

Overseas Travel

Medical Insurance



- **Flexible Coverage Options**

Choice of deductibles and
Maximum benefit amounts

- **Travel with Peace of Mind**

Short-term medical protection
for individuals traveling internationally

www.ihcbenefits.com 

*Administered by: IHC Health Solutions, a member of The IHC Group
Underwritten by: United States Fire Insurance Company*

Marketed by: General Insurance Agency, Inc.

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Why do you need Overseas Travel Medical?

Today, more and more people are traveling outside of their home country, either for business, recreation or personal reasons. Frequently, domestic health insurance does not provide coverage for overseas medical emergencies, and international travelers are unable to obtain this type of protection after they are outside of their home country.

Furthermore, most traditional health insurance does not provide coverage for expenses for an emergency medical evacuation, medical reunion, return of mortal remains, trip interruption or loss of checked luggage.

Who should apply for Overseas Travel Medical?

Anyone traveling outside of their home country needs the type of comprehensive protection the Overseas Travel Medical plan provides.

United States Citizens

You can purchase the Overseas Travel Medical plan to travel anywhere outside of the U.S.* If You are a U.S. citizen residing outside of the U.S., You can purchase this protection as long as you hold a current and valid U.S. passport.

**At this time, this product is not available in all states. Please visit www.ihcbenefits.com for an up-to-date list of states.*

Foreign visitors traveling to the United States

You can purchase the Overseas Travel Medical plan as long as you provide us with your current and valid passport ID number.

What is 24-Hour Medical Emergency Protection?

The Overseas Travel Medical plan includes a unique added benefit for you and your family: 24-Hour Medical Emergency Protection. Our emergency assistance services are superior and include:

- Medical referrals and medical care location
- Communication arrangements between family and doctors
- International hospital bill translation/interpretation services
- Medical case management and catastrophic case notification
- Coordinating emergency medical evacuation or repatriations
- Assisting in the replacement of lost passports
- Locating legal assistance and local interpreters
- Arrangements for medical transportation

TERMS OF PROTECTION

The minimum Term of Protection is five days; the maximum is 12 months. Benefits can be purchased in a combination of daily and monthly periods by paying the appropriate Plan Cost.

Convenient Plan Cost payment options include: (1) Payment in full by check, money order or Visa, MasterCard or Discover credit cards. (2) Monthly pay as you go, allows you to pay monthly by automatic bank drafts, Visa, MasterCard or Discover credit cards.

Effective date of the Term of Protection begins on the latest of the following:

1. The date IHC Health Solutions receives a completed application and the appropriate plan cost for the period of protection; or
2. The effective date requested on the application; or
3. The moment you arrive in the country noted on the application; or
4. The date IHC Health Solutions approves the application.

Expiration date of the Term of Protection terminates on the earlier of the following:

1. The moment you return to your home country; or
2. The expiration of 12 months from the effective date; or
3. The date shown on the schedule provided by IHC Health Solutions; or
4. The end of the period for which the plan cost has been paid; or
5. The date you are no longer considered an eligible person; or
6. For foreign visitors, the date you become a permanent resident of the United States.

DESCRIPTION OF BENEFITS

Medical Benefits: benefits will be paid for reasonable and customary covered expenses incurred by you due to an accidental injury or illness up to the earlier of the maximum amount you chose after the deductible and coinsurance is satisfied, or the expiration date of your term of protection. All bodily disorders, or bodily injuries sustained in any one accident, existing simultaneously which are due to the same or related causes shall be considered one disablement.

If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising there from), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

The initial treatment of the illness or injury must occur within 30 days of the accident or onset of the illness.

Only the following, which are specifically enumerated in the following list of charges and which are not excluded, shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room-and-board accommodation.
2. Charges made for intensive care, coronary care charges and nursing services.
3. Charges made for diagnosis, treatment and surgery by a physician.
4. Charges made for an operating room.
5. Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, physicians' outpatient visits and examinations, clinic care, and surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
8. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
9. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.
10. Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a covered expense.

ELIGIBLE PERSONS

Eligible persons: a person who has applied for benefits, is named on the application and for whom IHC Health Solutions has received the appropriate plan cost, is considered eligible for benefits under this plan.

Eligible dependents: are considered a spouse who is legally married to you or your unmarried child from 30 days old until his/her 19th birthday.

SCHEDULE OF BENEFITS

Accident and sickness medical benefits maximum choices:*
\$50,000, \$100,000, \$250,000, \$1,000,000

Deductible Choices: \$0, \$125, \$250, \$500, \$1,000, \$2,500

The coinsurance (after satisfaction of the deductible) for U.S. citizens outside of the United States is 100% of covered expenses; and for non U.S. citizens inside of the United States it is 80% of the first \$5,000 of covered expenses, and then 100% of the remaining covered expenses.

**The maximum for accident & sickness medical benefits is limited to \$10,000 for eligible persons ages 80 and above.*

**The maximum for accident & sickness medical benefits is limited to \$10,000 for the hazardous sports rider.*

Additional Benefits:

- Emergency medical evacuation: \$100,000
- Return of mortal remains: \$20,000
- Emergency medical reunion: \$10,000
- Return of minor children: \$5,000
- Interruption of trip: \$5,000
- Unexpected recurrence of a pre-existing condition:
U.S. citizens only, \$5,000
- Loss of checked luggage: \$250
- Emergency dental for accidents: \$500
- Accidental death and dismemberment: \$25,000 for eligible person; and \$5,000 for each eligible dependent(s)
- Home country coverage:
- Incidental visits to \$50,000
- 30-day extension of benefits to \$5,000

