

# Purchased on your behalf by MTS

## MEDICAL PROTECTION PLAN

STONEBRIDGE CASUALTY INSURANCE COMPANY

TRAVEL INSURANCE CERTIFICATE

Policy Number: MZ0911026H0002A

### DESCRIPTION OF COVERAGES

Schedule: Mountain Travel Sobek **Maximum Benefit Amount**



#### PART A. MEDICAL PROTECTION

Emergency Evacuation/Repatriation .....	\$25,000
Accident Medical Expense .....	\$5,000
Sickness Medical Expense .....	\$5,000



#### PART B. WORLDWIDE EMERGENCY ASSISTANCE (ON CALL INTERNATIONAL)

CareFree™ Travel Assistance .....	24/7
Medical Assistance .....	24/7
Emergency Services.....	24/7

*The benefits provided in this program are subject to certain restrictions and exclusions, including the Pre-Existing Condition Exclusion. Please read this brochure in its entirety for a complete description of all coverage terms and conditions.*

### SUMMARY OF COVERAGES



#### PART A. MEDICAL PROTECTION

##### Medical Expense/Emergency Assistance Benefits

We will pay this benefit, up to the amount in the Schedule, for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Tour; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

##### Covered Expenses:

##### Accident Medical Expense/Sickness Medical Expense:

- 1) expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services incurred by you within one year from the date of your Sickness or Injury;

- 2) expenses for emergency dental treatment incurred by you;

**Emergency Evacuation:**

- 3) expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
- 4) expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
- 5) expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
- 6) expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence, including escort expenses if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;
- 7) expenses for one-way economy class air fare to your place of residence from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;

**Repatriation:**

- 8) repatriation expenses for preparation and air transportation of your remains to your place of residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while on your Covered Tour.

**In Part A, we will not pay for any loss caused by or resulting from a Pre-Existing Condition as defined below.**

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you:

- 1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
- 2) took or received a prescription for drugs or medicine.

Item 2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or

change in the required prescription throughout the 60-day period before coverage is effective under this Policy.

If you have any questions concerning this exclusion, please call BerkelyCare at 1-877-892-7946 for further clarification.



## **PART B. WORLDWIDE EMERGENCY ASSISTANCE**

Not a care in the world... when you have our 24/7 global network to assist you on your travels.

- **CareFree™ Travel Assistance**
- **Medical Assistance**
- **Emergency Services**

### **CareFree™ Travel Assistance**

#### Travel Arrangements

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Hotel finder and reservations
- Airport transportation
- Rental car reservations and automobile return
- Coordination of travel for visitors to bedside
- Return travel for dependent/minor children
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Assistance with bail bonds

#### Pre-Trip Information

- Destination guides (hotels, restaurants, etc.)
- Weather updates and advisories
- Passport requirements
- Currency exchange
- Health and safety advisories

#### Documents and Communication

- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Emergency message relay service
- Multilingual translation and interpretation services

### **Medical Assistance Services**

- Medical case management, consultation and monitoring
- Medical Transportation
- Dispatch of a doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories, and immunization requirements
- Prescription drug replacement
- Replacement of eyeglasses, contact lenses and dental appliances

## Emergency Services

- Emergency evacuation
- Repatriation of mortal remains
- Emergency medical and dental assistance
- Emergency legal assistance
- Emergency medical payment assistance
- Emergency family travel arrangements

CareFree™ Travel Assistance, Medical Assistance and Emergency Services can be accessed by calling On Call International at 1-800-618-0692 or, from outside the U.S. or Canada, call collect\*: 1-603-898-2679.

*\* If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.*

Note that the problems of distance, information, and communications make it impossible for Stonebridge Casualty Insurance Company, BerkelyCare, Mountain Travel Sobek, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.

## DEFINITIONS

In the certificate, “you”, “your”, and “yours” refer to the Insured. “We”, “us”, and “our” refer to the company providing the coverage. In addition, certain words and phrases are defined as follows:

**“Accident”** means a sudden, unexpected, unintended, and external event which causes Injury.

**“Covered Tour”** means a period of travel away from Home to a destination outside your city of residence; the purpose of the Tour is business or pleasure and is not to obtain health care or treatment of any kind.

**“Domestic Partner”** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**“Elective Treatment and Procedures”** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal or a state or local government authority or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Home”** means your primary or secondary residence.

**“Hospital”** means an institution which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24-hour medical care, diagnosis, and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24-hour call or duty; and 5) the care must be given either on the hospital’s premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation, or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing, or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward, or other section of a hospital used for such purposes).

**“Immediate Family Member”** includes your or the Traveling Companion’s spouse, child, spouse’s child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, or ward.

**“Injury”** means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**“Insured”** means an eligible person who arranges a Covered Tour and pays any required plan payment.

**“Insurer”** means Stonebridge Casualty Insurance Company.

**“Other Valid and Collectible Group Insurance”** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental, or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association, or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**“Physician”** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

**“Policy”** means the contract issued to the Policyholder providing the benefits specified herein.

**“Policyholder”** means the legal entity in whose name this Policy is issued, as shown on the benefit Schedule.

**“Program Medical Advisors”** means On Call International.

**“Schedule”** means the benefit schedule shown on the Certificate for each Insured.

**“Scheduled Departure Date”** means the date on which you are originally scheduled to leave on your Covered Tour.

**“Scheduled Return Date”** means the date on which you are originally scheduled to return to the point where the Covered Tour started or to a different final destination.

**“Sickness”** means an illness or disease of the body which: 1) requires examination and treatment by a Physician; and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

**“Traveling Companion”** means a person with you on the same Trip arrangement and who, during the Trip, will accompany you.

**“Tour”** means a trip for which coverage has been elected and the plan payment paid, and all travel arrangements are arranged by Mountain Travel Sobek prior to the Scheduled Departure Date of the trip. Also covered by this definition are any direct round-trip air flights booked by others, to and from the scheduled Covered Tour departure and return cities, provided the dates of travel for the air flights are within 7 total days of the scheduled land tour or cruise dates.

**“Usual and Customary Charge”** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile.

## **GENERAL PLAN EXCLUSIONS**

### **IN PART A:**

**We will not pay for any loss or expense caused by or incurred resulting from a Pre-Existing Condition**, as defined in the plan. This exclusion does not apply to benefits under covered expenses emergency medical evacuation or repatriation of remains of the Medical Expense/Emergency Assistance Benefits coverage.

### **IN PART A:**

**We will not pay for any loss under the plan, caused by or resulting from:** 1) mental, nervous, or psychological disorders, except if hospitalized; 2) being under

the influence of drugs or intoxicants, unless prescribed by a Physician; 3) normal pregnancy, except if hospitalized; or elective abortion; 4) declared or undeclared war, or any act of war; 5) service in the armed forces of any country; 6) operating or learning to operate any aircraft, as pilot or crew; 7) any unlawful acts committed by you; 8) any amount paid or payable under any Worker's Compensation, Disability Benefit, or similar law; 9) Elective Treatment and Procedures; 10) medical treatment during or arising from a Covered Tour undertaken for the purpose or intent of securing medical treatment; 11) a loss that results from an illness, disease, or other condition, event, or circumstance which occurs at a time when the plan is not in effect for you.

## TERM OF COVERAGE

### When Coverage Begins

All coverages elected by or provided to you will take effect on the later of: 1) the date the plan payment has been received; 2) the date and time you start your Covered Tour; or 3) 12:01 AM Standard Time on the Scheduled Departure Date of your Covered Tour.

### When Coverage Ends

Your coverage automatically ends on the earlier of: 1) the date the Covered Tour is completed; 2) the Scheduled Return Date; 3) your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Tour covered by the plan.

If your air arrangements are not booked by Mountain Travel Sobek and are greater than 7 total days before and/or after your land or water travel arrangements, you will also be covered for post-departure benefits under Part A on the day(s) you are flying to/from your destination.

## CLAIMS PROCEDURE

- 1) EMERGENCIES ARISING DURING YOUR TRIP:** Please refer to Part B. Worldwide Emergency Assistance.
- 2) ALL CLAIMS:** Report your claim as soon as possible to BerkelyCare. Provide the policy number above, your travel dates, and details describing the nature of your loss. Upon receipt of this information, BerkelyCare will promptly forward you the appropriate claim form to complete.

**BerkelyCare, P.O. Box 9022,  
Jericho, NY 11753  
1-877-892-7946 or 1-516-342-2720  
Office Hours: 8 AM – 9 PM ET,  
Monday – Friday  
9 AM – 5 PM ET, Saturday  
[www.travelclaim.com](http://www.travelclaim.com)**

**IMPORTANT:** In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or Sickness occurred; receipts for medical services and supplies; receipts from the Hospital. You must receive initial treatment within 90 days of the Accident which caused the Injury or the onset of the Sickness.

**This program was designed for  
Mountain Travel Sobek Passengers by:**



**BerkelyCare<sup>SM</sup>**

Travel Industry Insurance

This plan was designed and is administered by BerkelyCare<sup>SM</sup>.

IN CALIFORNIA: BerkelyCare<sup>SM</sup> is a service mark of Aon Direct Insurance Administrators, CA Insurance License #0795465.

IN ALL OTHER STATES: BerkelyCare<sup>SM</sup> is a division of Affinity Insurance Services, Inc. in all states other than CA, except: AIS Affinity Insurance Agency, Inc. in MN and OK and AIS Affinity Insurance Agency in NH and NY.

**For additional information regarding the plan,  
call Berkely Care at 1-877-892-7946  
or 1-516-342-2720**

**Office Hours: 8 AM – 9 PM ET, Monday – Friday  
9 AM – 5 PM ET, Saturday  
Ask for the Mountain Travel Sobek  
Medical Protection Plan Help Line**

### **GENERAL PROVISIONS**

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

### **CLAIMS PROVISIONS**

**Payment of Claims** Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate or, if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

This plan is underwritten by: Stonebridge Casualty Insurance Company.

Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC #10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN, and TX, Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA, and WY, Policy Form #'s TAHC5100IPS and TAHC5200IPS.

If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA or WY) your plan is provided on an individual form. You can request a copy of your certificate by calling BerkelyCare at 1-800-453-4090.

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