



# CARIBBEAN AMERICAN PLAN

Underwritten by Certain Underwriters  
at Lloyd's, London through the  
**WORLDWIDE MEDICAL TRUST**

## SCHEDULE OF BENEFITS

<b>Coverage</b>	Worldwide - This policy will pay for medical incurred charges based on Usual, Reasonable and Customary arising out of bodily injury or sickness less the selected deductible for the country where treatment occurred.
<b>Eligibility</b>	Acceptance: anyone under 75 years old; students up to age 24 as dependents
<b>Insured Amount</b>	Up to US\$ 5,000,000 per Assured for life with up to a maximum of US\$1,000,000 of incurred charges per Assured, per Certificate Year. At age 70, the lifetime amount will reduce to US\$ 3,000,000 and the per Assured, Certificate Year maximum will reduce to US\$ 250,000.
<b>Annual Deductible per Assured</b>	Choice of: US\$ 250; US\$ 500; US\$ 1,000; US\$ 2,000; US\$ 3,000; US\$ 5,000; US\$ 10,000.
<b>Co-Insurance</b>	<b>Co-Insurance:</b> 20% of the first US\$ 5,000 per Assured if treatment rendered outside Latin America or the Caribbean. An increase in the Co-Insurance will apply to any Assured who is NOT admitted to an Optima Network Hospital. The amount the Assured will be responsible for will be an additional 40.00% of covered charges after the Deductible and Co-Insurance have been applied. Co-Insurance will apply for accidents and emergencies that are treated outside Your Country of Residence and not in an Optima Network Hospital and will be paid after Your Deductible at 90.00% of Usual, Reasonable and Customary charges. This benefit is limited up to a maximum of US\$ 100,000 and the Assured must be admitted to a Hospital for at least 48 hours for this benefit to apply.
<b>Waiting Period</b>	90 days; immediate coverage given for accidents and contagious diseases
	10 months for maternity coverage. (This Waiting Period is not waived even if an international policy existed prior to this coverage.)
	90-day wait is waived if an international policy existed for a period of at least 12 months prior to this coverage and the international policy did not expire before a period of 30 days or more prior to the effective date of this insurance. Coverage for this waiver will be limited to the lesser of benefits provided by this certificate or the prior policy.

### Hospitalization Coverage: Covered Charges & Covered Services

	<b>Limits</b>
Cost of private room and board (maximum 180 days per Certificate Year, not to exceed US\$ 700 per day)	US\$ 126,000* per Assured
Cost of private room and board (maximum 180 days per Certificate Year) NO DAILY LIMIT if admitted to a Super Special Hospital plus REDUCTION in Deductible and Co-Insurance.	NO DAILY LIMIT per Assured if in a Super Special Hospital 100% of Usual, Reasonable & Customary
Cost of room and board at the Hospital for a parent accompanying an Assured child under 18 years of age. Maximum US\$ 250 per day	US\$ 45,000 Maximum per Year
Cost of intensive care (maximum 100 days per Certificate Year, not to exceed US\$ 1,500 per day)	US\$ 150,000* per Assured
Cost of intensive care (maximum 100 days per Certificate Year) NO DAILY LIMIT if admitted to a Super Special Hospital plus REDUCTION in Deductible and Co-Insurance.	NO DAILY LIMIT per Assured if in a Super Special Hospital 100% of Usual, Reasonable & Customary
Cost of room and board at the Hospital for a parent accompanying an Assured child under 18 years of age. Maximum US\$ 250 per day	US\$ 25,000 Maximum per Year
<b>* These sums are the maximum benefit that will be paid if the Assured IS NOT admitted to a Super Special Hospital. This benefit will be subject to the Deductible and Co-Insurance.</b>	
Physician fees, diagnostic tests (laboratory, imagenology), treatment and supplies, administered while the Assured is registered as an Inpatient in a Hospital	100% Usual, Reasonable & Customary per Assured

<b>Maternity and Health Newborn</b>	
Cost of vaginal delivery, including pre-natal consultations, birth and post-natal care:	US\$ 4,000 Per Pregnancy
Caesarean delivery is covered as an operation if medically necessary:	US\$ 10,000 Per Pregnancy
Elective Caesarean is covered as a vaginal delivery:	US\$ 4,000 Per Pregnancy
Mother and Father must be covered continuously on this certificate for at least 10 months to be eligible for this benefit. NO DEDUCTIBLE WILL BE APPLIED ON CERTIFICATES WITH DEDUCTIBLES UP TO US\$ 1,000.	
Any medical complication related to the pregnancy for the mother only during pregnancy, labor, delivery and a maximum of six (6) weeks post partum:	US\$ 30,000 per Pregnancy

<p><b>Newborn Coverage for Congenital Disorders or Illnesses, Hereditary Conditions and Premature Birth</b>  All cost of treatment relating to birth defects, Congenital Disorders or Illnesses, hereditary conditions and premature birth for the first six (6) months after birth if born under a covered Maternity. <i>See Provisions and Definitions for adding a newborn to this policy.</i>  The newborn is covered automatically for the first forty-five (45) days after birth if born under a covered Maternity. To continue coverage beyond forty-five (45) days the newborn must be added to the policy within forty-five (45) days after birth.</p>	<p>US\$50,000 Maximum benefit  All Inclusive</p>
<p><b>Congenital Disorders or Illnesses, Hereditary Conditions and Premature Birth</b> (Coverage if newborn is added to this policy during the first forty-five (45) days and born under a covered Maternity)  Coverage beyond six (6) months after birth, for the cost of treatment relating to birth defects, Congenital Disorders or Illnesses, hereditary conditions and premature birth. <i>See Provisions and Definitions for adding a newborn to this policy.</i></p>	<p>US\$200,000 Lifetime Maximum  All Inclusive</p>
<p><b>Congenital Disorders or Illnesses</b>  Coverage for Congenital Disorders or Illnesses are covered if first manifesting after any respective Assured's eighteenth (18) birthday and while said Assured is covered under this Certificate. Congenital Disorders or Illnesses will then be covered as any other illness.</p>	
<p><b>Home Nursing and Hospice Covered Charges &amp; Covered Services</b></p>	
<p>The cost of medically necessary and prescribed home nursing by a registered nurse at home or a Hospice. Home nursing or Hospice must be approved by the Administrator prior to any services received – not to exceed US\$300 per day all costs included (Maximum 30 days per year)</p>	<p>US\$ 9,000 Maximum per Assured</p>
<p><b>Human Organ Transplants: Covered Charges &amp; Covered Services</b></p>	
<p>Costs of procedures performed for Organ Transplant. Does not cover cost of maintenance or transport of the organ.</p>	<p>US\$ 300,000 Maximum per Assured  All Inclusive</p>
<p><b>Hospital/Clinic Inpatient or Outpatient Benefit: Covered Charges &amp; Covered Services – DEDUCTIBLES APPLY</b></p>	
<p>Cancer treatment and related tests including Radiation or Chemotherapy administered as an <b>Inpatient or Outpatient</b> if treatment is rendered at one of the Administrator's dedicated facilities.   Cancer treatment and related tests including Radiation or Chemotherapy administered as an <b>Inpatient or Outpatient</b> if treatment is NOT rendered at one of the Administrator's dedicated facilities.</p>	<p>UP TO COVERAGE LIMITS  per Assured   US\$ 4,000 per month All Inclusive  US\$ 40,000 Maximum per certificate, per year</p>
<p><b>Reconstructive Surgery</b></p>	
<p>Cost of medically necessary Reconstructive Surgery (Inpatient or Outpatient) following a covered Surgery or Accident Injury and within twelve (12) months of the covered Surgery or Accident Injury occurrence</p>	<p>US\$ 20,000 Lifetime per Assured</p>
<p><b>Hospital and Clinic Outpatient Benefits:</b></p>	
<ul style="list-style-type: none"> <li>- Cost of office visit to a Physician or Psychiatrist - US\$ 80 per visit (maximum 30 per Certificate Year)</li> <li>- Treatment costs of Chiropractors or Physiotherapists – US\$ 80 per treatment (maximum 30 per Certificate Year)</li> <li>- The cost of CAT scans, MRI scans and Echocardiogram</li> <li>- The cost of Endoscopy, i.e. Gastroscopy, Colonoscopy and Cystoscopy; biopsy</li> <li>- Special diagnostic tests, i.e. Sleep Apnea Study, Stress Test</li> <li>- The cost of one routine Mammogram per Certificate Year for female Assureds (This benefit is not available until after the first annual anniversary)</li> <li>- The cost of one routine PSA test per Certificate Year for male Assureds (This benefit is not available until after the first annual anniversary)</li> <li>- The cost of X-Rays</li> <li>- Laboratory tests</li> <li>- The cost of emergency room treatment due to an Accident or Sickness, per Assured:</li> <li>- The cost of emergency dental treatment due to an Accident following a Hospitalization within 72 hours of such Accident, per Assured:</li> <li>- Prescription drugs as prescribed by a Physician to an Assured person</li> <li>- The cost of one Health Check-up. This benefit is not available until after the first anniversary of the Certificate and is applicable to the Main Assured and spouse only:</li> <li>- Durable medical equipment ordered by a physician as outpatient or for home use</li> </ul>	<p><b>ANNUAL CERTIFICATE MAXIMUM FOR ALL OUTPATIENT BENEFITS IS US\$ 6,000</b></p> <p>US\$ 2,400 Maximum per Assured  US\$ 2,400 Maximum per Assured  US\$ 600 per exam, per Assured  US\$ 600 per exam, per Assured  US\$ 600 per exam, per Assured  US\$ 100 – No Deductible  US\$ 100 – No Deductible  US\$ 250 per exam, per Assured  US\$ 200 per exam, per Assured  Up to benefit limit  Up to benefit limit  US\$ 500 Maximum per Certificate Year  US\$ 150 per Assured, per Certificate Year- No Deductible  US\$ 400 per Assured</p>
<p><b>Dialysis and Other Prescription Drug Benefits:</b></p>	
<ul style="list-style-type: none"> <li>- Dialysis</li> <li>- Prescription drug charges are covered outside of Hospital if first prescribed during Hospitalization or after Outpatient Surgery and are covered for a period of 6 months after discharge from Hospital or after Outpatient surgery</li> </ul>	<p>100% of Usual and Customary  Per Assured</p>

**Outpatient Surgery:**

The cost of Outpatient surgery in a Hospital or Clinic or Physician's office.	US\$10,000 Maximum per Certificate
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**Emergency Transportation:**

Cost of emergency Ground Transportation incurred necessarily in connection with the events covered by this insurance in the country where the event occurs.	100%
Cost of emergency Air Transportation and related expenses (as below) for the transfer to the nearest center where adequate medical facilities exist. (Must be medically necessary). The Administrator retains the right to dictate the Hospital to which the Assured person shall be transported. <i>See Certificate Provisions and Definitions for full details.</i>	US\$ 50,000 Maximum per Assured per year. In Latin America – 100%
Cost of transporting the body or ashes of a deceased Assured person to the usual Country of Residence or country of nationality.	100%

**Temporary Emergency Coverage:**

During the process of issuance of the certificate, all proposed Assureds will be covered for medical expenses incurred caused by accidental physical injury. This benefit is subject to the selected Deductible & Co-Insurance. <i>See page 4 of the Certificate for full details.</i>	US\$ 25,000 Maximum per Certificate
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**Deductibles and Co-Insurance:**

1. Deductible: The selected Deductible will apply per Assured per Certificate Year. Maximum of two deductibles if more than two Assureds on this certificate.
  2. Co-Insurance: Co-Insurance of 20% will be applied to the first US\$ 5,000 of any claims incurred outside Latin America or the Caribbean. This 20.00% Co-Insurance does not apply in Latin America or the Caribbean. Co-Insurance of 40% will be applied to covered charges outside Latin America or the Caribbean and not in an Optima Network Hospital after the Deductible and Co-Insurance have been applied.
- Emergency Treatment incurred anywhere in the World except the USA, Latin America or the Caribbean will be paid, after the Deductible, at 90% of covered charges or Usual and Customary whichever is the lesser. Claims occurring in a Super Special Hospital will receive a REDUCTION of up to US\$1,000 from the Assureds Deductible and up to US\$ 1,000 from the Co-Insurance.

**Additional Benefits**

1. For care in a Super Special Hospital the following additional benefits are granted:
  - a) Reimbursement of airfare up to a maximum of US\$ 500 if care is received in a Super Special Hospital and the claim is payable according to the certificate benefits.
  - b) Discount of up to 50% for treatment of declared pre-existing conditions excluded in this insurance.
2. Children aged 0 to 10 pay NO premium.
3. US\$ 250.00 discount when two or more adult Assureds are covered under the same certificate
4. Specific medications or treatment used as an alternative to Inpatient care will be covered when approved in advance in writing by the Administrator. To be approved, a copy of the prescription or type of care must be submitted to the Administrator in advance. Original itemized receipts must accompany any claims.

**Emergency Air Transportation**

Daily lodging cost of one companion during treatment of the Assured US\$ 100 per day for a maximum of 5 days. Cost of economy airfare of one companion accompanying the Assured.

Cost of return journey by economy airfare for the Assured only, if certified as being fully recovered.

The Administrator, American Medical services, or its designee, will retain the right to decide the place for the treatment.

This coverage is subject to:

- 1.- The Assured complies with the Administrator's, American Medical Services, or its designees' instructions.
- 2.- The treatment necessary is not available in the country where the event occurred.

**Accidental Loss of Use Coverage:**

If the Main Assured or spouse (if insured on this certificate) loses the Use of: 1) One Hand, or 2) One Foot, or 3) One Arm, 4) One Leg, or 5) Sight of Both Eyes due to an accident during the time that this Certificate is in force. <i>See Certificate Provisions and Definitions for full details.</i>	US\$3,000 per Month, Maximum 36 months
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## General Policy Provisions

### INSURING AGREEMENT

The Underwriters promise to pay You, the Assured, the benefits provided by this certificate. All benefits are subject to the Master Policy, Evidence of Insurance, Certificate of Insurance, Schedule of Benefits, Certificate Provisions and Definitions, General Conditions, General Exclusions, Specific Exclusions, Organ Transplant Section, and any Amendments or Endorsements.

### CONSIDERATION

The initial premium does not constitute the automatic acceptance of the application nor the admission into the insurance. The acceptance of an applicant is reliant upon the Underwriters' underwriting criteria. In case the application is declined, the Underwriters' responsibility is limited to a written notification to the applicant and the total reimbursement of the paid premium. The certificate will be issued, if accepted by the submission of the application and payment of the initial premium. Premiums must be paid in U. S. dollars.

### REPRESENTATION

The broker/agent that sold this insurance is the representative of and is acting on behalf of the Assured and not Underwriters or Morgan-White Administrators International Inc. Neither the Underwriters nor Morgan-White Administrators International Inc. can be held liable for any circumstance if the broker/agent, who sold this insurance, fails now or in the future to transmit or communicate any documentation or funds from Morgan-White Administrators International Inc., to the Assured and/or any documentation or funds from the Assured to Morgan-White Administrators International Inc.

### COMMENCEMENT OF COVERAGE

Insurance coverage is provided after the application has been reviewed and accepted, the certificate issued, and the premium has been paid to the Underwriters in accordance with the mode of payment specified on the Certificate of Insurance page.

### TEN DAY RIGHT TO RETURN POLICY

If for any reason You are not satisfied with this certificate or any amendment/endorsement that has been added and made a part of this certificate, You may return it to Morgan-White Administrators International Inc., (hereinafter referred to as the Administrator) within 10 days after you receive it. You must return it to the Administrator by mail or to the agent who sold it. Then the Administrator will refund any premium paid and the certificate will be deemed void, just as though no certificate had been issued.

### EFFECTIVE DATE

This certificate begins at 12:01 a.m. Standard Time at Your residence on the certificate "Effective Date" shown in the Certificate of Insurance. It ends at 12:01 a.m. on the date any renewal premium is due.

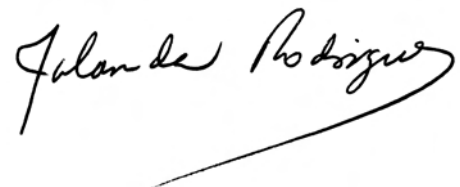
### IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Please read the copy of the application which is a part of this certificate. Check to see if any medical history has been omitted. Write to the Administrator within ten (10) days if any information shown is incorrect or incomplete. The Underwriters cannot distinguish between intentional and involuntary omissions. Consequently, any error or omission of any nature could cause the rescission of the certificate or the cancellation of all benefits assigned to the Assured under this Contract. This certificate is issued on the basis that the answers to all questions are correct and complete. Any omissions or incorrect statements could cause an otherwise valid claim to be denied.

### TEMPORARY EMERGENCY COVERAGE

When the application and total premium is received by the Administrator through to the time the certificate is issued, or thirty (30) days from the date the application is received by the Administrator, whichever comes first, the Underwriters agree to cover all proposed Assureds' for medical expenses incurred from accidental bodily Injury up to a maximum benefit of US\$25,000 per certificate. This Temporary Emergency Coverage is subject to and governed by the respective certificate terms, provisions and exclusions which would have been applicable if the certificate had been in effect on the date of the Accident of the proposed Assured. This benefit is subject to the Deductible and Co-Insurance for the insurance chosen by the proposed Assured. This benefit does not apply if the application is declined for any reason. The injuries sustained in an Accident while the application is being evaluated cannot be the sole reason to decline an application.

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## **INSURED AMOUNT**

The maximum benefit allowable under this insurance for any one Certificate Year is as stated under Insured Amount on the Schedule of Benefits. Under no circumstance can any combination of benefits payable under this insurance exceed the Insured Amount as stated on the Schedule of Benefits in any one Certificate Year.

## **CERTIFICATE ADMINISTRATION**

The Master Policy, Evidence of Insurance, Certificate of Insurance, Application for Coverage, Schedule of Benefits, Certificate Provisions and Definitions, General Conditions, General Exclusions, Specific Exclusions, Organ Transplant Section and any Amendments or Endorsements, constitute the entire Contract between the parties. English shall be the official version and the terms of the English version shall control.

## **AUTHORITY**

No agent, broker, or any other person has authority to change the certificate or to waive any of its provisions. No change in the certificate shall be valid unless approved in writing by the Underwriters or the Administrator and such approval be endorsed on the certificate or by amendment signed by an officer of the Administrator.

## **NOTIFICATION OF ANY MEDICAL CARE**

- 1) The Assured must notify the Administrator at least fifteen (15) days in advance of receiving any Inpatient treatment, all as per the Pre-Certification process on page five (5) of this insurance document.
- 2) The Assured must notify the Administrator at least seventy-two (72) hours in advance of receiving any Outpatient surgical procedure that is medically necessary.
- 3) The Assured must notify the Administrator within forty-eight hours (48) of admittance to a Hospital for emergency treatment, all as per the Pre-Certification process on page five (5) of this insurance document.

If the Assured fails to contact the Administrator, as stated herein, the Assured will be responsible for thirty percent (30.00%) of all covered medical and Hospital charges related to the claim in addition to the Deductible and Co-Insurance, if applicable.

## **PAYMENT OF CLAIMS**

The Underwriters will make all payments of claims directly to the Assured. If the Assured has assigned the benefits of this certificate to any provider of services, the payment will be made directly to that provider. All such payments to be in accordance with the Covered Charges Provision on page eight (8) paragraph eleven (11) of this certificate. Submission of a fraudulent claim will be grounds for cancellation of the certificate by the Underwriters.

## **GUARANTEE OF PAYMENT TO THE HOSPITAL AND PRE-CERTIFICATION OF HOSPITAL ADMISSION**

### **Before a Hospital admission or Hospital confinement, You must Pre-Certify your admission or confinement as follows:**

1. In the case of a non-emergency Hospital confinement, the Assured or the admitting Physician must contact the Administrator a minimum of fifteen (15) days prior to Hospital admission to certify the Hospital admission based upon proven medical necessity. The Administrator must receive complete medical records from the treating Physician.
2. In the case of an emergency admission, the Hospital in which the Assured is confined must contact the Administrator within forty-eight (48) hours of the admission and/or confinement regardless of whether or not said individual has been discharged.
3. In either case of Hospitalization, the Administrator must receive a medical report including the admission report of the Hospital, diagnosis; treatment required and expected date of discharge. If surgery was required the Administrator will need the surgeon's report and the anesthesiologist report.
4. When notified in advance, the Administrator will send a guarantee of payment to the Hospital in accordance with the certificate conditions You have chosen. The Underwriters will then settle the claim directly with the Hospital. Failure to comply will result in reduced benefits. (See Specific Exclusion #38)

## **COORDINATION OF BENEFITS**

The Assured is not entitled to receive duplicate payment of benefits from this certificate in addition to those provided under any other insurance or benefit plan. Where another policy is in existence which provides benefits also covered by this certificate, all claims must be made in the first instance against the other policy. This certificate shall only then provide benefits, not to exceed one hundred percent (100%) of the claim, when such benefits payable under the other policy have been exhausted. The Underwriters have full right of subrogation. If the primary insurance coverage for any claim does not reach the amount of the selected deductible of this certificate, then this certificate does not incur any obligation to pay. If for any reason the primary insurance declines a claim, then this certificate will not pay any charges, until the primary insurance assumes its responsibility of payment.

## **PROOF OF CLAIM**

Written proof of loss must be furnished to Morgan-White Administrators, International Inc., 3191 Coral Way, Suite 704 Miami, Florida, 33145, U.S.A. or to a claims office in your local area appointed by the Underwriters, within ninety (90) days after the date of such loss. Failure to submit proof of a claim within ninety (90) days of its occurrence shall serve to invalidate the claim. Original itemized receipts and proof of payments must be submitted with the Morgan-White claim form. Photocopies of receipts are not acceptable. Exchange rates for payments not in U. S. dollars will be in accordance with rates quoted in the Wall Street Journal at the time the fully documented claim occurred. The Underwriters may change the administrative procedures by written notice.

## **SUBROGATION**

In the event You incur medical expenses as a result of negligence, wrongdoing or other liability of a third party, the Underwriters have the right to recover and be reimbursed for any claim payments it has made on Your behalf, to the extent that You have received partial or full recovery from any liable third party for such medical expenses. This right is known as subrogation. The Underwriters have the right to proceed at its own expense in the name of the Assured person, against third parties who may be responsible for causing a claim under this certificate, or who may be responsible for providing indemnity or benefits similar to this insurance. The Underwriters have full rights of subrogation.

## **PHYSICAL EXAMINATIONS**

The Underwriters, at their own expense, shall have the right and opportunity to examine any Assured whose Injury or Sickness is the basis of a claim when and as often as it may be reasonably required during the pendency of the claim. The Underwriters shall have the right and opportunity to require an autopsy in the case of death, when not forbidden by law or religious practices. The Assured shall make available to the Underwriters all medical reports and records, and when required shall sign all authorization forms necessary to give the Underwriters a full and complete medical history. The refusal of your Doctor or Hospital to make all medical reports and records available to the Underwriters could cause an otherwise valid claim to be denied or the claim to be closed due to no or limited reply from the Assureds' medical providers.

## **DISPUTES AND LEGAL ACTIONS**

The parties heron agree that any and all disputes, claims, or controversies arising out of or relating to this certificate, or its alleged breach, that are not resolved by the parties hereon, shall be submitted to final and binding arbitration. Such arbitration shall be conducted in the City of Miami, Florida, U.S.A., in accordance with Commercial Arbitration Rules of the American Arbitration Association and judgment on any award rendered in such arbitration may be entered in any state or federal court in such City. Such arbitration shall be the sole remedy for any disputes, claims or controversies on this certificate. Notices in connection with such arbitration and process in any judicial proceeding in connection herewith may be served by personal delivery or registered mail or via courier to the Underwriters care of the Administrator and to the Assured at the most current address appearing on the records of the Administrator, with the same effect as if personally served, sent by registered mail or via courier in such City. The Assured must file the request for arbitration to the Underwriters within one hundred and eighty (180) days of the event which brought about the dispute, claim or controversy between the parties hereon. Failure of the Assured to give such notice to the Underwriters within the one hundred and eighty (180) day period will relieve the Underwriters of any and all liability for the dispute, claim or controversy. The Underwriters liability in any such arbitration shall be limited to such amounts that are specified under this certificate, with such interest thereon and such costs of the arbitration proceeding, if any, as the arbitrators may direct. In no event shall the Underwriters be liable for any extra-contractual damages, whether characterized, without limitation, as consequential, exemplary, punitive or tort damages, for any disputes, claims or controversies arising out of or relating to this certificate.

## **ELIGIBILITY**

Persons and their Dependent(s) who are less than seventy-five (75) years old are eligible for this insurance. This insurance is not available to any permanent resident of the United States of the America who has been assigned a social security number. This policy has not been filed with or approved by any insurance regulatory authority in the United States of America.

## **COMMENCEMENT OF BENEFITS**

Covered benefits become payable on the "Effective Date" indicated in the Evidence of Insurance for the costs of any medical condition resulting from Accident or infectious diseases. No benefits will be payable for the costs of any other medical condition which manifests itself within ninety (90) days of the effective date of the certificate. The Underwriters may elect to waive this provision by an amendment to the Certificate of Insurance, if an international medical insurance policy was in force with another carrier for the Assured for one continuous year with a termination date of no more than thirty (30) days immediately prior to the effective date of this certificate. This is subject to receipt of the original prior policy and written verification of the termination date of the prior policy from the previous carrier. Benefits payable under this certificate provision will be limited to the lesser of benefits provided by this certificate or the prior policy.

## **RENEWAL CONDITIONS**

This Certificate is an annual contract, which until terminated, may be renewed on a monthly basis as provided below:

- (1) If no notice of cancellation has been given by either party at least one month prior to renewal,
- (2) The premium coming due prior to the expiration has been received by the Administrator, and
- (3) No condition of this Certificate has been breached by the Insured.

The Underwriters through the broker, who is representing You in Your Country of Residence, shall offer to renew this insurance at rates prevailing at the time of the monthly renewal and on the terms prevailing at the time for the Class of the Insured. Alternatively, You can renew this insurance on-line by visiting the website of Morgan White Administrators International Inc. at [www.morganwhite.com](http://www.morganwhite.com). Renewal of this insurance on-line is deemed to have been completed in Bermuda.

Such offer may be accepted by payment of the renewal premium according to the terms of this insurance. Upon receipt of premium for each renewal, a new Certificate of Coverage will be issued as evidence that insurance is in force.

The Underwriters agree that no individual Assured shall be independently penalized by cancellation of the insurance or rate increase due to a poor claims record. Any cancellations or rate increases will only be made by Class of Assured not by individual Assured.

## **PAYMENT OF LOSS OF USE BENEFITS**

**Accidental Loss of Use Monthly Benefits will be paid as follows:**

Monthly Loss of Use Benefits will be paid by the Underwriters to an Assured Person when the Assured Person has satisfied the Waiting Period and the Elimination Period of ninety (90) days. Monthly Loss of Use Benefits will not exceed the maximum Monthly Loss of Use Benefits shown in the Schedule of Benefits and such payments will not exceed the Maximum Benefit Period of thirty-six (36) months if Accidental Injury caused an Assured Person to experience any of the following within three-hundred and sixty-five (365) days after the Accident:

Loss of Use of:

- 1) One Hand
- 2) One Foot
- 3) One Arm
- 4) One Leg
- 5) Sight of Both Eyes

## CERTIFICATE PROVISIONS AND DEFINITIONS

The following provisions and definitions apply to this certificate:

1. **APPLICANT:** The individual who executed the application for coverage.
2. **ASSURED:** Is the individual for whom an application has been completed or in the case of Dependent(s) or Family coverage, those individuals whose name have been declared on the application for coverage, and for whom commencement of coverage has been confirmed by the Underwriters on the Evidence of Insurance and for whom the premium has been paid.
3. **CALENDAR YEAR:** Means a period of twelve (12) consecutive months beginning on January 1st and ending on December 31st of any given year.
4. **CERTIFICATE YEAR:** Means a period of twelve (12) consecutive months beginning on the certificate "Effective Date".
5. **CHILDREN'S MAXIMUM AGE COVERAGE:** Children are covered until their eighteenth (18th) birthday if single, or until their twenty-fourth (24th) birthday, if single, a full-time student at an accredited college or university and receiving more than fifty percent (50%) of their financial support from the Assured.
6. **CLASS:** Means characterizations of all certificates of the same type, including but not limited to: benefits, deductibles, policy origination date, age, group, geographical area or a combination of the above.
7. **CHEMOTHERAPY:** Means the treatment of disease by chemical agents, first applied to the use of chemicals that affect the causative organism unfavorably, but do not harm the patient.
8. **CO-INSURANCE:** Means the portion of the medical bills an Assured must pay per Certificate Year. The percent of Co-Insurance is specified in each certificate.
9. **CONTAGIOUS DISEASE:** Means common communicable contagious diseases caused by parasites, bacteria, protozoa, fungi or viruses. Do not include Sexual transmitted diseases.
10. **CONTRACT:** Means the actual Master Policy, including the Application for Coverage, Evidence of Insurance, Certificate of Insurance, Organ Transplant Section, Schedule of Benefits, General Policy Provisions, Certificate Provisions and Definitions, General Conditions, General Exclusions, Specific Exclusions and any Amendments or Endorsements, constitute the entire Contract between the parties.
11. **COVERED CHARGES:** Means, in the Underwriters' judgment, charges that are not excessive, for Covered Services. Payment will be based on one (1) or a combination of the following:
  - (1) A negotiated rate based on services provided;
  - (2) A fixed rate per day; or
  - (3) The Usual, Reasonable and Customary allowance for similar providers who perform like Covered Services.
  - (4) For claims incurred in a Network Hospital that are paid directly to the Hospital by an Assured will be reimbursed at the Network Hospital negotiated rates, but reimbursement will never exceed the amount actually paid by the Assured.
12. **COVERED SERVICES:** Services for which benefits will be paid when rendered by a provider acting within the scope of his/her/its license. In order to be considered a Covered Service, charges must be incurred while Your coverage is in force.
13. **COSMETIC SURGERY:** Means surgery which is performed to reshape normal structures of the body, surgical correction of a physical defect, in order to improve the patient's appearance and self-esteem. The Underwriters reserve the right to make the final determination as to whether the surgical procedure is considered reconstructive or cosmetic
14. **COUNTRY of RESIDENCE:** Means the Country of Residence of the Assured. The Country of Residence must be declared on the application for coverage. If the Assured changes their Country of Residence, they must immediately notify the Administrator about their new Country of Residence. Failure to do so may result in the invalidation or termination of coverage. If an Assured spends more than one hundred and eighty days (180) days in a calendar year in a country other than their declared Country of Residence on their application for coverage, then the country in which they resided for the one hundred and eighty days (180) days becomes their De facto Country of Residence.
15. **CURRENCY:** All payments related to this policy are in U.S. Dollars unless otherwise stated.
16. **CUSTODIAL CARE:** Means care which is not skilled care.
17. **DIAGNOSTIC SERVICES:** Means procedures ordered by a Physician in order to determine a definitive condition, disease, or its causes, based on specific symptoms or signs. These include:
  - a. radiology, ultrasound, and nuclear medicine;
  - b. laboratory and pathology; and

c. EKG's, EEG's, and other electronic diagnostic medical procedures.

18. **DEDUCTIBLE PER PERSON:** A specific amount selected by the applicant which constitutes the initial responsibility incurred by the Assured at the moment the loss occurs. The selected Deductible will be applied per Assured per Certificate Year according to the amount stated on the Certificate of Insurance but the maximum number of deductibles per family in any one (1) Certificate Year will be two (2).

19. **DE FACTO COUNTRY of RESIDENCE:** means the country stated in the application, but if an Assured is present in another country for one hundred and eighty (180) or more days, consecutively, the most recent such country shall become His or Her De facto Country of Residence. If the De facto Country of Residence should become the United States of America then treatment for any covered medical expenses shall be rendered only at Super Special Hospitals. If a consultation is needed with a general Physician then reimbursement will only be made if the Physician is part of the Company's Network of Doctors. If, for any reason, treatment is not delivered at a Super Special Hospital or by a Network Doctor during the time Your Country of Residence is the United States of America, then Your Out of Country Deductible will double and Co-Insurance of fifty percent (50.00%) will apply to all covered medical expenses.

20. **DEPENDENT(S):** Means the following person(s) to whom coverage is provided under this Contract:

a. The main Assureds' spouse.

b. Any of the following who qualify as the main Assureds' Dependent(s) until they reach the limiting age (See thirty-three (33) of the Certificate Provisions and Definitions),

1. Unmarried children

2. Unmarried stepchildren;

3. Unmarried adopted children of the main Assured or the main Assureds' spouse, from the earlier of:

(a) The date of placement for the purpose of adoption; or

(b) The date of entry of a court order granting the adoptive parent custody of the child for adoption;

4. or unmarried children for whom the Assured or the Assureds' spouse has legal guardianship.

Coverage for a newly adopted child will continue for thirty (30) days unless the placement is disrupted prior to legal adoption and the child is removed from placement. For coverage beyond the first thirty (30) days, You must apply to the Underwriters to add the adopted child to the certificate. This requires an application to be completed and may also require additional premium. You must apply to the Underwriters within thirty (30) days after placement or entry of a court order.

21. **ELIMINATION PERIOD:** Means a period of consecutive days that an Assured is continuously Disabled before any Monthly Loss of Use Benefit is payable. No Monthly Loss of Use Benefit is payable during the Elimination Period. The duration of the Elimination Period is shown on the Schedule of Benefits. The Elimination Period begins on the first day of Disability occurring after the Effective Date of this certificate and if the Waiting Period has been satisfied if applicable.

22. **EMERGENCY DENTAL TREATMENT:** Means the necessary procedures to restore or replace sound natural teeth lost or damaged in an Accident. This treatment must be performed no later than thirty (30) days after the Accident occurred.

23. **EMERGENCY TRANSPORT:** Means the imperative evacuation of an Assured to the nearest medical institution for immediate medical care.

(a) Ground Transportation

Means transportation to a Hospital in a medically equipped ground vehicle (ambulance). Covered transportation includes only those cases where emergency transportation is provided by a recognized emergency service. The maximum benefit for this type of transportation is US\$1,000 per certificate per year.

(b) Air Transportation:

Transportation and related expenses to the nearest center where adequate medical facilities are available. This benefit applies only to the Assured, not to non-covered Family member of the main Assured. The medical assistance company and the Underwriters retain the right to dictate the place the Assured shall be transported. The following provisions apply:

(1) Emergency air transportation must be considered medically necessary and approved by American Medical Services. No air transportation will be paid unless approved in advance and coordinated by American Medical Services.

(2) Medically necessary means the treatment cannot be provided locally and transportation by any other method would be life threatening.

(3) American Medical Services, the Underwriters, and the Administrator are held harmless for delays or restrictions on flights by weather, by mechanical problems, by government officials, or by the pilot due to operational conditions. The contract organization providing the service shall use diligence in selecting persons and equipment to provide the required

service. If outside contractors are used, the organizations listed above shall not be liable for any negligence or tortuous acts resulting from such service. Should treatment be available locally, but the Assured chooses to be treated elsewhere, transportation costs shall be the responsibility of the Assured.

The Maximum Benefit for this Emergency Air Transportation is US\$50,000 per person per year.

24. **EXPERIMENTAL/INVESTIGATIONAL:** Means all services or supplies associated with:

1. Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in the United States. For the treatment or diagnostic evaluation to be considered effective, such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly;
2. A drug which does not have FDA marketing approval; or
3. A medical device which:
  - A. Do not have FDA marketing approval; or
  - B. Has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use, documented in peer review articles in medical journals published in the United States.

For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the purposed use; or if less effective than other available devices, is safer or less costly.

The Underwriters will make a final determination as to whether a service or supply is Experimental/ Investigational.

25. **GRACE PERIOD:** Means that period of time after the certificate has lapsed due to non-payment of premium during which time the Assured may continue coverage upon receipt by the Administrator of payment in full of the premium due. The Underwriters will allow a thirty-day (30) Grace Period for annually and semi-annually paid premiums and ten (10) days for monthly paid premiums.

26. **HOSPITAL:** Means a facility which is a short-term acute care general Hospital and which:

1. Is a duly licensed facility;
2. Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians, for compensation from its patients;
3. Has organized departments of medicine and major surgery; and
4. Provides 24-hour nursing service by or under the supervision of Registered Nurses.

A Hospital is not a spa, hydro-clinic, sanatorium, rehabilitation institution, nursing home, or home for the aged. It must be under the constant supervision of a Physician.

27. **HOSPITAL CONFINEMENT:** Means an admission or admissions of an Assured for at least twenty four (24) hours as Inpatient in a Hospital or Hospitals for treatment, (do not include Emergency Room, Recuperation or Observation Room). Readmission to a Hospital within ninety (90) days of discharge from a Hospital for the same or related condition shall be determined to be continuous and to constitute a single confinement.

28. **HOSPITAL SERVICES:** Are medically necessary treatments ordered by a Physician and provided to the Assured who is admitted as a registered Inpatient to a Hospital.

29. **IDENTIFICATION CARD:** A card issued by the Underwriters that identity a person and his Family as an Assured of the Worldwide Medical Trust and bears the main Assureds' name, identifies the main Assured by number, and may contain information about his or her coverage.

30. **INJURY:** Means bodily harm which is not self-inflicted, is caused by an Accident which occurs after the certificate is in force.

31. **INPATIENT:** Means an Assured who has been admitted upon orders of a Physician primarily for treatment as a bed-patient in a Hospital for at least twenty-four (24) continuous hours, not in an emergency room, Observation or Recovery Room.

32. **LABORATORY and X-RAY SERVICES:** Include medically necessary laboratory testing procedures and radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. Laboratory and X-Ray Services must be ordered by a licensed Physician.

33. **LIMITING AGE:** Means the end of the Certificate Year of the child's eighteenth (18th) birthday; or, if the child is a full-time student at an accredited educational institution, the end of the Certificate Year of the child's 24th birthday.

34. **LOSS OF USE:** Means the total and irrecoverable Loss of Use of a Hand, Foot, Arm or Leg of an Assured person and such loss is considered to be permanent and due to an Accidental Injury. With reference to the Eyes means the

irrecoverable loss of an Assured person's sight in both Eyes and such loss is considered to be permanent due to an Accidental injury.

35. **MATERNITY:** Means prenatal, childbirth and postnatal treatment for the mother **ONLY**. Benefits will not apply: (1) if the mother and father of the child are not both named in the Certificate of Insurance unless the optional maternity coverage is selected and noted in the Certificate of Insurance and (2) for pregnancies where the actual date of birth of the child/children is not at least 10 months after the certificate Effective Date.
36. **NEWBORN COVERAGE:** If born under a covered pregnancy, the newborn will be covered automatically for the first forty-five (45) days after birth. In order to continue coverage beyond those forty-five (45) days, the Underwriters require an application and birth certificate and the appropriate premium to be paid. If the application and additional premium is not received within forty-five (45) days of the covered birth, the coverage for that child will be terminated.
37. **NETWORK or PLAN HOSPITALS and DOCTORS:** Is a group of providers including Hospitals and Physicians which have been contracted by the Underwriters to provide medical services to the Assured.
38. **OCCUPATIONAL THERAPIST:** Means a person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, an occupational therapist is a person certified as such by an appropriate professional body.
39. **OUTPATIENT SERVICES:** Means medically necessary treatments provided to the Assured when the Assured is not a registered Inpatient overnight in a Hospital, or in any other facility for medical care. Outpatient services include services performed in an outpatient surgical center or an emergency room.
40. **ORGAN TRANSPLANTS:** Means medically necessary procedures to transfer an organ or tissue, (limited to heart, heart/lung, lung, liver, kidney, pancreas, kidney/pancreas and bone marrow), taken from the human body for grafting into another individual.
41. **PAYMENT DUE DATE:** Means the day the certificate premium is due, as stated on the Certificate of Insurance.
42. **PHARMACY:** Means any facility licensed by the state in which it operates and compounds or dispenses drugs. In case the facilities are outside the United States of America, it has to be approved by the relevant authority in that country.
43. **PHYSICAL THERAPIST:** Means a person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, a physical therapist is a person certified as such by an appropriate professional body.
44. **PHYSICIANS or DOCTORS:** Means persons who are licensed to practice medicine and surgery as a Doctor of medicine while acting within the scope of his or her practice and to the extent that benefits are provided. Assisting Physician or surgeon are Doctors/Physicians assisting in the performance of the surgical operation but only when an assisting surgeon is medically necessary for that operation and limited to the lesser of:  
(a) 20% of the Usual, Reasonable and Customary fee for the surgeon, or  
(b) 20% of the fee charged for the surgical procedure, or  
(c) Special rates established for an area or country and approved by the Underwriters.  
The Underwriters will only pay for a maximum of one (1) assistant Physician or surgeon.

Anesthesiologist fees are limited to the lesser of the same charges listed immediately above.

45. **PRE-EXISTING CONDITIONS:**

**1) DISCLOSED AT THE TIME OF APPLICATION:** Means any medical condition, which manifests itself prior to the Effective Date of the Certificate of Insurance or its Reinstatement. If a pre-existing condition is fully and accurately disclosed on the application, and the condition is not excluded or restricted by an exclusionary rider, your pre-existing condition will be covered after you have been continuously insured by this certificate for twelve (12) months. This is called the pre-existing condition waiting period.

Pre-existing conditions are any Injury or Illness that meets the following criteria: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or treatment prior to the Effective Date of coverage under this Certificate; 2) A condition for which manifestation, medical advice, diagnosis, care or treatment (including medication) was recommended or received prior to the Effective Date of coverage under this Certificate; 3) Expenses for Pregnancy within ten (10) months of the Effective Date of coverage under this Certificate.

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first (180) one hundred eighty days of coverage under this Certificate beginning on the initial Effective Date are considered pre-existing conditions and are subject to a pre-existing condition waiting period and other limitations of coverage described above: any condition of the breasts, any condition of the prostate, disorders of the reproductive system,

back and spine conditions, Note: Coverage for such illnesses or surgeries may be further limited under the pre-existing condition limitations or exclusions and definitions of the Certificate. This provision of the Certificate is not affected or changed if the waiting period in the Commencement of Benefits Section is waived by having a previous international policy.

**2) NON-DISCLOSED AT THE TIME OF APPLICATION:** The Underwriters reserves the right to insure persons considered to be in good health and good moral risk. Non-disclosed Pre-Existing Conditions prevent the Underwriters from making the proper evaluation of the risk. Consequently, non-disclosed Pre-Existing Conditions are not covered and could result in the denial of a medical claim and/or the cancellation of this certificate or reformation of the contract. (See Specific Exclusion #9 & Specific Exclusion #33)

46. **PRESCRIPTION DRUGS:** Means medications whose sale and use are legally restricted to the order of a Physician and do not include items that may be purchased without a Physician's prescription.

47. **PROTECTION AGAINST UNNECESSARY MEDICAL CHARGES:** When Underwriters act on the Administrator's recommendations not to pay for the care and services that the Administrator's Physician consultants have decided were medically unnecessary, it is likely that the provider (the Hospital, the Doctor, or both) will try to collect the unpaid portions of claims from the Assured. When this happens, the Underwriters will hold the Assured harmless. Holding the Assured harmless means that, if it is determined in a court of law that the Administrator's decision was incorrect, the Underwriters will assume the Assureds' liability for payment of the disputed medical care, less the Deductible or Co-Insurance and charges not covered by this certificate.

48. **REINSTATEMENT:** Means after the Grace Period has expired; the Underwriters will consider its Reinstatement only after receiving an application for Reinstatement and payment of premium. The Reinstated certificate shall cover only losses resulting from Injury that are sustained after the date of Reinstatement and those losses due to Sickness that manifests itself not less than ten (10) days after the date of Reinstatement. No Reinstatement will be accepted if received by the Underwriters ninety (90) days after the due date. The Underwriters reserves the right to request medical information and/or issue any amendment/endorsement deemed necessary.

49. **REQUIRED SECOND SURGICAL OPINION:** Means if a qualified surgeon has recommended that an Assured individual undergo a non-emergency procedure, the Underwriters reserve the right to require the Assured to obtain a Second Surgical Opinion for which the Underwriters will pay one hundred percent (100%) of the cost. Arrangements for such Second Surgical Opinion may be made by directly contacting the Administrator. In the event the Second Surgical Opinion is not in the affirmative, the Underwriters will also pay for a third opinion. If the second or third opinion confirms the need for surgery, benefits for the surgery will be paid according to the Schedule of Benefits provided that the surgery is performed by the original surgeon.

If the Underwriters require a Second Surgical Opinion and the surgery for a non-emergency and elective procedure is performed without first obtaining a confirming opinion, benefits for all charges related to the surgery will be reduced or may be completely denied. Benefits will be paid at the full Contract allowance for those surgical procedures when they are non-emergency and when a Second Surgical Opinion in the affirmative is obtained.

50. **RECONSTRUCTIVE SURGERY:** Means surgery which is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance. The Underwriters reserve the right to make the final determination as to whether the surgical procedure is considered reconstructive or cosmetic

51. **RESPIRATORY/INHALATION THERAPIST:** Means a person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, a respiratory/inhalation therapist is a person certified as such by an appropriate professional body.

52. **SICKNESS and ACCIDENT:** Sickness means any deviation from or interruption of the normal structure or function of any part, organ, system (or combination thereof) of the body that is manifested by a characteristic set of symptoms and signs whose, etiology, pathology, and prognosis may be known or unknown. Accident means any sudden and unforeseen event occurring during the certificate period resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control and is not conscientiously provoked by a third party.

53. **SPEECH PATHOLOGIST AND SPEECH THERAPIST:** A person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, a speech pathologist or speech therapist is a person certified as such by an appropriate professional body.

54. **UNDERWRITERS:** Means Certain Underwriters at Lloyd's, London.

55. **USUAL, REASONABLE and CUSTOMARY:** Means the Usual, Reasonable and Customary charges for provided medical services in the area where such medical services were provided. At no time will this certificate pay an amount higher than the Usual, Reasonable and Customary rates for the specific area.

- a. **Usual:** The charges which are incurred for the performance of services that are commensurate with similar services or supplies in the same geographic areas.
- b. **Reasonable:** A charge that meets the above criteria and, that in the judgment of the Underwriters, is not an excessive amount for similar services or supplies; or, a charge that merits special consideration due to complexity of treatment in the opinion of a peer review committee or consultant.
- c. **Customary:** The amount charged by a majority of providers in the same geographic areas for similar services or supplies is relative to the value and worth of similar services;

If a provider accepts as full payment, in the absence of insurance, an amount less than Usual, Reasonable, and Customary, the lesser amount will be the maximum Usual, Reasonable and Customary. The Underwriters will pay the lesser of the actual billed charge or the Usual, Reasonable, and Customary.

- 56. **WAITING PERIOD FOR LOSS OF USE:** Means the time beginning at the certificate Effective Date and ending ninety (90) days thereafter. No claim will be paid for Illnesses, which first manifests itself and causes Disablement of an Assured during this time.
- 57. **YOU, YOUR OR FAMILY:** Means the main Assured and/or any Dependent(s) included in this certificate.

## General Conditions

1. The Master Policy, Certificate of Insurance, Evidence of Insurance, Application for Coverage, Organ Transplant Section, Schedule of Benefits, General Policy Provisions, Certificate Provisions and Definitions, General Conditions, General Exclusions, Specific Exclusions and any Amendments or Endorsements make up the entire Contract and shall be read together as one Contract. Any word or expression to which a specific meaning has been attached in any part of the Master Policy, Certificate of Insurance, Evidence of Insurance, Application for Coverage, Organ Transplant Section, Schedule of Benefits, General Policy Provisions, Certificate Provisions and Definitions, General Conditions, General Exclusions, Specific Exclusions and any Amendments or Endorsements shall bear such specific meaning wherever it may appear.
2. The Assured, including any person to whom this insurance applies, shall at all times take reasonable precautions to prevent Accidents, loss or Injury.
3. The due observance and fulfillment of the terms, conditions and limitations of this certificate insofar as they relate to anything to be done or complied with by the Assured, and the truth of the statements and answers in the said application, shall be conditions precedent to any liability of the Underwriters to make any payment under this certificate.
4. If any claim under this certificate shall be in any respect fraudulent or if any fraudulent means or devices are used by the Assured or anyone acting on their behalf under this certificate, all benefits hereunder shall be forfeited. If any past or present provider of medical services or medications refuses, is unwilling, is unable, cannot locate or cannot trace an Assureds' past medical records, after being presented the Assureds' authorization to inspect those records, all benefits under this certificate shall be forfeited and the certificate shall be voidable. See Specific Exclusion number forty (40). Underwriters reserve the right to determine whether they have enough information on which they base the validation of any claim submitted and the burden of providing all medical records to the Underwriters shall be upon the Assured.
5. The certificate will become null and void unless the Underwriters are notified of any change in the De facto Country of Residence of the Assured within thirty (30) days of the change. All terms and conditions are subject to revision upon a change in the De facto Country of Residence.
6. Neither the Underwriters, American Medical Services, the Administrator nor any agents shall be responsible for the availability, result, or quality of any medical care, treatment, or transportation, nor for the failure of the Assured to receive medical treatment.
7. The legal representative of an Assured shall have the right to act for an Assured who is incapacitated or deceased.
8. In the event the Underwriters cancels or otherwise invalidates this certificate due to the Assureds' failure to disclose past medical history or Pre-Existing Conditions, the Underwriters reserves the right to recover from the Assured all costs and fees incurred in reasonably investigating those matters not fully disclosed. Recovery may be accomplished in any lawful manner including deduction of those costs and fees from any unearned premiums due the Assured.
9. It is a condition of this insurance that the Assured must sign and date the Underwriters medical release form when submitting a claim to the Administrator for consideration. The medical release form will authorize the Administrator to obtain medical records from any provider. Failure to do so will result in a forfeiture of all benefits otherwise due under a claim submitted by an Assured.
10. If an Assured or the Underwriters cancels this insurance after it has been issued, the Underwriters will refund the unearned portion of the premium, less policy fees and any expenses paid. The unearned portion of the premium is based on the number of months corresponding to the payment mode. Expenses include commissions, claims handling and administrative fees.
11. Benefits payable pursuant to the terms and conditions of this insurance coverage shall cease upon the death of the Assured, which, for the purposes of this insurance coverage, shall be defined as the time at which irreversible cessation of that person's brain function occurs.

## General Exclusions

The Underwriters shall not be liable for any consequence whether directly or indirectly, proximately or remotely, occasioned by, contributed to, by or traceable to, or arising in connection with:

- (I) War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war.
- (II) Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
- (III) Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the government de jure or de facto or to the influencing of it by terrorism or violence.
- (IV) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrence").
- (V) Committing or attempting to commit a criminal offense, or provoking an assault.
- (VI) Any consequent happening or arising during the existence of abnormal conditions (whether physical or otherwise) whether directly or indirectly, proximately or remotely, occasioned by or contributed to, traceable to or arising in connection with any of the said Occurrences shall be deemed to be a consequence for which the Underwriters shall not be liable under this certificate except to the extent that the Assured shall prove that such consequence happened independently of the existence of such abnormal conditions.

In action, suit or other proceeding where the Underwriters alleged that by reason of this exclusion any consequence is not covered by the Certificate, the burden of proving that such consequence is covered shall be upon the Assured.

- (VII) Any claim or consequence happening or arising from a nuclear accident, incident, or explosion.
- (VIII) Any claim or consequence happening or arising from employment when Workman's Compensation or Occupational Accident Insurance written as such is available or in force for the Assured.
- (IX) Any claim related to Employer's Liability when written as such.
- (X) Nuclear/Chemical/Biological Terrorism in anyway caused or contributed to by an act of war or terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If the Underwriters allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

## Specific Exclusions

Any treatment or medication or the consequences thereof, or charges related to the following are not covered under this certificate unless specifically included or changed on the Schedule of Benefits:

1. Emergency transportation or repatriation expenses which are incurred without the prior approval of American Medical Services.
2. The amount of the selected Deductible and Co-Insurance, when applicable, per Certificate Year for each Assured.
3. Treatment of mental illnesses, dementia, Alzheimer's disease, psychiatric, psychological or behavioral disorders and maintenance in a mental facility.
4. Cosmetic Surgery or Reconstructive Surgery or associated treatment, unless medically necessary and prescribed by the Doctor following a covered surgery or Accident/Injury and within 12 months of the covered surgery or Accident/Injury occurrence. This policy does not covers surgery to correct Nasal Septum Deviation, deformities and related pathologies, unless caused by a traumatic accident and is traumatic in nature and radiological evidence of the trauma showing trace of fracture is provided at the moment of the injury. The Underwriters reserve the right to make the final determination as to whether the surgical procedure is considered reconstructive or cosmetic.
5. Any operation or treatment pending at the time of inception of the coverage.
6. All treatment or surgery related to an Accident/Injury which is incurred as a result of a hazardous sport which exceeds US\$75,000 lifetime per Assured. These are deemed to include, but are not limited to: mountaineering, rock climbing, sky diving, parachuting, ballooning, hang gliding, deep sea diving, racing of any form (other than on foot). Professional sports are excluded, unless specifically approved by an amendment endorsement. This does not include normal vacation sports such as skiing or snorkeling. However, based on the "Prudent Man Rule", the Underwriters will deny claims when it is determined that risk or negligence was a factor. Other sports will also be excluded where they involve a higher risk due to inexperience, lack of care, or knowledge of overly dangerous conditions.
7. Bodily Injury sustained while under the influence of or disablement due wholly or partly to the effects of intoxicating liquor or drugs (other than taken in accordance with treatment prescribed by a Physician but not for the treatment of drug addiction), or with a blood alcohol level of 100mg percent, or You are above the legal limit of alcohol consumption within the country or jurisdiction where the event occurs.
8. Claims or treatment related to a willfully self-inflicted Injury.
9. Any declared Pre-Existing Condition, physical defect, infirmity, medical condition, or chronic or recurring illness which existed at the date of entry of an Assured into this insurance. This exclusion will remain in effect until the Assured has been continuously assured under this plan for one (1) year, if the Pre-Existing Condition has been declared on the application for coverage and not excluded from coverage.
10. Any claims for dental or orthodontic treatment except in case of Accident. Such treatment must take place within the next thirty (30) days after the Accident.
11. Routine physical exams, check-ups, examinations and related diagnostic tests other than those listed on the Schedule of Benefits. This includes Vaccinations, Screening Mammogram and Screening PSA.
12. Any claim arising directly or indirectly from any death, Injury, illness, expense or other liability attributable to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivative or variations thereof.
13. Treatment for Chronic Fatigue Syndrome including, but not limited to diagnostic workups.
14. Treatment that is not scientifically or medically recognized by United States standards, including, but not limited to, acupuncture and homeopathic medicine. (Unless included on the Schedule of Benefits).
15. Claims and costs of medical treatment incurred after the expiration date of the Certificate, including those resulting from Accidents or illnesses which occurred during the Certificate Year.
16. Any charges arising from the Assureds' treatment of any bodily Injury or Sickness for which the person for whom claim is being presented is not under the regular care of a qualified Physician or which are not authorized or prescribed by a qualified Physician.
17. Treatment in any governmental facility or any expense if the individual would be entitled to free care.
18. Any portion of any charge which is in excess of the Usual, Reasonable and Customary charge for the particular service or supply in the area where it is incurred.
19. Any expense for male or female sterilization, reversal of sterilization, birth control, sex change or implantation, or any treatment related to sexual transformation, sexual dysfunctions or inadequacies.
20. Cost of any type of abortion (and its consequences) unless imminent material demise exists; tests and treatments related to infertility.
21. Artificial insemination or treatment of infertility.
22. Any expense, service or treatment for any form of food supplement or augmentation (unless necessary to sustain life in a critically ill person), or for any program for weight control, including any program of exercise activities, whether for obesity or any diagnosis and whether by diet, injection of any fluid, or use of any medications or surgery of any kind.
23. Podiatric care including foot care in connection with corns, calluses, flat feet, weak arches, weak feet, or symptomatic complaints of the feet, and shoe inserts of any type unless caused by a traumatic accident and is traumatic in nature and radiological evidence of the trauma showing trace of fracture is provided at the moment of the injury.
24. Any service or supply which is considered experimental or research oriented by nature by United States standards.
25. Any charges arising from any treatment, service or supply which are not medically necessary, including prophylactic treatments.

26. Treatment rendered by a family member.
27. Sickness which manifests itself during the first ninety (90) days after the inception of the Assured or Dependent(s) into this insurance are not covered for the life of the certificate.
28. Any claims or treatment related to sexually transmitted or venereal disease, including any disorder related to the Human Papiloma Virus (HPV).
29. Routine eye and ear examinations, eye refraction, eye glasses, contact lenses, radial keratotomy or any procedure to correct eye refraction disorders, hearing aids or ear implants.
30. Services or treatment in any long term care facility, spa, hydro-clinic, weight loss clinics, sanatorium institutions for rest or custodial care, nursing home or home for the aged that is not a Hospital as defined in this certificate.
31. Any claim or treatment related to human organ transplants in excess amount shown on the Schedule of Benefits.
32. Any claims related to non-human organ transplants or mechanical/artificial organs.
33. Any claims related to the purchase or rental of durable medical equipment outside of a Hospital including but not limited to: wheelchairs, crutches, oxygen tanks and walkers.
34. All treatments relating to undisclosed Pre-Existing Conditions are not covered for the life of this certificate.
35. Illnesses and diseases as a result of alcoholism, drug abuse or addiction to any substance, however caused and consequences or variations thereof.
36. Treatment for any condition secondary to a condition which is excluded by this certificate.
37. Treatment or charges related to any condition of the jaw or jaw joints including but not limited to jaw anomalies, and a condition known as TMJ or temporomandibular syndrome unless caused by a traumatic accident and is traumatic in nature and radiological evidence of the trauma showing trace of fracture is provided at the moment of the injury.
38. Any covered treatment which exceeds fifty percent (50%) of Usual, Reasonable and Customary expenses if a Hospital admission was not Pre-Certified by the Administrator.
39. Any treatment or medical care related to any Injury or Accident in excess of US\$250,000 per Accident per certificate if not flying on a regular scheduled commercial airline as a passenger.
40. Any claims reimbursed by any Employer's Liability, Worker's Compensation or any Occupational Accident coverage.
41. Any dispute, claim or controversy which the Assured has not filed a request for arbitration within one-hundred and eighty (180) days from the date of the event which caused the dispute, claim or controversy.
42. Any claim arising where the Assured or any provider fails to provide medical records pertinent to the investigation of any claim submitted hereunder.
43. Any claim related to pregnancy or maternity for any Dependent other than the spouse of an Assured.
44. Any claim for either Monthly Loss of Use Benefits or Lump Sum Benefits after the anniversary date of the policy following the Assureds' seventieth (70) birthday.

**Assistance for emergencies services are provided by the Administrator**

1. **Pre-Trip Medical Referral Information:** The Administrator will provide pre-trip referral information to main Assureds on countries and regions to be visited, including local multilingual Doctors and/or addresses and phone numbers for Hospitals.
2. **24-Hour Worldwide Medical Information and Assistance:** The availability of any of the Administrator's Worldwide Emergency Medical Center with multilingual medical staff on duty 24 hours a day who may be contacted for evaluation and referral. Calls may be made to any of the numbers listed to obtain the names of Doctors or specialists in any area served by the Administrator.
3. **Emergency Evacuation:** When adequate medical facilities are not available locally, the Administrator will arrange emergency evacuation under constant medical supervision by whatever means necessary to a facility capable of providing required care.
4. **Medically Supervised Repatriation:** When medically advisable to hospitalize a main assured nearer home, the Administrator will make suitable arrangements for repatriation under medical supervision.
5. **Repatriation of Mortal Remains:** In the event of a main Assureds' demise, the Administrator renders every assistance possible to obtain clearances and arrange for return of mortal remains.
6. **Embassy & Consular Information:** The Administrator will provide main Assureds with contact information for embassies and consulates worldwide.
7. **Lost Document Assistance:** The Administrator will assist with obtaining replacements if a main Assured loses important documents while traveling - e.g. passport, credit cards.
8. **Legal Access:** main Assureds may call the Administrator for access to qualified attorneys available during regular working hours. Assistance will also be provided in obtaining Bail Bonds in those areas where such bonds are customarily issued. The main Assured is responsible for contracted fees.
9. **Claims Assistance:** The Administrator will assist main Assureds in coordinating overseas claims procedures with their insurance program.
10. **Emergency Family Travel Arrangements:** The Administrator will coordinate emergency travel arrangements for the Family of the main Assured who need to join a Hospitalized main Assured.
11. **Return of Minor Children:** If Dependent children are left unattended as the result of a main Assureds' Accident, illness or death, the Administrator will arrange one way economy air fare for them to their place of residence. Qualified attendants will also be arranged when required.

**Notification of Claims**

In the event of an Assured becoming hospitalized due to a non-emergency, notification must be given to Morgan-White Administrators International, Inc. at least 15 days prior to the Hospital admission. In the case of an emergency Hospitalization, notice of the admission must be given to Morgan-White Administrators International, Inc. within 48 hours or if this is not possible as soon as is reasonably possible thereafter. Any other event which is likely to give rise to a claim under the insurance must be notified to Morgan-White Administrators International, Inc. office within 30 days. See address below.

**TO PRE-CERTIFY, VERIFY COVERAGE, REPORT AN ACCIDENT and/or FOR INFORMATION ON AUTHORIZED DOCTORS and/or NETWORK HOSPITALS and/or CLAIMS INFORMATION:**

Morgan-White Administrators International, Inc.  
3191 Coral Way, Suite 704  
Miami, Florida 33145  
Monday-Friday 8:30 a.m. to 5:00 PM Eastern U.S. Time

Telephone: (305) 442-0899  
Toll Free in the U.S.A. 1 (800) 995-5335  
Fax (305) 442-0961  
email: [intlclaims@morganwhite.com](mailto:intlclaims@morganwhite.com)  
Website: [www.morganwhite.com](http://www.morganwhite.com)

**EMERGENCY TELEPHONE NUMBERS FOR WEEK-ENDS, HOLIDAYS OR IF OUT OF U.S.A. CALL:**

**American Medical Services**  
**Telephone: (305) 476-0022**  
**Fax: (305) 442-0961**

## **Organ Transplant Section**

### Schedule of Benefits

This certificate will pay 100% of Covered Charges for benefits covered under this Organ Transplant Section necessarily and reasonably incurred up to the Maximum Lifetime Amount Assured of US\$300,000 per Assured for claims arising from a Covered Transplant Procedure less any Deductible and Co-Insurance, if applicable, for the following Covered Transplant Services:

#### **Covered Transplant Procedures:**

Any of the following medically necessary human organ and tissue transplants:

1. bone marrow
2. heart
3. heart/lung
4. lung
5. liver
6. pancreas
7. kidney/pancreas
8. kidney

#### **Covered Transplant Services:**

1. Inpatient and outpatient Hospital services.
2. Services of a Physician for diagnosis, treatment, and surgery for a covered Transplant Procedure.
3. Diagnostic Services.
4. Procurement of an organ or tissue, including services provided to a living donor of an organ or tissue for procurement of an organ or tissue; Covered Services are limited to the actual procurement expenses, and benefits are subject to the amounts shown in the Maximum Benefit Section.
5. Reasonable and necessary transportation costs for travel related to a Covered Transplant Procedure for the transplant recipient and one companion during a Benefit Period. Benefits for transportation are subject to the amounts shown in the Maximum Benefit Section.

If the recipient is a minor, transportation costs for two companions may be covered. Benefits for transportation are subject to the amounts shown in the Maximum Benefit Section.

Reasonable and necessary lodging and meal expenses incurred by the recipient and the recipients companion(s), related to a Covered Transplant Procedure, during the Benefit Period. Benefits for lodging and meals are subject to the amounts shown in the Maximum Benefit Section.

Itemized receipts in a form satisfactory to the Underwriters shall be submitted by the Assured when claims are filed.

6. Rental of durable medical equipment for use outside the Hospital. Covered charges are limited to the purchase price of the same equipment.
7. Prescription drugs, including immunosuppressive drugs.
8. Oxygen.
9. Speech Therapy, Occupational Therapy, Physical Therapy, and Chemotherapy.
10. Surgical dressings and supplies.
11. Services and supplies for and related to High Dose Chemotherapy and bone marrow tissue transplantation when provided as part of a treatment plan which includes bone marrow transplantation and High Dose Chemotherapy.

Benefits are paid as follows:

**At a Participating Transplant Facility**

100% of Covered Charges for Covered Transplant Services provided through a Participating Transplant Facility with respect to the type of Covered Transplant Procedure performed. However, in no event will the limits covered under this Organ Transplant Section and the benefits paid exceed Organ Transplant Section Maximum Benefit Section.

**Non-participating Transplant Facility**

The lesser of 80% of the billed charges or 80% of the amounts stated on the schedule below for Covered Transplant Services provided through a Non-participating Transplant Facility with respect to the type of Covered Transplant Procedure performed. However, in no event will the limits covered under this Organ Transplant Section and the benefits paid exceed the Organ Transplant Section Maximum Benefit Section.

Names of Participating Transplant Facilities are available from:

Morgan-White Administrators International, Inc.  
3191 Coral Way Suite 704  
Miami, FL 33145 U.S.A.  
(305) 442-0899

**Human Organ Transplant Schedule for Non-participating Transplant Facilities**

Benefits paid are the lesser of 80% of the billed charges or 80% of the amount stated below:

Procedure	Maximum Amounts	
	Non-U.S.A.	U.S.A.
Autologous Bone Marrow including High Dose Chemotherapy	\$50,000	\$100,000
Allogeneic Bone Marrow including High Dose Chemotherapy	\$50,000	\$100,000
Heart	\$50,000	\$100,000
Heart/Lung	\$50,000	\$100,000
Lung	\$50,000	\$100,000
Liver	\$50,000	\$100,000
Pancreas	\$50,000	\$100,000
Simultaneous Kidney/Pancreas	\$50,000	\$100,000
Kidney	\$30,000	\$ 30,000

## MAXIMUM BENEFITS SECTION

### 1. Transportation/Lodging/Meals

A maximum of US\$200.00 per day for lodging and meals, per Covered Transplant Procedure. US\$10,000 for all transportation, lodging, and meals per Covered Transplant Procedure. Itemized receipts in a form satisfactory to the Underwriters shall be submitted by the Assured when claims are filed.

### 2. Procurement

The Underwriters payments for procurement expenses for a donor organ or tissue will not exceed the following maximum, per Covered Transplant Procedure:

Allogeneic BMT	US\$30,000
Heart	US\$17,500
Heart/Lung	US\$17,500
Lung	US\$17,500
Liver	US\$22,500
Pancreas	US\$25,000
Kidney/Pancreas	US\$25,000
Kidney	US\$10,000

### 3. Maximum for all Covered Transplant Services

The total dollar amount the Underwriters will pay is US\$300,000 per Assured for all Covered Transplant Services including the Covered Transplant Procedure, under this Contract or any preceding or succeeding Human Organ and Tissue Transplant contract or certificate of the Underwriters. The maximum shown for Transportation/Lodging/Meals/procurement are included in and accrue toward this maximum for all Covered Transplant Services. The Maximum Benefit Section limit will only be applicable after all Deductible, Co-Insurance have been exhausted.

#### Limit:

If a Covered Transplant Procedure is not performed as scheduled due to the intended recipient's medical condition or death, benefits will be paid for Covered Transplant Services until the earlier of:

1. The recipients death, or
2. The date the decision is made by the recipients Physician not to perform the transplant.

#### Multiple Transplants:

If a recipient requires more than one Covered Transplant Procedure, the Underwriters will consider reimbursement for Covered Transplant Services during each Benefit Period as follows:

1. If each transplant is due to unrelated causes, each is considered as a separate Benefit Period.
2. If each transplant is due to related causes, each is considered as a separate Benefit Period if the transplants are separated by at least 90 days.
3. If the transplants are due to related causes, they are considered as one Benefit Period when not separated as shown in item 2 above.

#### Case Management

The Underwriters or the Administrator may access the Assureds' continuing care needs and discuss with the Assureds' Physician less costly alternative means of care. Coverage will be provided for less costly alternatives even if such care is not specifically stated as covered under this certificate. The Co-Insurance and maximums contained in this certificate will apply to the alternative care.

There is no penalty if the Assured or the Physician do not accept the proposed alternative care.

## ADDITIONAL POLICY PROVISIONS AND DEFINITIONS FOR ORGAN TRANSPLANTS

1. **BENEFIT PERIOD:** The period of time:
  - a. beginning on the date the Assured first receives services directly related to evaluation as a candidate for a Covered Transplant Procedure; and
  - b. ending on the earlier of:
    1. the date 12 months after the Covered Transplant Procedure is performed; or
    2. the date this certificate is canceled.

If this certificate is renewed or replaced with a similar certificate issued by the Underwriters, any remaining days not used of such 12 month period shall continue until completed under the new certificate.

2. **COVERED TRANSPLANT PROCEDURE:** Any of the following medically necessary human organ and tissue transplants: (1) bone marrow (2) heart; (3) heart/lung; (4) lung; (5) liver; (6) pancreas; and (7) kidney/pancreas; and (8) kidney.
3. **HIGH DOSE CHEMOTHERAPY:** The use of a chemotherapeutic agent or agents for treating or for preventing recurrence of, cancer or cancer-like illness, with or without irradiation, in doses which exceed the FDA approved or commonly recognized dosage range for the drug or drugs employed, and which is expected to result in effects upon the bone marrow which would likely be lethal if treated.
4. **PROVIDER:** The facilities and individuals listed below:

### Provider Facilities:

**Clinical Laboratory:** A laboratory that performs clinical procedures and is not affiliated or associated with a Hospital Physician, or other provider.

**Hospital** means a facility which is a short-term acute care general Hospital and which:

1. is a duly licensed facility;
2. is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians, for compensation from its patients;
3. has organized departments of medicine and major surgery; and
4. provides 24-hour nursing service by or under the supervision of Registered Nurses.

**Non-participating Transplant Facility:** Any Hospital which has not contracted with the Administrator through an applicable transplant network, to provide Covered Transplant Procedures. A Hospital may be a Non-Participating Transplant Facility with respect to:

- (1) certain Covered Transplant Procedures; or
- (2) all Covered Transplant Procedures.

**Participating Transplant Facility:** Any Hospital contracting with the Administrator through an applicable transplant network, to provide Covered Transplant Procedures. A Hospital may be a Participating Transplant Facility with respect to:

- (1) certain Covered Transplant Procedures; or
- (2) all Covered Transplant Procedures.

### Provider Individuals:

**Occupational Therapist:** A person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, an occupational therapist is a person certified as such by an appropriate professional body.

**Physical Therapist:** A person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, a physical therapist is a person certified as such by an appropriate professional body.

**Respiratory/Inhalation Therapist:** A person who is licensed as such by the state in which he or she practices. If that state does not issue such licenses, a respiratory/inhalation therapist is a person certified as such by an appropriate professional body.

**Speech Pathologist and Speech Therapist:** A person so licensed by the state in which he or she practices. If that state does not issue such licenses, a Speech Pathologist or Speech Therapist is a person certified as such by an appropriate professional body.

ADDITIONAL SPECIFIC EXCLUSIONS  
for Organ Transplants

Any treatment or medication or the consequences thereof, or charges related to the following are not covered under this certificate unless specifically included or changed on the Maximum Benefit Section:

1. Any costs or treatment for an organ transplant which is deemed by the Underwriters to be the result of a Pre-Existing Condition or condition of which You were aware prior to the inception of this certificate.
2. Any costs related to home health care.
3. Services and supplies for immunizations.
4. Animal organ or artificial organ transplants.
5. Stand-by charges of a Physician.
6. Services, supplies, or Hospital care which, in the judgment of the Underwriters medical consultants, are not medically necessary for the treatment of illness, Injury, diseased condition, or impairment, except as specifically stated as covered.
7. Custodial care or rehabilitation care and therapy.
8. Charges for any experimental/investigational treatment, procedure, facility, equipment, drug, device, or supply, except as specifically stated in the Maximum Benefits Section of this certificate.
9. Charges paid or payable under Worker's Compensation.
10. Preventive or routine care, including physicals, premarital examinations, and any other routine or periodic examinations, except as specifically stated as covered.
11. Research studies or screening examinations.
12. Services or supplies to the extent You are not legally obligated to pay for them.
13. Expenses incurred before Your coverage begins or after it ends, except as stated as covered.
14. Rest cures or sanitarium care.
15. Services or supplies furnished by any person or institution acting beyond the scope of his/her/its license.
16. Services or supplies received from a dental or medical department maintained by or on behalf of a group, mutual benefit association, labor union, trust, or similar person or group.
17. Services provided by any governmental agency to the extent that You are not charged for them, except when this exclusion conflicts with state and federal law.
18. Services or supplies not specifically stated as covered.
19. Telephone consultations, charges for failure to keep a schedule visit, or charges for completing a claim form.
20. Recreation or diversional therapy.
21. Materials used in occupational therapy.
22. Personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools, or physical exercise equipment, even if a Physician prescribes such items.
23. Hospitalization for environmental change and all related charges.
24. Services and supplies of any provider located outside the United States of America that are in excess of the certificate Maximum Benefits Section detailed in this certificate.
25. Services and supplies which are eligible to be repaid under any private or public research fund whether or not such funding was applied for or received.
26. Services and supplies for treatment of complications unless such complications are determined by the Underwriters to be the immediate and direct result of a Covered Transplant Procedure.
27. Services and supplies provided in connection with a Covered Transplant Procedure which was not performed within a Benefit Period.
28. Services and supplies connected with or incidental to any treatment which includes bone marrow transplantation and High Dose Chemotherapy as a part of the overall treatment plan unless the Assured receives the treatment as a participant in a National Cancer Institute (NCI) phase III or IV clinical trial or the treatment is provided for individuals with the same condition as the Assured in any current NCI phase III clinical trial, and no alternative conventional treatment can be expected to result in an equal or better benefit or outcome.
29. Immunosuppressive drugs for the treatment or prevention of a rejected heart, heart/lung, lung, liver, pancreas, kidney or kidney/pancreas or bone marrow transplant following the end of the Benefit Period. This Contract will no longer pay benefits following the end of the Benefit Period.