

TRAVELER GOLD PRODUCT

SCHEDULE OF BENEFITS	COVERAGE LIMIT
Travel Information Service	Free of Charge
Delivery of Urgent Messages	Free of Charge
Dispatch of a Specialized Physician	Actual Expenses
Long Distance Medical Advice	Free of Charge
Referral to Medical Correspondents Abroad	Free of Charge
Cover of Medical Expenses and Hospitalization Abroad	Up to 100,000\$ *
Evacuation and/or Medical Repatriation	Up to 50,000\$
Repatriation of Mortal Remains	Up to 50,000\$
Transportation to Join Beneficiary	Round-trip ticket
Return of Dependent Children	One-way ticket
Emergency Dental Care	Up to 600\$ (60\$ Excess)
Contribution to Sea & Mountain Rescue	Up to 25,000\$
Cover of Winter Sports Ski	Up to 10,000\$
Loss of passport, driving license & National identity card abroad	Up to 300 \$
Total Loss or Disappearance of Luggage	Up to 800\$
Delay of luggage (8 hours)	Up to 300 \$
Flight Delay (8 hours delay)	Up to 1000\$ per Flight

❖ Excess on medical expenses:

Worldwide Excluding Countries		Worldwide Including Countries	
Up to 70 years :	USD 100	Up to 70 years :	USD 100
From 71 to 75 years :	USD 250	From 71 to 75 years:	USD 250
From 76 to 80 years :	USD 1,500	From 76 to 80 years :	USD 3,000

A. PLAN SPECIFICATIONS

- ✓ **Period of Coverage:** Up to 92 consecutive days per trip from the Country of Permanent Residence and back to it.
- ✓ **Scope of Coverage:** As issued on the attached certificate of coverage (excluding the Country of Permanent Residence e.g.: *carte de séjour*, green card, etc...)
- ✓ **Conditions:** As herein defined
- ✓ **Age Limit:** Up to 80 years.

The travel assistance plan covers and assists travelers anywhere in the world in the event of a sudden illness or accident during journeys outside their Country of Permanent Residence. The issuer of this Medical coverage under this agreement is **Arabia Insurance Company**.

B. DEFINITIONS

The words and phrases defined below shall have the following meanings wherever they appear in this document:

Accident or Sudden Illness or Sudden Injury mean a sudden, unexpected, unusual, specific, unforeseen, external event which occurs at a single identifiable time and place and independently of all other causes, resulting directly, immediately and solely in physical bodily injury or trauma and requiring immediate medical intervention treatment. **An event which directly or indirectly exacerbates a previously existing pathology and/or a physical bodily injury shall not be considered an Accident.**

Assistance Company refers to Eurocross Assistance or any of its appointed assistance providers worldwide. The Assistance Company provides services and pays expenses on behalf of the Insurance Company.

Beneficiary means any of the covered persons whose name is stated on the certificate of coverage.

Country of Permanent Residence means the country in which the Beneficiary normally resides, whether or not he/she holds its citizenship.

Deductible means the first amount of the claim which is payable by the Beneficiary, where applicable.

Insurance Company refers to **Arabia Insurance Company**.

Medical Emergency means an unforeseen and non-recurrent sudden pathology which requires an *emergency treatment* to prevent or alleviate existing danger to life or health. An *emergency* no longer exists when medical evidence indicates that the Beneficiary is able to return to his/her Country of Permanent Residence to seek and/or continue treatment. A pathology related to a pre-existing medical condition does not fall under the definition of a sudden pathology. Each time the patient is able to visit the doctor's office in person; such case shall not be considered an emergency.

Pre-existing Medical Condition means a pre-existing physical defect, infirmity, injury, sickness, pathology, disease, affliction, anomaly that could be congenital or acquired, major risk factor, or any other medical condition, whether known or unknown to the Beneficiary, which he/she was suffering from prior to his/her date of travel from his/her country of permanent residence.

Worldwide Excluding Countries are all countries worldwide excluding USA, Canada, Japan, Australia and Singapore.

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C. BENEFITS

1. Travel Information Service

The Beneficiary may, prior to his/her departure, call the appropriate Assistance Alarm Center on the assistance number mentioned on his card, in order to obtain important administrative or medical advice regarding passport and visa processes, vaccination requirements, taxes, customs duties, currencies, and other various requirements.

2. Delivery of Urgent Messages

In the event of an emergency calling for assistance, the Assistance Company shall transmit any urgent messages of the Beneficiary to his/her family or employer and keep them informed of any arrangements made to provide the required assistance.

3. Dispatch of a Specialist Physician

In such cases where medical repatriation proves to be impossible due to the patient's condition, the Insurance Company may, at its discretion, pay for the dispatch of a specialist physician to make on-site evaluation with the attending physician and arrange for the eventual medical repatriation of the Beneficiary.

4. Long Distance Medical Advice

Should the Beneficiary, during his/her journey abroad, need medical advice which is not available at their location, he/she may call the appropriate Alarm Center and get medical advice from a qualified physician. A telephone conversation does not permit the establishment of a diagnosis and must therefore be considered as mere advice.

5. Referral to Medical Correspondents Abroad

While abroad, the Beneficiary may call the appropriate Alarm Center in order to obtain referral to a medical correspondent in the area where he/she is located. The majority of the appointed physicians speak English.

6. Cover of Medical Expenses and Hospitalization Abroad

The Company shall cover only reasonable **medical emergency** expenses for **accidents** - Accidents and medical emergency as defined above under definitions section at Chapter A, as well as hospitalization costs resulting from it, up to a limit specified in the certificate of coverage according to the minimal and standard costs of hospitalization in the country where the Beneficiary is being treated.

This coverage is complementary and only takes place if no other medical or insurance coverage is available. Nevertheless, the Company upholds her right to recovery at any time it appears that the Beneficiary's holds a valid medical insurance that covers medical expenses outside his/her country of permanent residence.

Therefore, the beneficiary authorizes the Company to claim back any paid medical costs from his/her primary medical insurance that provides travel coverage abroad, and undertake to hand over all requested documents for such recovery.

The cover of medical and hospitalization expenses is subject to the following deductibles per person per claim:

- **USD 100 if the Beneficiary is under 71 years old.**
- **USD 250 if the Beneficiary is between 71 and 75 years old.**
- **USD 1,500 if the Beneficiary is between 76 and 80 years old for Worldwide Excluding Countries.**
- **USD 3,000 if the Beneficiary is between 76 and 80 years old for Worldwide Including Countries.**

The coverage is only valid for **sudden illness or injury**, meaning that this sudden illness or injury has no relation with any **pre-existing medical condition** or existing major risk factor, whether known or unknown, prior to the departure date of the current travel.

7. Evacuation &/or Medical Repatriation

If the Assistance Company's physicians decide that medical transportation of the Beneficiary is necessary, the Insurance Company shall arrange and cover the expenses of the medical evacuation of the Beneficiary. The evacuation could be done by helicopter, road or air ambulance, scheduled airline flight, or other means of transport to a hospital where he/she can receive adequate treatment.

As soon as the Beneficiary's condition permits him to travel, the Insurance Company may arrange, if necessary, the repatriation back to his Country of Permanent Residence (home or hospital) on a regularly scheduled airline flight. A direct medical repatriation may likewise be considered, depending on the medical case and the distance to be covered. Expenses incurred during the Beneficiary's medical evacuation and repatriation shall be covered by the Insurance Company up to an amount specified in the certificate of coverage.

8. Repatriation of Mortal Remains

In the event of the death of the Beneficiary as a result of a sudden pathology, the Insurance Company shall assist with the necessary procedures and shall cover only the expenses of transportation for repatriation of the mortal remains to such a location as may be selected by the legal representative of the deceased, up to a limit specified in the certificate of coverage. The administration and funeral expenses (including the purchase of the coffin) are not covered.

9. Transportation to Join Beneficiary

In the event that the Beneficiary, provided that he/she is traveling alone, is admitted to hospital for more than 10 days, the Insurance Company shall provide the person appointed by the Beneficiary and having the same country of residence as the latter with an economy class round-trip air transport ticket or a regular class train ticket to allow him/her to join the Beneficiary. The appointed person shall also receive an allowance of 80\$ per day to cover for his/her basic stay expenses for a maximum period of 10 days.

10. Return of Dependent Children

In the case that dependent children are left unattended following an accident or a sudden illness of which the Beneficiary is victim, the Insurance Company shall arrange for and cover the expenses of one-way economy transportation for those dependent children to their place of residence. A qualified attendant shall also be appointed at no charge, whenever needed.

11. Emergency Dental Care

The Insurance Company shall cover the dental expenses incurred by the Beneficiary in emergency cases, arising as a result of a bodily injury or of an acute and sudden illness, with the exclusion of any kind of prosthesis and /or definitive filing. The coverage is restricted to the treatment of pain, infection and removal of tooth affected. Expenses are covered up to 600 USD, 60 USD Excess is applicable per claim.

12. Contribution to Sea & Mountain

In the event that the Beneficiary is reported missing during his journey abroad, the Insurance Company shall contribute to the expenses associated with sea & mountain search and rescue operated by the local official authorities up to USD 25,000.

13. Cover of Winter Sports (Ski)

In the event of an accident while the Beneficiary is skiing on regular ski slopes, The Insurance Company shall cover assistance and medical expenses up to a maximum of USD 10,000, subject to a deductible of USD 250 per person per claim. The Insurance Company reserves the right to recover any claim declared by the Beneficiary, should any effective policy covering the same risk prove to exist.

Any accident that occurs outside the ski slopes is not covered under this policy.

14. Loss of passport, driving license, national identity card abroad

In case of loss of the Beneficiary's passport, driving license, national identity card while abroad, the Assistance Company will take charge of the expenses of the replacements necessary for obtaining a new passport, driving license, national identity card or equivalent consular document, up to a limit of 300 USD.

All such claims shall be accompanied by a police report certifying the loss or theft of such documents.

15. Total Loss or disappearance of Luggage

In the event of a total loss of personal luggage whilst in the custody of an air carrier outside the country of permanent residence, the Assistance Company shall reimburse the beneficiary towards the necessary cost of purchasing replacement clothing, toilet requisites and similar items during the first 24 hours of his arrival at the scheduled destination up to a limit of USD 800.

A written declaration and/or certificate from airline carrier (or their handling agents) confirming in writing the total loss of luggage, the reason as well as the original invoices and receipts shall be requested by the Assistance Company from the Beneficiary before any compensation.

The 48-hour exclusion does not apply to this benefit.

16. Delay of luggage (8 Hours delay)

If the Beneficiary's checked-in luggage is temporarily delayed during his journey outside the country of permanent residence and has not returned to him within eight (8) hours of the Beneficiary arrival at the scheduled destination but not to his home country, the Assistance Company will indemnify the Beneficiary for charges incurred at the scheduled destination in respect of the emergency purchase of essential clothing and toiletries up to 300 \$ prior to the return of the luggage up to forty eight (48) hours.

A written declaration and/or certificate from airline carrier (or their handling agents) confirming in writing of the number of hours of delay and the reason for delay as well as the original invoices shall be requested by the Insurance Company from the Beneficiary before any compensation.

17. Flight Delay (8 Hours delay)

In the event that transport services on which the Beneficiary has previously booked to travel are delayed by at least 8 hours, or cancelled after a delay of 8 hours, caused by accident, strike, industrial action, hi-jack, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche, adverse weather conditions or mechanical breakdown, provided that the event giving rise to such cancellation occurs, or is only announced, after the covered trip is booked or this insurance is effected, the Insurance Company will indemnify the Beneficiary at commencement of his/ her covered trip as follows:

- The cost of the additional expenses (transport and hotel accommodation) as a result of the delay.
- Such payment will be made on presentation of the relevant original invoices up to a limit of 1000 USD in the event of delay of more than 8 hours.

All such claims shall be accompanied by documents from the said transportation services verifying such delay.

D. Obligations of the Beneficiary

In the event of an accident or a sudden illness, the Beneficiary releases from professional secrecy all doctors and paramedical staff who might examine him/her both before and after the accident.

Any reluctance or failure to declare a fact or circumstance limiting the benefits under this contract gives the Insurance Company the right to terminate the contract as soon as it acquires knowledge of such fact or circumstance.

The Beneficiary must fully cooperate with the Insurance Company to provide the documents required (ex. medical report) in order to evaluate the claim.

Claims Conditions

In order to receive the benefits under this travel plan, the Beneficiary must contact the appropriate Alarm Center **within 48 hours** of the occurrence of the event by phone or email:

<u>Middle East</u>	<u>Rest of the World</u>
Tel +961 4 548 660	Tel +420 2 34 722 760
F +961 4 548 349	

Email: claims@mideast-assistance.com

If the Beneficiary is not in a position to contact the appropriate Alarm Center, notification given by a close person, the police, the hospital, the fire brigade, or any person having intervened upon the occurrence of the damage will be considered of the same worth as a call from the Beneficiary him/herself.

The Insurance Company reserves the right to verify the truthfulness of the damage declared. Failure to submit such required documents within a period of two months from the occurrence of the accident/sudden illness gives the Insurance Company the right to deny any benefits and/or reimbursement in relation with the incurred costs.

Furthermore, if the Insurance Company approves the coverage of the claim, the Beneficiary must provide the requested original documents within twelve months.

1) The Damage:

- Official statement of accident issued by the police authorities.
- Copy of passport and visa (where applicable).
- Complete medical file established by the doctor or the hospital visited at the place of the accident.
- Medical prescriptions.
- Medical and hospital bills.

2) The Loss or Delay of Luggage:

- Copy of check reimbursed from the Airlines.
- Letter from the Airlines.

3) Flight Delay:

- Proof of the delay and cancellation (boarding passes, letter from the Airlines, flight history).

E. Limitation of Coverage

- 1- Coverage shall cease automatically upon the expiration date of this contract. Should the Beneficiary extend his/her journey beyond the covered period, no renewal of benefits is granted unless he/she signs in person a new contract from the country in which the expired contract has been issued.
- 2- Coverage under this plan is secondary, which means that the Insurance Company will not pay any cost which is recoverable from any other insurance, fund or institution, except eligible amounts that exceed the limits covered by that other insurance, fund or institution, subject to the General Conditions of this contract, and up to the limits herein set.
- 3- The Insurance Company shall not be held liable for the consequences of medical malpractice or inadequate or deficient treatment.
- 4- The Insurance Company shall not be held liable for any medical post-treatment or follow-up incurred by the incident.

F. Exoneration from Providing Benefits

The Insurance Company is released from any obligation to provide benefits in the following cases:

- 1- Failure by the Beneficiary to notify the Assistance Company **within 48 hours of the event**.
- 2- All files or bills treated outside a guarantee of payment or a previously written authorization from The Company, if accepted, are subject to reimbursement according to the Company's standard prices in the incident country.
- 3- Failure by the Beneficiary to submit to the Assistance Company all documents required for setting the case of the accident.
- 4- Committing by the Beneficiary of a crime or an offense, which was the cause of the accident.
- 5- Denial of the compulsory prior approval by the Assistance Company for the organization and financing of the assistance. Any decisions to undergo treatment, transfer to a different medical facility, or perform a necessary procedure, such as a surgery, or additional investigation, such as MRI or scanner, during an approved hospitalization must be subject to the Assistance Company's prior approval. Failure to notify the Assistance Company of such decision will result in the denial of coverage.
- 6- Failure by the Beneficiary to notify the Assistance Company of the existence of another insurance covering the same risks.
- 7- Failure by the Beneficiary to take measures which reasonably ought to have been taken to avoid the accident.

- 8- Failure by the Beneficiary to provide the Assistance Company with the information it needs, and to give it honest and complete answers.
- 9- Refusal by the Beneficiary or the person who decides for him/her to receive those benefits provided by the Insurance Company and mutually agreed upon by the Assistance Company doctors and those present at the place of the damage. Such refusal will result in the cancellation of the contract, unless the Beneficiary changes his/her mind before the expiration of the contract.

G. Exclusions

Expenses and damages resulting from the following events are not covered:

- 1- The practice of reckless undertakings or needless risk by the Beneficiary or not taking reasonable care, except in an attempt to save human life.
- 2- Brawl (punches during a violent dispute).
- 3- The practice of high-risk sports such as, but not limited to: parachuting, acrobatics, spelunking, races using mechanical appliances, high wire, ski jumping, sky flying & surfing, bungee jumping, Base jumping, hang gliding, open water swimming, scuba diving, jet skiing, kite & windsurfing, water surfing, wakeboarding, rafting & kayaking, shooting, indoor & outdoor climbing, alpinism, mountain biking, free falling, boxing, motor racing, rugby, aviation, ATV riding, mountain sickness related claims ,as well as all professional competition sports.
The Company shall study on case by case basis the circumstances related to the practiced sport.
- 4- War, declared or otherwise, revolution, sabotage actions, terrorism or vandalism strikes, street barricades erected at the time of public demonstrations, and generally troubles of all kinds and measures taken for restoring order.
- 5- Telluric movements, floods, volcanic eruptions, or other kinds of natural phenomenon considered as natural calamity.
- 6- Any expenses related to abuse of consumption of alcohol, narcotics, and/or other hallucinogenic substances.
- 7- All damage to health brought about by ionizing rays (nuclear radiation).
- 8- Any loss arising from biological and/or chemical material(s), substance(s), compound(s) or the like used directly or indirectly for the purpose to harm.
- 9- Expenses related to mental health disorders and any Psychiatric disorder or any of its manifestations or complications.
- 10- Suicide or attempted suicide.
- 11- Ablation and transplantation of organs, tissues, or cells.
- 12- All events and accidents associated with or resulting from pregnancy and/or breast feeding, including diagnosis, follow-up treatments, abortion, or delivery.
- 13- a) Any internal or external device/ material used on temporary or permanent basis such as but not limited to orthopedic, cardiac, vascular, urological, digestive devices/materials, etc., as well as anatomical prosthesis, any walking aids and splints.
b) All operations related to previous prosthesis or device as described in (13-a) Physiotherapy including all forms of physical reeducation.
- 14- Elective stay at a convalescent home or a revalidation center.
- 15- All treatments related to congenital or acquired malformations.
- 16- Endemic, epidemic and pandemic diseases.
- 17- Venereal and Sexually Transmitted Infections.
- 18- Any Health Services that are received as Out-of-Hospital Benefits as well as outpatient doctor visits.
- 19- Spontaneous consultations of doctors and specialists, and all kinds of check-ups or medical investigations.
- 20- Treatment, hospitalization or any medical costs related to a **pre-existing medical condition** as described in Chapter A under Definitions section. This exclusion extends to any medical situation whether known or unknown, diagnosed or not, treated or not before the Beneficiary current travel dates and possible complications thereto. **Pre-existing medical conditions**, and any related treatment to it; repatriation, evacuation or Emergency Room expenses, are not covered under this plan.
- 21- Any subsequent admission to the hospital, related to the first one, unless considered as an emergency treatment by the Company physicians.
- 22- Gallstones and Cholelithiasis and any complication resulting from that.

- 23- Nephrolithiasis as well as ureterolithiasis and their complications.
- 24- Any vascular, cardiovascular, cerebrovascular illness and their related complications are excluded from the coverage of this policy
- 25- Any medical condition for which the Beneficiary didn't take the recommended treatment or prescribed medications as directed by his medical practitioner in his Country of Permanent Residence.
- 26- Medicines, prescribed outside the emergency coverage or the hospitalization that follows.
- 27- Unconventional trips.
- 28- In case of approval of a non-urgent hospital admission: prior any admission, authorization by the Company doctors concerning the choice of the hospital is mandatory; otherwise, the hospitalization fees are not covered by this certificate of coverage.
- 29- Systemic, rheumatologic, endocrine diseases as well as auto-immune, vascular and chronic diseases and allergic reactions.
- 30- In case of a non-typical or uncommon pathological disorder, failure to present to the Company doctors a clear and definite medical and etiological diagnosis within 3 (three) days of the hospital admission.
- 31- Any emergency admission that does not lead to an urgent intervention (medically or surgically) within 24 to 48 hours' maximum is no longer considered urgent by this contract even if it will lead later to a medical or surgical intervention.
- 32- Every hospitalization undertaken initially in a diagnostic search purpose.
- 33- Investigations, treatment, or surgery which in opinion of the medical practitioner in attendance and/or the Company doctor can wait until return of the insured to country of permanent residence
- 34- Diagnostic investigations and procedures undertaken in search for preexisting diseases and medical conditions excluded in the scope of the present coverage as described in the exclusion (E-21) and the definition section in chapter A, such as but not limited to coronarography, ...etc.
- 35- No coverage shall be rendered in case the insured has another valid medical or insurance coverage outside his/her Country of Permanent Residence.

In addition, the Beneficiary is not covered when a trip is undertaken:

- Against medical advice.
- Following acknowledgement of a diagnosis establishing an illness in terminal phase.
- With the intention to receive medical treatment, medical investigation or follow-up treatment for a pre-existing medical condition.
- During a period of illness, major treatment, or incapacity to work.
- When a doctor has ordered an operation, which has not yet been performed.

H. Jurisdiction

- Any dispute resulting from the execution or the interpretation of this agreement shall be settled by competent tribunal of the coverage Issuer's country.