



## Accident and Sickness Benefits for Catholic University of America

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

**Class Description:** All United States citizens, permanent residents of the United States and international students in the United States who are enrolled as students of the Participating Organization, or who are approved affiliated students from other educational institutions, and are temporarily participating in activities sponsored by the Participating Organization while outside of the United States and their Home Country.

Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Policy is issued) are also covered, if they are traveling with you.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. 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. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

**Term of Coverage:** This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). "Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

### Covered Activities:

**Educational Travel** - We will pay the benefits described only if you suffer a loss or incurs 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) engaging in educational activities sponsored by the Policyholder.

**Exposure & Disappearance** - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

**Personal Deviation** – The Covered Accident or Sickness must take place during a Personal Deviation while on a Trip covered by the Policy.

"Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

## Description of Benefits

**Scope of Coverage for Medical Expense Benefits:** Coordination of Benefits

**Medical Expense Benefits** - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date your Trip ends, or 52 weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits for you is \$100,000; for your spouse is \$100,000; and for your children is \$100,000 subject to a Deductible of \$0 per Covered Accident or Sickness.

Maximum for Preexisting Conditions:	treated as any other medical condition
Maximum for Dental Treatment (Injury Only):	\$150 per tooth
(Alleviation of Pain):	\$500 per policy term
Maximum for Emergency Medical Treatment of Pregnancy:	Treated as any other Medical Condition
Maximum for Room & Board Charges:	Average semi-private room rate
Maximum for ICU Room & Board Charges:	Two (2) times the average semi-private room rate
Maximum for Chiropractic Care:	80% up to \$50 per visit, to a maximum of 10 visits
Maximum for Mental and Nervous Disorders:	
Inpatient:	15 Days
Outpatient:	\$300
Maximum for Newborn Nursery Care:	\$500
Maximum for Prescription Drugs:	
Inpatient Co-insurance:	100%
Outpatient Co-insurance:	100%

Other limitations, if any, may apply as shown in the Policy.

#### Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

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; and 3) for charges incurred for services rendered to you while on a covered Trip.

**Emergency Medical Benefits** - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling on a covered Trip. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would

not have been made if there were no insurance. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**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) you suffer 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 authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

**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 authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Emergency Reunion Benefit** - We will pay up to \$12,500 for expenses incurred to have your Family Member accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for you to have a Family Member at your side; or 2) the victim of a Felonious Assault. The 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.

In the event that you die as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to \$2,500, for a Family Member to accompany your mortal remains.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed \$300 per day up to 10 days.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

"Family Member" means your parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

**Trip Interruption Benefit** - We will reimburse the cost of a round-trip economy air and/or ground transportation ticket for your Trip, up to \$2,500 if your Trip is interrupted as the result of: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of you or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3) a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or 4) substantial destruction of your principal residence by fire or weather related activity. "Family Member" means your parent, sister, brother, spouse, child, grandparent, or in-law.

**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 \$10,000. Your spouse's Principal Sum is \$10,000. Your child's Principal Sum is \$10,000. 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**

<b>Covered Loss</b>	<b>Benefit Amount</b>
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.....	75% 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.

**Age Reduction Schedule** - The amount payable for a loss will be reduced if you are age 70 or older on the date of the Covered Accident causing the loss. The amount payable for your loss is a percentage of the amount that would otherwise be payable, as shown below.

<b>AGE ON DATE OF COVERED ACCIDENT</b>	<b>PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE</b>
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for you at age 70 or older is based on 100% of the coverage that would be in effect if you were under age 70. "Age" as used above refers to your age on your most recent birthday.

**Aggregate Limit** (Applicable to AD&D Benefits only) - We will not pay more than \$1,000,000 for all losses. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

**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. (applicable to AD&D benefits only)
- 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.
- 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 accident benefits only).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- commission of or active participation in a riot or insurrection.

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 and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- 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 Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- 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.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- 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.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- 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.
- Injury sustained while participating in professional or semi-professional sports.
- 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.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from off-road motorcycling; scuba diving; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; or automobile racing or automobile speed contests.

If We determine the benefits paid under the Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement.

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: "Country of Permanent Assignment"** means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 180 continuous days. **"Country of Permanent Residence"** means a country or location in which you maintain a primary permanent residence. **"Covered Accident"** means an accident that occurs while coverage is in force for a Covered Person and results directly 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. Home Country also includes your Country of Permanent Assignment or Country of Permanent Residence. **“Injury”** means accidental bodily harm sustained by a Covered Person 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. **“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **“Trip”** means travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must notify ACE USA 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, the Policyholder, and the Policy Number.

Policy Number: GLM N04951049, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Contact Information:** For customer service, eligibility verification, plan information, or to file a claim, contact: **Administrative Concepts, Inc. (ACI)** at 1-888-293-9229 (from inside the U.S.) or 610-293-9229 (from outside the U.S.); fax 610-293-9299 for claims or inquiries or e-mail [www.visit-aci.com](http://www.visit-aci.com). Mail claims to: 994 Old Eagle School Rd., S. 1005, Wayne, PA 19087-1706.

#### IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (“PPACA”). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA.

ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

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.

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 the FrontierMEDEX 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](mailto: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.

- **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 return home due to a Trip Interruption 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.*

**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:**

- o The toll-free for Israel line is not available from payphones and there is a local access charge.
- o The toll-free for Italy, Vatican City and San Marino number has a local charge for access.
- o The toll-free for Japan is only available from touchtone phones (including payphones) equipped for International dialing.
- o If dialing the toll-free access number for Mexico from a payphone, the payphone must be a La Datel payphone.