go to www.coretravelinsurance.com.

23. Can I obtain coverage for my lost checked baggage and personal property?

Baggage and personal property coverage is not provided under "The Core Plan" but you may purchase it as an upgrade at www.coretravelinsurance.com. Baggage insurance may be purchased before the departure for overseas travel, but not once the trip has begun.

The Company will reimburse you up to \$2,500 per occurrence with a \$50 deductible for replacement of any personal property that is lost or destroyed while the covered person is on his or her trip. Laptops are not covered.

Personal property means personal goods for personal use, adornment or amusement belonging to the insured for which he or she is responsible. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property. The loss must be

reported to police or security authorities within 72 hours of discovery and the insurer will require police or security authority in an incident report.

The insurance company is entitled to make reasonable repairs or salvage efforts to restore the property or to keep the damaged property. The insurer will require valid receipts of replacement goods prior to payment of any benefits.

The insurer will not pay for:

1. More than \$500 with respect to any one article or set of articles
2. Loss or damage due to a) moth, vermin, insects or other animals b) wear and tear; atmospheric or climatic conditions or gradual deterioration or latent defective materials or craftsmanship c) mechanical or electrical failure or inherent vice d) breaking, marring, scratching, wet or dampness, spoilage, being discolored, mold, mildew, rust frost, steam, mishandling, improper packing, improper stowage or rough handling e) any process of cleaning, restoring, repairing or alteration
3. More than a reasonable proportion of the total value of the set where the loss or damaged article is the part of a set or pair
4. Devaluation of currency or shortages due to errors or omissions during monetary transactions
5. More than \$500 with respect to cash
6. Any loss due to confiscation or detention by customs or other authority
7. Any loss due to war, declared or undeclared or any act thereof
8. Laptop computers
9. Firearms, ammunitions, holsters, firearm paraphernalia
10. Motor vehicles, including motorcycles and mobile equipment

The insurer will not pay for eyeglasses, contact lenses and hearing aids, nor will they pay for breakage of glass unless the breakage is the direct result of a covered loss.

24. What are the general exclusions to this insurance policy?

Note - Coverage won't be provided for any benefit provided under this insurance policy that is caused by or results from:

- Pre-existing conditions. This means that expenses arising from an Injury or Illness for which a person has, manifested symptoms, sought medical treatment, received medical treatment or advice, or taken prescribed drugs or medicine in the 30-day period immediately preceding the dates of travel are not covered
- Expenses that are payable by any other form of insurance, including expenses covered by an employer or government sponsored plan
- Expenses arising from Injuries or Illnesses that occur in your Home Country
- War risk activity in the countries specified in question 26
- Intentionally self-inflicted Injury; suicide or attempted suicide
- Pregnancy, childbirth. There is a limited emergency benefit for expenses due to pregnancy.
- Air travel other than as a fare-paying passenger of a scheduled commercial or scheduled charter flight, including piloting or serving as a crew member
- Active participation in riot, or insurrection or commission of, or attempt to commit a felony, an assault or any other criminal activity
- Routine physicals
- Routine dental care and treatment
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury

- Services, supplies or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature
- Routine nursery care
- Eye refraction or eye examinations for the purpose of prescribing corrective lenses or the fitting thereof; eyeglasses, corrective lenses, and hearing aids
- Treatment or service provided by a private duty nurse
- Under the Accidental Death & Dismemberment benefit, which responds to accidental injury only, there is an exclusion for sickness, disease or infection of any kind except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning
- Treatment by any immediate family member or member of the Covered Person's household

25. Which sports does this policy cover?

Sports are fully covered under this policy.

26. How does the Trip Cancellation Benefit work?

The cancellation benefit can reimburse you for the amount you paid for your trip, in excess of any refund available, up to the \$1000 limit that is automatically provided under the Core Plan. The benefit responds if you are prevented from taking your trip, or if the trip is interrupted as the result of a covered event that happens to you or to a Family Member. "Family Member" means your parent, parent-in-law, sister, brother, husband, wife, domestic partner, children, or grandparent.

This coverage will take effect once your program fee, and any upgrade, has been paid in full. It cannot be purchased after you have begun any part of your international journey. If cancellation occurs after you have paid for the trip but before it begins, this benefit will apply in excess of any refund available from CCS. If the trip is cancelled once you have departed, the insurer will reimburse according to the following percentages: 100% reimbursement for trips cancelled during the first one-third of the trip, 66% for cancellations during the second third of the trip, and 33% reimbursement for cancellations during the final third of the trip. The maximum benefit payable under the Core Plan is \$1,000, so in order to fully protect the cost of your trip you must purchase additional insurance, such as the voluntary upgrade.

If you would like higher limits of coverage, upgrades are available for limits up to \$2,000, \$3,000, \$4000, or \$5000. See the **Upgrade Application** at www.coretravelinsurance.com for premiums. You must purchase upgrades before or at the same time as you book your CCS trip. These higher levels of coverage are subject to the same prorated percentages as listed in the previous paragraph.

Cancellation coverage can be triggered by the following covered events:

- Death of a Family Member
- An Injury or medical condition (whether or not death results) requiring you or a Family Member to receive treatment by a licensed Physician who advises cancellation of the trip in writing. This licensed Physician may not be a Family Member of yours, or a Family Member of the person whose condition caused the cancellation or interruption. An actual examination or visit must take place before the cancellation is made, and you must notify CCS of your cancellation within 72 hours of the visit, unless the condition prevents it, and then as soon as possible. Failure to do so may result in a claim payment which is less than the penalty imposed for cancellation
- Substantial destruction of your principal residence by fire or weather-related activity

Note that this cancellation benefit is not as broad as many of those found on some travel insurance policies. It primarily responds to medical reasons for cancellation. Coverage, for example, does not apply if your travel

provider goes bankrupt or if the airline goes on strike. You will need to obtain a different insurance policy to address these kinds of cancellation losses. For more information about the trip cancellation benefit, go to www.coretravelinsurance.com

The Cancellation benefit differs from Trip Interruption benefit because the Trip Interruption benefit covers transportation costs only. Some trips that are interrupted may be eligible both for a Trip Interruption benefit and a Trip Cancellation benefit. See question 20 for more information on Trip Interruption.

27. How does this coverage address War Risks?

Coverage is provided worldwide for war risks except for the following countries: Afghanistan, Chad, Chechnya, Democratic Republic of Congo, Iraq, Iran, Israel, Ivory Coast, Lebanon, Somalia and Sudan. In addition, no war risk coverage is payable in the United States or in the covered person's country of citizenship.

28. How do I make a claim under this policy?

You need to send a completed claim form and original medical bills within 90 days to HSR, the claims administrator for your insurance company. At your request, and of course subject to coverage, they will either compensate the medical provider directly, or reimburse you if you have already paid the bill.

Mail claims to:
Health Special Risk
HSR Plaza II
4100 Medical Parkway
Carrollton, Texas 75007-1517

The email address is StarrClaims@HSRI.com

The toll free telephone number for Starr Accident & Health claims is 866-345-0974. The fax number is (972) 512-5820.

This is a summary of the policy coverage. In the event of a claim, the full policy wording will apply. For a full description on these benefits, including policy limitations, waiting periods, and other benefit requirements, please refer to the master policy available at CCS.