

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038
(212) 770-7000

(a capital stock company, herein referred to as the Company)

Preferred Benefits Platinum Plan

LIMITED BENEFIT HEALTH COVERAGE

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND
ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

For complete details and benefit amounts, please read your Policy and Declarations Page.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare review the Guide to Health Insurance for People With Medicare available from the company.

(1) Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

(2) Limited benefit health coverage is designed to provide limited coverage for Insureds during a covered Trip.

(3) Your coverage includes up to a Maximum Limit of:

\$100,000 for the **Medical Expense Benefit** shown in the Schedule. If You are injured or become sick during the Trip and require treatment by a Physician, the Company will reimburse you up to the Maximum Limit shown. The Injury or Sickness must occur and first manifest itself during the course of the Trip. The Company will pay the reasonable and customary charges incurred for medically necessary covered expenses for said injury or sickness incurred within one year from the date of the Sickness or Injury, provided initial treatment was received during the Trip.

This benefit covers You for:

The services of a Physician or registered nurse; hospital charges; local ambulance to or from a hospital; artificial eyes, artificial teeth or other prosthetic devices; x-rays.

Emergency dental treatment up to the dental maximum limit shown in the Schedule only during the Trip. Dental coverage does not apply if treatment or expenses are incurred after the Trip regardless of the reason. Treatment must be given by a Physician or dentist.

Advance Payment: If You require admission to a Hospital, arrangements will be made for advance payment if required. Hospital confinement must be certified as Medically Necessary by the attending Physician.

\$1,000,000 for **Emergency Evacuation and Repatriation of Remains** if required due to an injury or sickness while on the Trip. Emergency Evacuation - Coverage includes Reasonable and Customary Charges for necessary Transportation, related medical services and medical supplies incurred in connection with the evacuation. Transportation must be: ordered by the attending physician who must certify its necessity and that adequate medical treatment is not locally available; required by the standard regulations of the conveyance transporting You; and authorized in advance by the Company or its authorized representative. In the event Your Injury or Sickness prevents prior authorization of the Emergency Evacuation, the Company or its authorized representative must be notified as soon as reasonably possible. Coverage also includes reasonable and customary charges incurred for an escort's Transportation and accommodations if recommended in writing by an attending Physician.

Coverage is provided if: Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained; and after being treated at a local licensed medical facility, Your medical condition warrants transportation to Your home or adequate licensed medical facility nearest Your home to obtain further medical treatment or to recover. Emergency Evacuation to other than the nearest adequate licensed medical facility, only applies if the upgrade is elected and the appropriate cost is paid.

Benefits are only available under Emergency Evacuation if they are not provided under elsewhere in the plan.

Additional Benefit:

Return to Your Return Destination within one year from the original Return Date from the medical facility. Coverage provides economy airfare or, same class as Your original tickets, less refunds from Your unused transportation tickets.

If You are hospitalized for more than 7 days following a covered Emergency Evacuation, the Company will pay subject to the limitations set out herein, for expenses for:

Return of Children: If the Insured is unable to travel due to a covered Emergency Evacuation, the Insurer will pay to return any of the Insured’s Children who were accompanying the Insured when the Injury or Sickness occurred back to the Insured’s residence in the United States, including the cost of an attendant, if necessary. Such expenses shall not exceed the cost of a one-way economy airfare ticket less the value of any applied credit from any unused return travel tickets for each person.

Bedside Visit: To bring one person You choose, to and from the medical facility where You are confined if You are alone. The Company will pay for expenses not to exceed the cost of one round-trip economy airfare ticket.

Special Limitation: In the event the Company or the Company’s authorized representative could not be contacted to arrange for emergency Transportation, benefits are limited to the amount the Company would have paid had the Company or their authorized representative been contacted.

REPATRIATION OF REMAINS

The Company will pay Repatriation Covered Expenses up to the Maximum Limit shown on the Schedule to return Your body city of burial if You die during the Trip.

Covered Expenses are limited to the reasonable and customary expenses incurred to transport the body and include, but are not limited to, expenses for transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

The Company must make all arrangements and authorize all expenses in advance.

Special Limitation: In the event the Company or the Company’s authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Company would have paid had the Company or their authorized representative been contacted.

The Maximum Limit payable for both Emergency Evacuation and Repatriation of Remains is shown in the Schedule.

\$25,000 for **Accidental Death and Dismemberment** If, while on the Trip, Your Injury results, within 181 days of the date of the accident which caused Injury, in one of the losses shown below, other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot, the Company will pay the percentage shown below of the Maximum Limit shown in the Schedule. The accident must occur while You are on the Trip and covered under this Policy.

If You sustain more than one Loss as a result of the same accident, only the largest amount applicable to the Losses incurred will be paid. The Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

Table of Losses

| Loss of | % of Maximum Limit |
|--|--------------------|
| Life | 100% |
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| Either Hand or Foot and Sight of One Eye | 100% |
| Either Hand or Foot | 50% |
| Sight of One Eye | 50% |

“Loss” with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints;
- (b) eye means entire and irrecoverable Loss of sight in that eye.

EXPOSURE The Company will pay a benefit for covered Losses as specified above which result from Your being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE The Company will pay a benefit for Loss of life as specified above if Your body cannot be located one year after disappearance due to an accidental Injury during the Trip.

(4) GENERAL EXCLUSIONS

This Policy does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane;

- (b) pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy; or Normal Pregnancy or Childbirth;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment;
- (e) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not;
- (i) Mental, Nervous or Psychological Disorder;
- (j) driving while legally intoxicated;
- (k) Experimental or Investigative treatment or procedures;
- (l) any loss that occurs at a time when this coverage is not in effect;
- (m) traveling for the purpose of securing medical treatment;
- (n) care or treatment which is not Medically Necessary;
- (o) any Trip taken outside the advice of a Physician;
- (p) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Company will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner or Family Member booked to travel with the Insured which, within the 60 day period immediately preceding the Insured's coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

The following exclusions apply to the Medical Expense Benefit

Unless otherwise provided by this plan. Benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) routine physical examinations;
- (b) mental health care;
- (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses;
- (d) routine dental care;
- (e) any service provided by the Insured, a Family Member, or Traveling Companion or Traveling Companion of Family Member;
- (f) alcohol or substance abuse or treatment for the same.

The following exclusion applies to Accidental Death and Dismemberment

- (a) the Company will not pay for loss caused by or resulting from Sickness or disease of any kind.

(5) This is a short term, limited benefit nonrenewable product.

(6) Extension of Coverage:

Coverage will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; and
- (b) the Insured's return is delayed by:
 - one of the Unforeseen reasons specified under Trip Cancellation and Interruption or Trip Delay.

This extension of coverage will end on the earlier of:

- (a) the date the Insured reaches his/her Return Destination; or
- (b) 7 days after the date a Trip was scheduled to be completed.

Extra Coverage

If this coverage was purchased within 15 days of the initial trip payment, the following benefits are included.

Pre-Existing Medical Condition Exclusion Waiver

The Company will waive the pre-existing medical condition exclusion if the following conditions are met:

1. This Policy is purchased within 15 days of making the Initial Trip Payment;
2. The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase and the cost of any subsequent arrangement(s) added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s); and
3. All Insured's are medically able to travel when option plan cost is paid.