



Atlas Series - Travel Medical Insurance

Insurance Product Information Document

Company: Tokio Marine HCC – Medical Insurance Services Group (“MIS Group”) **Product:** Travel Medical Policy

This insurance is provided by MIS Group, a member of the Tokio Marine HCC group of companies. MIS Group has authority to enter into contracts of insurance on behalf of the Lloyd’s underwriting members of Lloyd’s Syndicate 4141. Lloyd’s Syndicate 4141 is managed by HCC Underwriting Agency Ltd, which is authorized by the Prudential Regulation Authority (“PRA”) and regulated by the Financial Conduct Authority (“FCA”) and the PRA. Registered number: 228121.

The following summary does not contain the full terms and conditions of the contract which can be found in your policy documentation. This is not a personalized policy tailored to an individual’s specific needs. Please review the Description of Coverage for more details on coverage benefits, limitations, and exclusions.

Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise in your policy schedule.

What is this type of insurance?

This is a travel medical insurance policy which provides coverage for unexpected injury and illness while traveling outside of your home country.

Please review the Description of Coverage for a full list of eligible expenses and exclusions.



What is insured?



What is not insured?

Eligible Medical Expenses for a Covered Injury or Illness and Emergency Travel Benefits

Non-Eligible Expenses

- ✓ Unexpected injury or illness.
- ✓ Ambulance and hospitalization.
- ✓ Emergency room and urgent care centers.
- ✓ Emergency dental treatment up to the benefit limit.
- ✓ Outpatient care.
- ✓ Complications of pregnancy during the first 26 weeks of gestation.
- ✓ Injury or illness due to terrorism up to the benefit limit.
- ✓ Prescription drugs for treatment of a covered injury or illness.
- ✓ Emergency medical evacuation up to the benefit limit.

- ✗ Pre-existing conditions whether known or unknown are excluded.
Limited coverage for an acute onset of a pre-existing condition excluding chronic, congenital, and worsening conditions. Treatment must be obtained within 24 hours of onset.
- ✗ Routine examinations.
- ✗ Certain extreme sports.
- ✗ All forms of cancer / neoplasm.
- ✗ Sexually transmitted diseases and conditions.
- ✗ Substance abuse, addiction, any self-inflicted injury or illness, or injury sustained due to intoxication or drugs.

- ✓ Personal liability up to the benefit limit.
- ✓ Accidental Death and Dismemberment up to the benefit limit.
- ✓ Crisis response associated with kidnapping, such as ransom, crisis response expenses, and loss of personal belongings up to the benefit limit.
- ✓ Emergency reunion and bedside visit up to the benefit limits.
- ✓ Trip interruption up to the benefit limit.
- ✓ Political evacuation up to the benefit limit.
- ✓ Repatriation of remains or local burial or cremation up to the benefit limit.
- ✓ Travel delay up to the benefit limit for 2 days.
- ✓ Lost checked luggage up to the benefit limit.
- ✓ Natural disaster up to the benefit limit for 5 days for replacement accommodations.
- ✗ Mental health disorders.
- ✗ Diseases of the skin.
- ✗ Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
- ✗ Injury or illness due to chemical, biological, nuclear agent, material, device or weapon.
- ✗ War and military action.
- ✗ Terrorism & Political Evacuation excludes locations where the U.S. Department of State has issued a level 3 or level 4 travel advisory.
- ✗ Emergency medical evacuation, repatriation of remains, and local burial or cremation not approved in advance and coordinated by MIS Group.
- ✗ Treatment that is investigational, experimental or for research purposes.
- ✗ Treatment not administered by or under the supervision of a physician, and products that can be purchased without a doctor's prescription.
- ✗ Charges incurred outside your certificate period or submitted to us more than 60 days after the last day of the certificate period.
- ✗ Treatment that is not medically necessary, provided by a relative or person residing with you, or provided at no cost to you.
- ✗ When purpose of travel is to obtain treatment in the destination country/countries.
- ✗ Complications or consequences of a non-covered treatment or condition.

Travel Assistance Services – Assistance Only

- ✓ Medical provider referrals.
- ✓ Translation and interpretation assistance.
- ✓ Lost passport and travel document assistance.
- ✓ Embassy and consulate referrals.
- ✓ Emergency cash transfers.
- ✓ Prescription drug replacement.
- ✓ Medical monitoring.
- ✓ Legal & accounting referrals.
- ✓ Bail bond assistance.
- ✗ There is no monetary benefit.



Are there any restrictions on cover?

- ! Please read the Description of Coverage for a full explanation of your benefits and exclusions. You can access the link to Description of Coverage on this website.



Where am I covered?

- ✓ Coverage areas are either worldwide including the United States (U.S.) or worldwide excluding the U.S. Please check your fulfillment document to confirm the geographical limits of your coverage.
 - ✓ U.S. citizens and residents are not eligible for coverage that includes the U.S. The coverage area excludes the member's home country, except as applies to an eligible benefit period or incidental home country coverage.
-



What are my obligations?

- At the beginning of the period of insurance or when making changes to your policy, you must give complete and accurate answers to any questions you are asked relating to the insurance.
 - Review your policy wording to familiarize yourself with the benefits and exclusions. If you are not satisfied with your coverage, let us know before your effective date and we will provide a full refund.
 - Getting Medical Treatment:
 - Show your ID card to the medical attendant;
 - Pay the deductible or copay (if applicable);
 - The medical office may submit bills directly; and
 - After the visit, you will need to submit a Claimant's Statement.
 - Filing a Medical Claim:
 - Submit original, itemized bills, and any payment receipts and claim form; and
 - Claims must be filed within 60 days of the termination date of your policy.
 - Notify us in advance and have approved any emergency medical evacuation, repatriation of remains, or local burial or cremation.
 - Assist and cooperate with us or our representatives in obtaining any other records we or they feel necessary to evaluate the incident or claim.
-



When and how do I pay?

- Payment is made at the time of application.
-



When does the cover start and end?

- Coverage starts on the date requested on your application or the moment you depart your home country, whichever is later.
 - Coverage ends on the date requested on your application or at the moment of arrival in your home country (unless you have started a benefit period or are eligible for home country coverage), whichever is later.
-



How do I cancel the contract?

- You can cancel this coverage at any time by contacting in writing your broker (if applicable) or MIS Group.
 - Up to the certificate effective date, you will be eligible for a full refund of premium.
 - For the Atlas MultiTrip plan, there are no refunds after the effective date. For all other plans, after coverage starts, provided you have not made a claim, you will be entitled to a refund of any premium paid less a \$25 cancellation fee, and subject to a deduction for any time for which you have been covered.
-