

## Global Medical USA

### Accident and Sickness Insurance for Foreign Nationals traveling outside of their Home Countries and to the USA

Including...

- Accident & Sickness Insurance Benefits, Choice of Plans
- Emergency Medical Evacuation Benefit
- Emergency Reunion Benefit
- Repatriation of Remains Benefit
- Accidental Death & Dismemberment Benefits
- Optional Athletic, Hazardous Activity, and Home Country Benefits
- 24 Hour Assistance Services

You are entitled to the benefits described in this brochure if you have enrolled for this insurance and paid the required premium.



Global Medical USA  
Accident and Sickness Insurance  
for Foreign Nationals traveling outside  
of their Home Countries and to the USA



Global Medical USA is for foreign nationals while traveling outside of their Home Country to the United States. The plan provides international insurance benefits for individuals, their spouses, and for their unmarried dependent children. Insured individuals may also purchase coverage for their eligible dependents, spouse, and any unmarried dependent children, up to age 19. "Dependents" not fitting the insurance definition under eligibility may purchase coverage on their own.

Benefits Include:

- Access to the 24 hour, 365 days per year Europ Assistance USA network for emergency assistance anywhere in the world. This gives you fast, reliable referrals to the nearest medical facility or provider, as well as help relaying messages to family members.
- Medical Expense Benefits with choice of deductibles.
- Emergency Medical Evacuation Benefits.
- Emergency Reunion Benefits.
- Repatriation of Remains Benefits.
- Accidental Death and Dismemberment Benefits.
- Optional Riders for Home Country coverage, Hazardous Activities, and Athletic Coverage.

#### Period of Coverage

Coverage may be purchased from a minimum one month (if trip duration is shorter than one month, use the monthly rate) up to a maximum of 12 months. Coverage may be purchased in monthly increments. Rates are listed in the enrollment form. Coverage begins at 12:01 a.m. at the covered person's address, on the latest of the following: a) the date of the covered person's departure from their Home Country to the United States; b) the date the enrollment form and premium are received by the Company or its designated representative; or c) the date requested on the enrollment form. Coverage will end on the earliest of the following: a) the date of covered person's return to their Home Country from the United States (there is no continuation of coverage upon return home, except as specifically indicated in the Extended Home Country Benefit); b) the date requested on the enrollment form; c) the date of termination under the Plan's provisions; or d) the end of the period for which premium has been paid. Coverage may not be purchased for longer than 12 months, and coverage may not be extended, it must be repurchased with a new Period of Coverage issued (no more than 12 months in total) except as specifically provided in the Extended Home Country Benefit.

Refund of premium, less a \$10 processing fee, will be considered only if written request is received prior to the effective date of coverage. Once the coverage has begun, the premium is considered fully earned and no refund will be allowed. Partial refunds are not available.

All correspondence and requests for information should be directed

to CMI Insurance, 11311 McCormick Rd., Hunt Valley, MD 21031-8622. Phone: (410) 583-2595, (800) 677-7887 FAX: (410) 583-8244. Or go to [www.cmi-insurance.com](http://www.cmi-insurance.com) [www.globalmedicalusa.com](http://www.globalmedicalusa.com). Enroll on line or email us from the site.

#### Schedule of Benefits

##### Medical Expense Benefits

Medical Expense Benefits will be paid up to the Plan maximum elected by you.

Plan A	\$ 50,000 per condition maximum
Plan B	\$ 100,000 per condition maximum
Plan C	\$ 250,000 lifetime maximum
	\$ 100,000 maximum ages 60-64
	\$ 50,000 maximum ages 65-79
	\$ 10,000 maximum ages 80+
Dependent Children	\$ 50,000 maximum

The maximum limits are either per condition (per covered Sickness or Injury) for Plans A and B, or are lifetime for all conditions combined under Plan C. Expenses incurred for a Sickness that first manifested, was treated or diagnosed during the covered person's first fourteen days of coverage will be limited to a maximum of \$1,000. No other benefits will be paid for the Sickness.

Medical expense benefits for dependent children are limited to \$50,000 per condition.

#### Deductible Options and Co-payments

Rates shown in the enrollment form are for \$250 deductible. \$500, or \$1,000 per person, per Period of Coverage deductibles are also available. There is a maximum of three deductibles per family. In addition, there is a \$250 surgical co-payment, inpatient or outpatient. There is an additional \$50 co-payment for Emergency Room treatment which is waived if admitted as an inpatient to the hospital.

#### Co-Insurance

After you pay the selected deductible amount the Plan pays 80% of the first \$10,000 of covered expenses, then 100% to the selected benefit maximum. Covered expenses are based on usual and customary charges for the area in which the claim is incurred.

#### Definitions

"Sickness" means an illness, disease or condition of the covered person that causes a loss for which the covered person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“**Injury**” means accidental bodily harm sustained by a covered person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“**Medically Necessary**” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a doctor or furnished by a Hospital; 2) performed in the least costly setting required by the covered person’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the Covered Expense.

### What Expenses are Covered

To be considered a Covered Expense under the Plan, it must:

a) be usual and customary charges incurred for Medically Necessary medical Covered Expenses; b) have been incurred as the result of, and within 52 weeks of a covered Sickness or Injury outside of the Home Country, during the Period of Coverage (except as specifically provided in the Extended Home Country Benefit, if applicable and enrolled); c) not be excluded by provisions of the Plan; and d) be specifically included in the following list of Covered Expenses:

### Covered Expenses

1. Expenses made by a hospital for room and board, general nursing care and other services, including professional services, but not including personal services of a non-medical nature. However, covered expenses may not exceed the hospital’s average charge for semiprivate room and board accommodation.
2. Expenses made for diagnosis, treatment and surgery by a doctor.
3. Expenses made for the cost and administration of anesthetics.
4. Expenses for x-ray services, laboratory tests, medical services and supplies.
5. Expenses for physiotherapy, if recommended by a doctor for the treatment of an Injury or Sickness, and administered by a licensed physiotherapist. Chiropractic care: limited to 80% of covered charges, up to \$35 per visit, with a maximum of 10 visits per Injury or Sickness.
6. Expenses for prescription drugs including dressings, drugs, and medicines prescribed by a doctor. The Company will pay 100% of the inpatient expenses incurred, and 50% of outpatient expenses incurred.
7. Expenses for dental expenses resulting from an accident, up to \$100 per tooth, \$500 maximum benefit.
8. Expenses incurred for a sickness that first manifested, was

treated or diagnosed during the covered person’s first fourteen days of coverage will be limited to a maximum of \$1,000. No other benefits will be paid for the Sickness.

### Emergency Medical Evacuation Benefit, 100% of Covered Expenses

The Company will pay Emergency Medical Evacuation Benefits for 100% of Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

- 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling outside of his or her Home Country.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person’s place of residence for Medically Necessary treatment in the event of the Covered Person’s Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor’s or specialist’s travel expenses and the medical services provided on location, if, based on the information available, a Covered Person’s condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person’s location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person’s emergency medical evacuation to a different hospital, treatment facility or the Covered Person’s place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person’s Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Covered Expenses for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance. During the course of an Emergency Medical Evacuation of a covered person to their Home Country, all benefits under this plan are

terminated except Accidental Death and Dismemberment Benefits. (Unless the Home Country Benefit Option is purchased, in which case those benefits will be available.)

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. “Trip” means travel by air, land, or sea from the Covered Person’s Home Country.

**Benefits will not be payable unless the Company (or its authorized assistance provider) authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the assistance provider.**

### Emergency Reunion Benefit, \$12,500 Maximum Benefit

In the event of an Emergency Medical Evacuation due to a covered Injury or Sickness, where the doctor feels it would be beneficial for the covered person to have a family member at his or her side during transport, the Company will pay the expenses incurred for travel and lodging for that relative, up to a maximum of \$12,500. Covered Expenses include an economy airline ticket and other travel related expenses not to exceed \$300 a day for a maximum of ten days.

**All arrangements must be made by the Assistance Provider and approved by the Company (or its authorized assistance provider) in order for expenses to be considered eligible.**

### Repatriation of Remains, 100% of Covered Expenses

The Company will pay Repatriation Benefits of 100% of Covered Expenses for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person’s body during the repatriation to the Covered Person’s place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

**Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.**

## Accidental Death & Dismemberment Provisions \$25,000 Principal Sum

If Injury to the Covered Person results, within 365 days of the date of a covered accident, in any one of the losses shown below, the Company will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“**Quadriplegia**” means total Paralysis of both upper and lower limbs. “**Hemiplegia**” means total Paralysis of the upper and lower limbs on one side of the body. “**Uniplegia**” means total Paralysis of one lower limb or one upper limb. “**Paraplegia**” means total Paralysis of both lower limbs or both upper limbs. “**Paralysis**” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“**Member**” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “**Loss of Hand or Foot**” means complete Severance through or above the wrist or ankle joint. “**Loss of Sight**” means the total, permanent Loss of Sight of one eye. “**Loss of Speech**” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “**Loss of Hearing**” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “**Loss of a Thumb and Index Finger of the Same Hand**” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “**Severance**” means the complete separation and dismemberment of the part from the body.

### Home Country Benefit

The Company will pay benefits if, during the Period of Coverage, a covered person returns to the Home Country for incidental visits of up to two weeks total, provided: a) the period of coverage is for a period of at least 30 days; and b) the primary reason for the covered person’s return to the Home Country is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

### Optional Benefits

**Optional Hazardous Activity Coverage** - The Company will pay benefits if a covered person is injured and the covered accident results from: motorcycling; scuba diving; jet, snow, and water skiing; mountain climbing (where ropes or guides are normally used); sky diving; amateur racing; piloting an aircraft; bungee jumping; spelunking; whitewater rafting; surfing; and parasailing. Note: Exclusion 35 does not apply when this coverage is purchased.

**Optional Athletic Coverage** - The Company will pay benefits if a covered person is injured and the covered accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded. Note: Exclusion 6a does not apply with respect to these named sports when this coverage is purchased.

**Extended Home Country Benefit** - You may purchase up to one additional month of the Home Country Benefit at the time of original enrollment, if you are enrolling in the Plan for a minimum of 6 months.

### Excess Benefits

All Coverages, except Accidental Death & Dismemberment, shall be excess of all other valid and collectible insurance.

### Right of Subrogation

If the covered person is injured as the result of another person’s negligence, the Company has the right to seek reimbursement on his/her behalf against the negligent party for any claims paid under the Plan, unless prohibited by state law.

### EXCLUSIONS

**For the Medical Expense, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Home Country benefits, no benefit shall be payable with respect to expenses incurred:**

1. For pre-existing conditions defined as an Sickness, disease or other condition of the covered person, that in the 36 month period before the covered person’s coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a doctor or treatment had been recommended by a doctor. (This pre-existing condition exclusion does not apply to

the Emergency Medical Evacuation, Emergency Reunion, or Repatriation of Remains Benefits.);

2. Injury or sickness where the covered person’s trip to the host country is undertaken for treatment or advice for such injury or sickness.
3. For services, supplies, or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor; or expenses which are non-medical in nature.
4. For suicide or attempted suicide, while sane or insane.
5. For loss incurred as a result of war or any act of war, whether declared or not.
6. a) For injury sustained while participating in an amateur, club, intramural, interscholastic or intercollegiate sport; b) For injury sustained while participating in a professional or semi professional sport.
7. For loss incurred as a result of pregnancy, childbirth, or miscarriage, or any complications thereof.
8. For routine physicals, preventive medicines, serums, vaccines.
9. For cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
10. For elective surgery.
11. For any mental and nervous disorders except for what is provided by the policy.
12. Dental care, except as the result of Injury to natural teeth cause by Accident or for emergency pain relief treatment to sound, natural teeth. Routine dental care and treatment, damage to dentures and bridges, unless noted in the policy; treatment of temporomandibular joint dysfunction and associated myofascial pain.
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder.
14. Injury or Sickness that occurs while the Covered Person while under the influence of any drug unless administered under the advice and consent of a Doctor.
15. For expenses as a result of, or in connection with, intentionally self-inflicted injury.
16. For expenses as a result of, or in connection with, the commission or attempt to commit an assault or a felony.
17. For treatment furnished under any other individual or group policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual.
18. Cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery.
19. Hernia of any kind.
20. Routine nursery care.
21. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for the fitting thereof; eyeglasses,

- contact lenses, and hearing aids.
22. Braces, appliances, wheelchairs, examinations or prescriptions for them or repair or replacement of artificial limbs, orthopedic braces or orthotic devices.
  23. Services, supplies or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
  24. Treatment or service provided by a private duty nurse.
  25. Treatment by any Immediate Family member or member of the Insured's household.
  26. Services provided by any government hospital or agency; any expense covered by another employer or government sponsored plan for which, and to the extent that the Insured is eligible for reimbursement.
  27. Expenses incurred as the result of loss or injuries arising out of employment which would be covered by Workers' Compensation or a similar program.
  28. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
  29. Custodial care or rest cures.
  30. Services incurred in home country, unless provided in the policy.
  31. Elective treatment, exam or surgery including those (a) deemed to be experimental and (b) are not recognized and generally accepted medical practices in the United States.
  32. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or while riding without a helmet in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
  33. Expenses payable by any automobile insurance policy without regard to fault.
  34. Birth defects and congenital anomalies; or complications which arise from such conditions
  35. Injury resulting from off-road motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, racing or speed contests, bungee jumping, spelunking, white water rafting, surfing and parasailing.
  36. Organ or tissue transplant.
  37. Elective termination of pregnancy; Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
  38. Injury or Sickness that occurs while the Covered Person is under the influence of any drug unless administered under the advice and consent of a Doctor.

39. Any treatment, services or supplies received by the covered person with respect to an Injury or Sickness which are incurred or received by the covered person while he or she is in his or her Home Country, except as provided by the Home Country Benefits provided or if selected by the covered person.

**For Accidental Death and Dismemberment Indemnity the Plan does not cover any loss caused by or resulting from:**

1. Intentionally self inflicted injury;
2. Suicide or attempted suicide;
3. War or any act of war, declared or undeclared;
4. Service in the military, naval, or air service of any country;
5. Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
6. Piloting or acting as a crewmember or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**24 Hour Assistance Services Offered by Europ Assistance USA**



In addition to this health insurance program is the availability of the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free, direct or collect. The telephone numbers from around the world will be supplied to you when you enroll in the Plan. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The following services are included:

1. Referral to the nearest, most appropriate medical facility and/or provider.
2. Medical monitoring by board-certified emergency doctors.
3. Urgent message relay between family, friends, personal doctor, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating Emergency Medical Evacuations, Emergency Reunions, and Repatriations.
6. Emergency travel arrangements for disrupted travel as a consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

Global Medical USA Medical Insurance is for individuals traveling outside of their Home Countries and to the USA.

**Underwritten By:**



**ace usa**

ACE American Insurance Company  
436 Walnut Street  
Philadelphia, PA 19106

**Marketed By:**



CMI Insurance  
11311 McCormick Rd.  
Hunt Valley, MD 21031-8622  
(410) 583-2595  
(800) 677-7887  
FAX (410) 583-8244  
www.cmi-insurance.com  
www.globalmedicalusa.com

*This brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in policy issued to: Trustee of ACE USA Travel Insurance Trust in the District of Columbia. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.*

*Under the HIPAA Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with the enrollment materials. If, at any time, you wish to request a copy of ACE USA's HIPAA Privacy Notice, write to ACE USA Accident & Health Compliance Office, 436 Walnut Street, Philadelphia, PA 19106 or call 215-640-2611.*

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YOUR GLOBAL  
NETWORK |



Enrollment Form

#### How to Enroll

Go to our web site for online enrollment and instructions:

[www.cmi-insurance.com](http://www.cmi-insurance.com)

Or...

1. Complete the enrollment form inside, making sure to sign and date it.
2. Select the coverage plan you want and compute your premium in the box beside the rate charts.
3. Make a check (in U.S. funds only) payable to ACE American Insurance Company. Include check/money order or supply credit card information on the enrollment form and mail to:

**CMI Insurance**  
11311 McCormick Rd.  
Hunt Valley, MD 21031-8622

For questions,  
call (410) 583-2595, Fax 410-583-8244

Enrollment Form

Use this Enrollment Form

or go to

[www.cmi-insurance.com](http://www.cmi-insurance.com)

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