

# The USAway International Major Medical Plan

## For

- People Traveling or Temporarily Residing Outside of The United States

## Uses

- Tourism
- Vacation
- Religious Pursuits
- VISA Requirements
- Business Assignments
- Students Studying Abroad



**PETERSEN**

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# The USAway International Major Medical Plan



## Description of Available Benefits

Choice of Deductible		Maximum Benefit	
Age 0-69	\$0, \$250, \$500, \$1,000, or \$2,500	<b><u>\$5,000,000</u></b>	
Age 70-79	\$1,000, \$2,500 or \$5,000	Age 70-74	up to \$250,000
Age 80-84	\$2,500 or \$5,000	Age 75-79	up to \$100,000
(Deductibles listed are per policy period) One policy will be issued for each person.		Age 80-84	up to \$50,000
		(Benefits listed are per policy period) One policy will be issued for each person.	

## Description of Policy Benefits

The insurance being described is a temporary major medical insurance plan with a maximum term length of 11 months. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographic area will be reimbursed to you. Benefits may be assignable directly to the providers once a claim has been reviewed and completed.

### Eligible Expenses

**Hospital Expenses:** All medically necessary expenses while hospitalized.

**Physician Services:** All medically necessary expenses for treatment.

**Skilled Nursing Facilities:** All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

**Home Health Care:** All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

**Ambulance Services Expenses:** To and from a hospital within 100 miles in the same geographic area.

**Medical Evacuation:** All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$250,000.

**Repatriation of Remains:** In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$250,000.

**Prescription Drugs:** Outpatient prescription medications covered up to a maximum of \$500.

**Emergency Return Home:** If, after you have departed, you learn of the death of an Immediate Family Member, or you learn of the substantial destruction of your home by fire, wind, flood, or earthquake, Underwriters shall reimburse you the cost of an economy one way air or ground transportation ticket for you to your home, up to a maximum of \$5,000.

**\$25,000 Accidental Death:** \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

**Follow Me Home:** Provides benefits for any injury or illness which occurs while in the USA. Benefits are limited to 7 days for every month of time outside the USA.

**Lost Luggage:** In the event that your checked on luggage is completely and totally lost, Underwriters shall reimburse you to a maximum of \$500, excess of any and all other valid and collectible coverages.

**Trip Cancellation Benefit:** If within two weeks prior to your pre-paid ticketed or vouchered initial trip departure your entire trip must be cancelled due to 1) your death, illness or injury causing hospitalization or outpatient surgery, or 2) the death of an Immediate Family member, or 3) the substantial destruction of your home due to fire, wind, flood, or earthquake, any unused and nonrefundable portion of expenses shall be reimbursed up to a maximum of \$1,000, excess of \$100 each and every loss and excess of all other valid Insurances.

[This plan is not compliant with the Affordable Care Act](#)

This is not intended to be a complete outline of coverage. Actual wording may change without notice.

Underwriters reserve the right to modify terms and benefits at time of underwriting.

USAway 04/01/2015

## Monthly Premium Rates

Age	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible
0-18	\$226	\$190	\$181	\$172	\$163
19-29	\$241	\$200	\$190	\$180	\$170
30-39	\$268	\$220	\$208	\$196	\$184
40-49	\$323	\$259	\$243	\$227	\$212
50-59	\$450	\$350	\$325	\$300	\$275
60-64	\$539	\$414	\$382	\$351	\$320
65-69	\$578	\$442	\$407	\$373	\$339
70-74	-	-	-	\$496	\$446
75-79	-	-	-	\$546	\$491
80-84	-	-	-	-	\$708

\*For short trip durations and alternate benefit limits, please apply online.

## Optional Coverage

### War & Terrorism Coverage

If you elect this option Underwriters will reimburse You for Eligible Expenses which are incurred as a result of Injuries or Illnesses sustained due to war/terrorism or act of war/terrorism. Injuries or Illnesses due to war/terrorism or act of war/terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s) are not covered with this optional benefit.

### Sports or Activities Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from the participation in a sport or activity that is specifically named on the Schedule of Coverage. Benefits up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.

## Pre-existing Conditions Limitations

Pre-existing condition means a physical mental or chemical condition which arose from any accident or sickness for which you sought medical advice or treatment within twelve months prior to the effective date of this certificate or which caused symptoms for which an ordinarily prudent person would have sought medical advice within that twelve months.

### **Important Notice regarding the Patient Protection and Affordable Care Act:**

This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties maybe imposed on persons who do not maintain ACA-compliant coverage. You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you.

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**Application Form - Page 1 of 2**

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

## Applicant Information (A)

Name (Last, First)	Date of Birth	Gender	Travel Dates*
	/ /	M / F	/ / thru / /

\*Not to exceed 11 months.

## Contact Information (B)

Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Coverage Amount (C)

Deductible: \$ \_\_\_\_\_ Maximum Benefit: \$ \_\_\_\_\_

## Optional Coverage (D)

<input type="checkbox"/> Sports or Activities Coverage	• Specify Sport or Activity _____
<input type="checkbox"/> War & Terrorism Coverage	• Specify Countries _____

## Payment Options (E)

Please complete the payment authorization form on the following page.

**Declaration**

**I understand this coverage is for persons traveling outside the United States of America. I understand the Terms and Conditions of this product. I (We) am/ are in good health and ordinarily enjoy good health. I understand that Pre-existing Conditions as defined in the Terms and Conditions are excluded. Payment for the full term of coverage must be paid in U.S. dollars at the time the certificate is issued and it is earned in full.**

Proposed Insured \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print

## PAYMENT AUTHORIZATION FORM

Insured's Name		
Account Billing Address		
City	State	Zip
Email		Phone

Monthly Premium Amount \$ \_\_\_\_\_

**Option 1) Electronic Check**

Select Account Type:

**Checking**

**Saving**

**(Must be a U.S. Bank Account)**

**Routing #**

*(9-digits)*

**Account #**

Attach Voided Check

**Option 2) Check** - Please make checks payable to Petersen International Underwriters

**Option 3) Credit Card** In order to provide the most cost effective premium all offers include a 2% cash discount. If you would prefer to pay by Visa / MasterCard / American Express, the 2% cash discount will not apply.

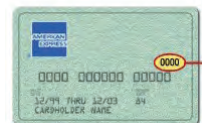
**Card #**

**Expiration Date:**  /

**Security Code:**



**3 Digit Code**



**4 Digit Code**

I understand that this authorization will remain in effect until Petersen International Underwriters receives a written request from me to cancel my automatic withdrawal at least 3 days prior to the next scheduled withdrawal or until Petersen International Underwriters elects to cancel this agreement. I understand that if two or more deductions are not honored, Petersen International Underwriters has the right to discontinue my enrollment in the Electronic Funds Transfer Payment Plan. I hereby authorize Petersen International Underwriters to debit my account for the correct installment premium on the due dates of the installments. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters. I acknowledge that the origination of EFT transactions to my account must comply with the provision of U.S. law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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2. Individuals over age 59, services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
3. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$250,000 in the aggregate.
4. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
5. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
6. Insured age 70-74 is limited to \$250,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
7. Insured age 75-79 is limited to \$100,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
8. Insured age 80-84 is limited to \$50,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.

## Exclusions

1. Expenses for supplies and services that were incurred in the United States of America or any of its territories after the follow Me Home Provision has been exhausted.
2. Any expense which You are not legally obligated to pay.
3. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
4. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
5. Expenses in excess of UCR.
6. Self-inflicted injuries while sane or insane.
7. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
8. Rest cures, quarantine or isolation.
9. Cosmetic surgery unless necessitated by an accidental Injury.
10. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
11. Eye glasses or eye examinations.
12. Hearing aids or hearing examinations.
13. General or routine examinations.
14. Injuries sustained from participation in Hazardous Sports or Activities.\*
15. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
16. Injuries or Illnesses due to War or any act of War whether declared or undeclared.\*
17. Injuries or Illnesses due to Terrorism or Act of Terrorism whether declared or undeclared.\*
18. Injuries or Illnesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
19. Injuries or Illnesses sustained while committing a criminal or felonious act.
20. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
21. Cataract surgery.
22. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
23. Custodial Care.
24. Expenses for supplies and services that were not incurred within the specified Geographic Area.
25. Pre-existing conditions.
26. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.\*\*

\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

\*\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.

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USAway 04/01/2015



**good neighbor** insurance

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