



**(RPCV) Short-term Health Insurance for Transition & Travel  
Certificate of Insurance**



# Table of Contents

- Benefit Summary ..... 1
- A. Schedule of Benefits / Benefit Summary: .....6
- B. Agreement.....6
- C. Conditions and General Provisions .....6
- D. Eligibility .....11
- E. Pre-certification Requirements .....11
- F. United States Preferred Provider Organization (PPO) .....12
- G. Eligible Medical Expenses.....13
- H. Emergency Medical Evacuation .....14
- I. Emergency Reunion.....15
- J. Return of Mortal Remains.....16
- K. Emergency Dental.....16
- L. Pre-existing Conditions.....16
- M. Exclusions .....16
- N. Definitions.....19

# BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Period of Coverage	Maximum Limit: Three (3) continuous months (refer to the Declaration of Insurance)		
Lifetime Maximum Limit	\$1,000,000		
Benefit Plan Features			
Benefit Levels	<b>United States</b>	<b>United States</b>	<b>International</b>
	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses			
Deductible	\$250	\$500	\$250
Family Deductible • Accumulative Family Deductible	\$750	\$1,500	\$750
Coinsurance for Eligible Medical Expenses			
Coinsurance • Usual, Reasonable and Customary Expenses (URC) • In addition to Deductible  *Plan pays the first \$10,000 at the applicable coinsurance level; thereafter, 100% of Eligible Medical Expenses	Plan pays 90% Insured pays 10%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$1,000	\$1,000	\$1,000
Family Coinsurance • Accumulative Family Deductible • In addition to Deductible	\$2,000	\$2,000	\$2,000
Copayment			
The Deductible and Coinsurance for some Eligible Benefits is replaced with a Co-Payment. For Eligible Benefits where a Copayment amount is required of the Insured Person, the Copayment amount shall not accrue towards the satisfaction of the Insured Person Deductible and Coinsurance amount for the Period of Coverage.			
Pre-Certification			
<ul style="list-style-type: none"> <li>• Transplants: No coverage if Pre-certification provisions are not met</li> <li>• Treatments &amp; supplies not precertified, Eligible Medical Expenses will be reduced by: 50%</li> <li>• Deductible is taken after reduction</li> <li>• Coinsurance applied to remainder of the reduced amount</li> <li>• Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require pre-certification</li> </ul>			
Inpatient or Outpatient Services			
Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, Per Lifetime			
Benefit	In-Network Benefit	Out-of-Network	International
Eligible Medical Expenses	90%	80%	100%
Outpatient Office Visit	Co-payment: \$25.00	Co-payment: \$35.00	100%

<b>Inpatient or Outpatient Services</b> Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, per Lifetime			
<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Urgent Care Facility visit <ul style="list-style-type: none"> <li>Out of Network: Deductible and coinsurance applicable</li> </ul>	Copayment: \$25.00	80%	100%
Emergency Room Outpatient Visit <ul style="list-style-type: none"> <li>Out of Network: Deductible and coinsurance are applicable</li> </ul>	Copayment: \$100.00	80%	Copayment: \$100.00
Hospitalization/Room & Board <ul style="list-style-type: none"> <li>Out of Network: an additional \$250 deductible per hospital inpatient admission, this amount does not apply to the out of pocket accumulation</li> <li>Average semi-private room rate</li> <li>Includes nursing services and Ancillary Services</li> </ul>	90%	80%	100%
Intensive Care	90%	80%	100%
Outpatient Surgical / Hospital Facility	90%	80%	100%
Laboratory	90%	80%	100%
X-rays	90%	80%	100%
Radiology	90%	80%	100%
Pre-admission Testing	90%	80%	100%
Surgery	90%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>Surgery is incidental to or follows Surgery, which was covered under the Plan</li> </ul>	90%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>	90%	80%	100%
Second Surgical Opinion <ul style="list-style-type: none"> <li>Payable at 100% if requested by the Company</li> </ul>	90%	80%	100%
Anesthesia	90%	80%	100%
Pregnancy Complications: Volunteer <ul style="list-style-type: none"> <li>Maximum Limit: \$7,500</li> </ul>	90%	80%	100%
Newborn <ul style="list-style-type: none"> <li>Child of Volunteer only</li> <li>Age: 14 days to 31 days</li> <li>Maximum Limit: \$5,000</li> </ul>	90%	80%	100%
<ul style="list-style-type: none"> <li>Durable Medical Equipment</li> </ul>	90%	80%	100%
Chiropractic Care and Physical Therapy <ul style="list-style-type: none"> <li>Medical order or treatment plan required</li> <li>Maximum Limit per day: \$50</li> </ul>	90%	80%	100%
Implants <ul style="list-style-type: none"> <li>Out-of-Network: Limited to 150% of established invoice price and/or list price for item</li> </ul>	90%	80%	100%

<b>Inpatient or Outpatient Services</b> Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, per Lifetime			
<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>International</b>
Home Health Care <ul style="list-style-type: none"> <li>Maximum Days: 30</li> <li>Physician Recommendation</li> <li>Upon direct transfer from acute care facility</li> </ul>	90%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> <li>Maximum Days: 60</li> <li>Upon direct transfer from acute care Hospital</li> </ul>	90%	80%	100%
Hospice <ul style="list-style-type: none"> <li>Maximum Days per Lifetime: 30</li> <li>Physician Recommended</li> <li>Terminally ill - 6 months or less to live</li> </ul>	80%	80%	100%
Transplant Expense <ul style="list-style-type: none"> <li>Lifetime Maximum Limit \$1,000,000</li> <li>Per Period of Coverage Transplant Maximum: 1</li> <li>Organ procurement &amp; harvesting costs Lifetime Maximum: \$ \$25,000</li> <li>Covered Transplants: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow</li> <li>Subject to Transplant Pre-certification provisions and only when Treatment is provided within the Company's approved independent Managed Transplant System Network</li> </ul>	80%	80%	100%
<b>Preventative Care</b> NOT Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Adult Wellness Care Visit: Volunteer Only <ul style="list-style-type: none"> <li>Maximum Limit: \$150</li> </ul>	Copayment: \$25	Copayment: \$25	Copayment: \$25
Mammogram Screening: Volunteer Only <ul style="list-style-type: none"> <li>Maximum Limit: \$150</li> <li>Females over 45 years of age</li> </ul>	Copayment: \$25	Copayment: \$25	Copayment: \$25
Prostate Examination Volunteer Only <ul style="list-style-type: none"> <li>Maximum Limit: \$150</li> <li>Includes PSA testing</li> <li>Males over 40 years of age</li> </ul>	Copayment: \$25	Copayment: \$25	Copayment: \$25
Dependent Child Well Visit <ul style="list-style-type: none"> <li>Maximum per Visit Limit: \$100</li> </ul>	Copayment: \$25	Copayment: \$25	Copayment: \$25

<b>Prescriptions</b> Not Subject to Deductible unless otherwise noted			
Maximum Benefit	\$25,000		
Prescription Drugs: United States <ul style="list-style-type: none"> <li>• Maximum Supply: 30 days</li> <li>• Contraceptive Management prescribed by a physician:               <ul style="list-style-type: none"> <li>○ Oral Contraceptives</li> <li>○ Diaphragms</li> <li>○ Contraceptive injections</li> </ul> </li> </ul>	URX) Prescription Drug Card MUST be utilized for all Outpatient Prescription Drugs in the USA.  URX Prescription Card required Retail Pharmacy Copayments: Tier I     \$10 Tier II    \$30 Tier III    \$50		
International Prescriptions <ul style="list-style-type: none"> <li>• Reimbursement basis only</li> <li>• Maximum Supply: 30 days</li> </ul>	Generic and Brand Copayment: \$10		
<b>Mental or Nervous and Counseling</b> Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Benefit	In-Network	Out-of-Network	International
Inpatient Mental or Nervous: Volunteer only	90%	80%	100%
Outpatient Mental or Nervous: Volunteer only <ul style="list-style-type: none"> <li>• Maximum Limit per visit: \$70</li> <li>• Maximum Visits: 12</li> </ul>	Copayment: \$25	Copayment: \$25	Copayment: \$25
<b>Emergency Services</b> NOT Subject to Deductible unless otherwise noted Charges are limited to Usual, Reasonable, and Customary Maximum Limits per Period of Coverage or if indicated, per Lifetime			
Emergency Local Ambulance <ul style="list-style-type: none"> <li>• Subject to Deductible and Coinsurance</li> </ul>	90%	80%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> <li>• Maximum Limit: \$50,000</li> <li>• Maximum Transportation Limit to return to Home Country: \$5,000</li> <li>• Approved in advance</li> </ul>	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> <li>• Maximum Limit: \$5,000</li> <li>• Return of Insured Person's Mortal Remains to Country of Residence</li> <li>• Approved in advance</li> </ul>	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> <li>• Maximum Limit: \$10,000</li> <li>• Day Maximum: 10 days</li> <li>• Meal Maximum: \$25 per day</li> <li>• Reasonable and necessary travel costs Accommodation Maximum per day: \$250</li> <li>• Approved in advance and must be in conjunction with an approved Emergency Medical Evacuation</li> </ul>	100%	100%	100%

**Other Services**

Subject to Deductible or Coinsurance unless otherwise noted  
Charges are limited to Usual, Reasonable, and Customary  
Maximum Limits per Period of Coverage or If indicated, per Lifetime

<b>Benefit</b>	<b>In-Network Benefit</b>	<b>Out-of-Network</b>	<b>International</b>
Emergency Dental ▪ Accident related	80%	80%	80%

**A. SCHEDULE OF BENEFITS / BENEFIT SUMMARY:** Subject to the Terms of this insurance and the insurance plan shown in the Declaration, the insurance plan is available to the Insured Person and offers benefits and coverage arising out of Injury or Illness incurred while the insurance plan shown in the Declaration is in effect.

**B. AGREEMENT:** Sirius International Insurance Corporation (publ) (the Company) promises and agrees to provide the Insured Person with the benefits described in the Master Policy, as outlined herein and coverage for which is certified hereunder by the Company. The Company makes this promise and agreement in consideration of the Assured's Application, the accuracy and truthfulness of the Insured Person's Application and payment of Premium, and subject to all of the Terms of the Master Policy and as contained therein, including any Riders. The Master Policy is effective as of May 1, 2018 and shall remain in effect until terminated in accordance with the TERMINATION OF COVERAGE FOR INSURED PERSONS provision. This Certificate shall be effective as of the Effective Date of Coverage shown on the Declaration, and shall remain in effect until terminated in accordance with the TERMINATION OF MASTER POLICY provision. This Certificate is not part of the insurance contract. The contract is the Master Policy, the Application, the Declaration, and any applicable Riders. This Certificate is merely a description of and evidence of the Insured Person's rights and benefits under the contract. The Declaration likewise is evidence of the coverage under the contract and a statement of the Effective Date of Coverage, subject always to the terms of coverage contained within the contract. The Company hereby recognizes International Medical Group®, Inc., as the Company's authorized agent and representative, and as the Plan Administrator of the Master Policy and this Certificate. Subject to the SERVICE OF SUIT; VENUE; CHOICE OF LAW; TRIAL BY COURT provision, all communications, notices and payments to the Company that are required or permitted under the Master Policy and/or as described in this Certificate should be transmitted through the Plan Administrator, and receipt of same by the Plan Administrator shall be considered receipt by the Company. THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**C. CONDITIONS AND GENERAL PROVISIONS:** The following Terms are conditions precedent to the Company's liability under the insurance provided to the Insured Person pursuant to and in accordance with the Terms of the Master Policy, as represented by this Certificate (such insurance being sometimes referred to herein as "this insurance" or "the plan"):

(1) **ENTIRE AGREEMENT:** The Master Policy, including the Application, the Declaration, and any Riders, shall constitute the entire agreement among the Company, the Assured, and the Insured Person. This Certificate, including the Application, the Declaration, and any Riders, is an outline and evidence of the insurance provided by the Master Policy. This Certificate does not extend or change the coverage provided by the Master Policy. The insurance evidenced by this Certificate is subject to all Terms of the Master Policy, including the Application, the Declaration, and any Riders.

(2) **PREMIUM:** Payment of required Premium shall be remitted to the Company on or before the Effective Date of Coverage. In accordance with the CANCELLATION BY INSURED PERSON provision below, the Insured Person has the right to cancel the Certificate and to have the premium refunded for the portions they have paid after the first 30 days of coverage days of coverage if, after examination of the Certificate, the insured person is not satisfied for any reason.

(3) **CLAIMS NOTIFICATION:** All claims and related claim information should be filed with the Company through the Plan Administrator at the contact information below, or online at <http://myimg.imglobal.com>, as soon as possible:

International Medical Group  
Attn: Peace Corps Care  
PO Box 88506  
Indianapolis, IN 46208-0500  
USA

(4) **PROOF OF CLAIM:** When the Company receives notice of a claim for benefits under this insurance from or on behalf of an Insured Person it will provide the Insured Person with Claimant's Statement and Authorization Forms ("Claim Forms") for filing Proof of Claim. The following items must be submitted by or on behalf of the Insured Person to be considered a complete Proof of Claim eligible for consideration of coverage under this insurance ("Proof of Claim"):

- (a) a duly completed, timely submitted, and signed Claim Form and authorization for release of information; and
- (b) all original itemized bills and statements of services rendered from all Physicians, Hospitals and other healthcare or medical service providers involved with respect to the claim; and
- (c) all original receipts for any costs, fees or expenses that have been incurred or paid by or on behalf of the Insured Person with respect to the claim, including without limitation all original receipts for any cash and/or credit card payments. The provider of service's full name, address, telephone number (including area/country code), date of service, description of services (applicable procedure codes), and diagnosis code must be included on the receipts.

The Company at its option may pend resolution and adjudication of submitted claims and/or may deny coverage due to:

- (i) an incomplete Proof of Claim; and/or
- (ii) failure to submit a Proof of Claim.



The Company at its option may waive the requirements regarding submission of a new claim form for subsequent claims incurred by an Insured Person relating to a continuing illness, injury, or other medical condition for which a properly completed and signed claim form has previously been submitted and received.

- (5) **APPEALING A CLAIM:** In the event the Company denies all or part of a claim, the Insured Person shall have a reasonable opportunity to appeal the denial under which there will be a review of the claim and the determination. Insured Persons shall have sixty (60) days from the date that the notice of denial was mailed to the Insured Person's last known residence or mailing address within which to appeal the determination, and shall have the opportunity to submit written comments, documents, records, and other information relating to the claim.

The appeal must be sent to:

International Medical Group

Attn: Peace Corps Claim Appeals

PO Box 88506

Indianapolis, IN, 46208

USA

The Company's review will consider all comments, documents, records, and other information submitted by the Insured Person relating to the claim, without regard to whether such information was submitted or considered in the initial claim determination. Insured Persons must file two (2) appeals of a claim denial prior to bringing any legal action under the contract of insurance. Upon receipt of a written appeal, the Company shall have an opportunity for further reasonable investigation and/or review, and will respond in writing as soon as reasonably practicable, and in any event within ninety (90) days from receipt thereof.

- (6) **ASSIGNMENT, CHANGE OR WAIVER:** Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare or medical service provider, no transfer or assignment of any of the Insured Person's rights, benefits or interests under this insurance shall be valid, binding on, or enforceable against the Company (or the Plan Administrator) unless first expressly agreed and consented to in writing by the Company. Any such purported transfer or assignment not in compliance with the foregoing Terms shall be void ab initio and without effect as against the Company (or the Plan Administrator), and the Company shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto. The Terms of the Master Policy as evidenced by this Certificate shall not be waived, modified or changed except by the express written agreement of the Company.
- (7) **SERVICE OF SUIT; VENUE; CHOICE OF LAW; TRIAL BY COURT:** No action at law or in equity can be brought by an Insured Person to recover on the contract of insurance prior to the later of (1) expiration of the later of sixty (60) days after written Proof of Claim has been furnished in accordance with the contract of insurance or (2) exhaustion of two (2) appeals under the Appealing a Claim provision above. No action at law or in equity can be brought after the expiration of three (3) years after the time written Proof of Claim is required to be furnished under the contract of insurance. The contract of insurance between the Insured Person and the Company as represented by the Master Policy and evidenced by this Certificate shall be deemed issued, finalized and made in Indianapolis, Indiana. Sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Marion County, Indiana, for which the Insured Person expressly consents. The subjects, risks and benefits of insurance covered by the Master Policy and evidenced by this Certificate are not intended or considered by the Insured Person or the Company (or the Plan Administrator) to be resident, located, or to be performed in any State of the United States. Indiana surplus lines law shall govern all rights and claims raised under this Certificate of Insurance.

In the event of the failure of the Company to provide benefits or pay or reimburse any amount claimed to be due under this insurance, the Company, at the request of the Insured Person and upon receipt of lawful process or summons, will submit to the jurisdiction of a court of competent subject matter jurisdiction located in Marion County, Indiana, provided there exists an independent statutory and constitutional basis for in personam jurisdiction over the Company in said court and by said forum State. The Company and the Insured Person consent to personal jurisdiction and venue in the Circuit and/or Superior Courts of Marion County, Indiana, and in the United States District Court for the Southern District of Indiana, Indianapolis Division (assuming that federal jurisdiction is otherwise appropriate and lawful). All trials regarding any dispute under this insurance shall be exclusively presented to and determined solely by the court as the trier of fact, without a jury. The Company reserves the right, acting by and through the Plan Administrator, to initiate and pursue actions for declaratory judgment and/or other appropriate relief with respect to the validity, binding effect, administration of and/or any dispute or controversy arising under this insurance. In any suit instituted by or against the Company or the Insured Person pursuant to the Terms of this provision, the Company and the Insured Person will abide by the final decision of such Indiana court or of any appellate court in the event of an appeal.

Nothing in this provision constitutes or should be deemed, considered or understood to constitute a waiver of the Company's rights to: (i) oppose venue, procedural and/or substantive choice of law, personal jurisdiction, or subject matter jurisdiction in any forum other than the Circuit or Superior Courts of Marion County, Indiana, or the United States District Court for the Southern District of Indiana, Indianapolis Division (assuming that federal jurisdiction is otherwise appropriate and lawful), (ii) commence an action in any court of competent jurisdiction in or outside of the United States, (iii) remove an action to a United States District Court, or (iv) seek transfer of a case to another court or forum as permitted by the laws of such forum

or the laws of the United States or of any State in the United States, as applicable; all of which rights are expressly reserved and retained.

Subject to and without limiting, expanding, superseding, modifying or waiving any of the foregoing Terms contained in this provision, pursuant to any statute of any State, territory or district of the United States which makes provision thereof, the Company hereby designates the Superintendent, Commissioner, or Director of Insurance (or such other officer specified for that purpose in the statute), or his successor or successors in office, as its true and lawful attorney, under a special power of attorney, upon whom may be served any lawful process issued in connection with the initiation of any action, suit or proceeding instituted by or on behalf of the Insured Person arising out of this insurance, including specifically the Commissioner of Insurance for the Indiana Department of Insurance, 311 West Washington Street, Suite 300, Indianapolis, IN 46204, and hereby designates and appoints John P. Dearie, Jr., Esq., Locke Lord, LLP, Brookfield Place, 200 Vesey Street, 20th Floor, New York, New York 10281-2101, as its attorney-in-fact and agent for service of process to whom said officer or Commissioner is authorized to mail or serve any such process or a true copy thereof.

For Florida residents only: If any dispute shall arise as under the terms and conditions of this Certificate, such dispute may be referred to arbitration in accordance with the procedures of the American Arbitration Association. Any such arbitration shall be held within 50 miles of the Insured Person's residence, with the Company to pay costs and fees (not including any attorney fees) of the proceeding more than five hundred dollars (\$500).

- (8) **MISREPRESENTATION:** Any false representation, incomplete information, misleading statement, misstatement, omission, concealment or fraud, whether or not innocently made, either in the Insured Person's Application which forms a part of the Master Policy and this Certificate, or in relation to any claim form, statement, certification or warranty made by the Insured Person or his/her representatives, agents or proxies, whether in writing or otherwise, to the Company or the Plan Administrator or their respective agents, employees or representatives, or in connection with the making of any claim under this insurance, shall render the Declaration and this Certificate null and void and all claims and benefits under this insurance shall be forfeited and waived.
- (9) **INSOLVENCY:** The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Assured or any Insured Person shall not impose upon the Company any liability or obligation other than that specifically included in this insurance.
- (10) **SUBROGATION CLAUSE:** The Insured Person shall undertake to pursue in his/her own name and stead, and to fully cooperate with the Company in the pursuit and prosecution of, any and all valid claims that the Insured Person may have against any third party who may be liable or responsible for any loss or damage arising out of any act, omission or occurrence which results or may result in a loss payment, provision of benefits, or coverage of claim by the Company under this insurance, and to fully account to the Company for any amounts recovered or recoverable in connection therewith, on the basis that the Company shall be reimbursed and entitled to recover first in full for any sums paid or to be paid by it before the Insured Person shares in any amount so recovered.

The Insured Person further agrees and understands that the Company requires the Insured Person to complete a subrogation questionnaire, sign an acknowledgment of the Company's Subrogation rights and sign an agreement before the Company considers paying, or continues to pay, any claims. Should the Insured Person fail to so cooperate, account, or to prosecute any valid claims against any such third party or parties, and the Company thereupon or otherwise becomes liable or otherwise obligated to make payment under the Terms of this insurance, then the Company shall be fully subrogated to all rights and interests of the Insured Person with respect thereto and may prosecute such claims in its own name as subrogee.

The Insured Person's submission of Proof of Claim or acceptance of coverage or benefits under this insurance shall be deemed to constitute an authorization, consent and assignment of such subrogation rights by the Insured Person to the Company. The Insured Person agrees the Company has a secured proprietary interest in any settlement proceeds the Insured Person receives or may be entitled to receive.

The Insured Person understands and agrees the Company is entitled to a constructive trust interest in the proceeds of any settlement or recovery. The Insured Person agrees to include the Company as a co-payee on any settlement check or check from any third party or insurer. The Insured Person agrees he/she will not release any party or their insured without prior written approval from the Company, and will take no action which prejudices the Company's rights.

The Insured Person is obligated to inform their legal representative of the Company's rights and lien and to make no distributions from any settlement or judgment which will in any way result in the Company receiving less than the full amount of its lien without the written approval of the Company. Any amount recovered by the Company in accordance with the foregoing shall first be used to pay in full the costs and expenses of collection incurred by the Company, including reasonable attorneys' fees, and for reimbursement to the Company for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts recovered shall be paid to the Insured Person or other persons lawfully entitled thereto, as applicable. If the Insured Person receives any form or type of settlement and either fails or refuses to abide by the terms of this insurance contract, in addition to any other remedies the Company may have, the Company retains a right of equitable offset against future claims

- (11) **OTHER INSURANCE:** The Company shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim under this insurance if there is any other insurance, membership benefit, workers' or workplace compensation coverage program or other government program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Other Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit

or to pay or reimburse or provide indemnity for such claim, except in respect of any excess beyond the amount payable or provided under such Other Coverage had this insurance not been effected. The Company shall not be liable or obligated to provide any benefit or to pay or reimburse any claim in respect to Treatment or supplies furnished by any program or agency funded by any government or governmental authority.

- (12) CANCELLATION BY INSURED PERSON:** The Insured Person may request cancellation and a refund of premium for this insurance by giving the Company written notice prior to the Effective Date of Coverage under this Certificate. After such Effective Date, the following conditions apply for cancellation of this insurance:
- (a) If any claims have been filed with the Company, the Premium is fully earned and is non-refundable.
  - (b) If no claims have been filed with the Company:
    - (i) the cancellation will be processed at the Company's discretion
    - (ii) Cancellation and subsequent refund of premium are only applicable to full months of coverage
- (13) APPLICABLE CURRENCY:** All benefit amounts, coverages, monetary limits and sub-limits, and other amounts stated in the Master Policy, the Application, the Declaration, this Certificate, and in any Riders, including Premium, are in United States dollars.
- (14) COOPERATION:** The Insured Person and his/her Physicians, Hospitals and other healthcare and medical service providers and suppliers shall undertake to cooperate fully with the Company and the Plan Administrator in reviewing, investigating, adjudicating, considering an appeal of, and/or administering any claim for benefits under this insurance, including granting full right of access to all relevant, pertinent or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and all other available evidence relating to or affecting the review, investigation, adjudication or administration of the claim. The Company at its own expense shall have the right and opportunity to examine all evidence related to a claim when and as often as it may reasonably require during the pendency of a claim hereunder and to request an autopsy in case of death where it is not forbidden by law. The Company at its option may suspend or pend adjudication of a claim, and/or may deny benefits and/or coverage for a claim, when there has been:
- (a) a refusal to so cooperate,
  - (b) an unreasonable delay in such cooperation, and/or
  - (c) an unreasonable delay in such cooperation, and/or (iii) any other act or omission on the part of the Insured Person and/or his/her healthcare providers which hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations under this insurance.
- (15) CLAIM SETTLEMENT:** Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have previously been paid by or on behalf of the Insured Person at the time of the Company's favorable adjudication thereof will be reimbursed by the Company directly to the Insured Person, by check, at his/her last known residence or mailing address. While this insurance is to effectuate proper administration, the Insured Person shall undertake to promptly notify the Company of any change in such addresses. Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have not been paid by or on behalf of the Insured Person at the time of adjudication will be paid by the Company by check or electronic funds transfer to the Insured Person at his/her last known residence or mailing address, or, at the sole option and discretion of the Company (but without obligation to do so), and as an accommodation to the Insured Person, directly to the provider(s), as applicable. All claim settlements, payments and reimbursements are subject to the applicable Deductible and Coinsurance, if any, and to the benefit limits and sub-limits and all other Terms of this insurance. No healthcare or medical service provider or supplier, or any other third-party, shall have any direct or indirect interest, claim or right of action against the Company under this Certificate, the Declaration or the Master Policy, whether by purported assignment of benefits, subrogation of interests or otherwise, unless first expressly agreed and consented to in writing by the Company, and notwithstanding the Company's exercise or failure to exercise any option or discretion under this provision regarding the method of claim payment. No such provider, supplier or other third-party is intended to have or shall have any rights as a third-party beneficiary under this Certificate, the Declaration, or the Master Policy.
- (16) FRAUDULENT CLAIMS:** A person who knowingly and with intent to defraud the Company files a statement of claim containing any false, incomplete, or misleading information commits a felony. If any claim or request for benefits under this insurance shall knowingly be in any respect false, incomplete, misleading, concealing, fraudulent or deceitful, or if the Insured Person or anyone acting for or on his/her behalf under this insurance knowingly uses any false, incomplete, misleading, concealing, fraudulent or deceitful statements regarding the Insured Person, the insurance contract and all coverage thereunder may be cancelled, voided, rescinded and terminated by the Company in its sole and absolute discretion, and the Company shall have no obligation or liability for any such benefits, coverages or claims.
- (17) ARBITRATION:** Except for Florida residents' option to refer to arbitration, no claim for benefits for which liability, eligibility, or coverage under this insurance has been denied in whole or in part by the Company nor any other dispute or controversy arising under or related to this insurance shall be arbitrable or subject to arbitration under any circumstances or for any reason.
- (18) TERMINATION OF MASTER POLICY:** The Master Policy can be terminated at any time by either the Company or the Assured by giving at least thirty (30) days written notice to the other and to the Insured Person. Such termination will have no effect on this Certificate prior to the date of the termination, or on eligible coverages or benefits under this insurance

accrued prior thereto. No additional Certificates will be issued or further Applications accepted for the plan after the date the Master Policy is terminated.

**(19) TERMINATION OF COVERAGE FOR INSURED PERSONS:** Coverage and benefits for the Insured Person under this insurance will terminate effective at 12:01 AM, EST, on the earliest of the following dates:

- (a) the next day following the end of the coverage period for which Premium has been fully and timely paid; or
- (b) the termination date as shown on the Declaration for this Certificate; or
- (c) the date the Master Policy is terminated pursuant to the TERMINATION OF MASTER POLICY provision, above; or
- (d) the date the Insured Person first fails to meet or no longer meets the eligibility requirements for this insurance as set forth in the Master Policy and outlined in ELIGIBILITY provision of this Certificate; or
- (e) the date specified by the Company in any notice of cancellation, forfeiture or rescission issued pursuant to or because of the circumstances set forth in the CONDITIONS AND GENERAL provision.

Coverage for the Insured Person shall remain in full force and effect unless terminated pursuant to the provisions of this Section except as otherwise provided in the Master Policy, the Declaration, or this Certificate.

**(20) PATIENT ADVOCACY:** Neither the Company nor the Plan Administrator shall have any right, obligation, or authority of any kind to ultimately select Physicians, Hospitals, or other healthcare or health service providers for the Insured Person or to make any medical Treatment decisions for or on behalf of the Insured Person, and all such decisions shall be made solely and exclusively by the Insured Person and/or his/her guardians, family members and treating Physicians and other healthcare providers. Subject to the foregoing, the Company may determine that a claim, benefit, Treatment, or diagnosis occurring under or relating to this insurance may be placed under the Company's "Patient Advocacy" program to ensure that Medically Necessary Treatment and supplies are provided in the most cost-effective manner. In the event the Company determines that a claim, benefit, Treatment, or diagnosis meets the Company's Patient Advocacy program guidelines, the Company will notify the Insured Person as soon as reasonably practicable, and a Patient Advocate will be assigned to the Insured Person. Thereafter, the Company's Patient Advocate may make evaluations and/or recommendations of Treatment settings and/or procedures and/or supplies that may be more cost effective for the Company and/or the Insured Person. Such recommendations will be made with input from the Insured Person and/or the Insured Person's guardians, family members and treating Physicians and other healthcare providers, and will be made only when it can be reasonably demonstrated that the Medically Necessary Treatment and/or supplies can be provided in a more cost-effective manner to the Company and/or the Insured Person. The Company will use its best efforts to evaluate and recommend Treatment settings and/or procedures and/or supplies that can reasonably be expected to result in the same or better care of the Insured Person. The Insured Person is under no obligation to accept or follow any of the Company's recommendations. However, if the Insured Person accepts and follows any of the Company's recommendations, the Insured Person agrees to hold the Company and the Company's agents and representatives, including the Patient Advocate, harmless from same, and the Company shall not be held liable or otherwise responsible for any Treatment or supply provided to the Insured Person except for the payment of claims and benefits eligible for coverage under the Terms of this insurance. After the Insured Person, has been notified that the claim, Treatment, benefit or diagnosis meets the Company's Patient Advocacy program guidelines, the Company reserves the right, at its option and in its sole discretion without liability, to:

- (a) make payment for Treatment and/or supplies which, although not expressly covered under this insurance, may be beneficial to the Insured Person and cost effective to the Company; and/or
- (b) deny coverage and/or benefits for any Charges, including Eligible Medical Expenses otherwise eligible for coverage but for the Terms of this provision, which exceed the amount the Company would have covered had the Insured Person accepted and followed the recommendations of the Patient Advocacy program.

**(21) RIGHT OF RECOVERY:** In the event of overpayment by the Company of any claim for benefits under this insurance, for any reason, including without limitation because:

- (a) all or part of the claim was not incurred by or paid by or on behalf of the Insured Person; or
- (b) the Insured Person or any member of the Insured Person's family, whether the family member is or was an insured person under this insurance plan, is repaid or is entitled to be repaid for all or part of the claim by Other Coverage or by or from a source other than the Company; or
- (c) all or part of the claim was not eligible for payment or coverage under the Terms of this insurance; or
- (d) all or part of the claim was paid or reimbursed based on an incorrect or mistaken application of benefits under this insurance; or
- (e) all or part of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider or supplier; or
- (f) the Insured Person is not liable or responsible as a matter of law for all or part of a claim;

The Company shall have the right to a refund of and to recover the amount of overpayment from the Insured Person and/or the Hospital, Physician, or other provider of services or supplies. For overpayment of claims under subparagraphs) (c) and (d), above, the amount of the refund and recovery shall be the difference between: (i) the amount paid by the Company; and (ii) the amount, if any, that should have been paid by the Company under the Terms of this insurance. For all other

overpayments, the amount of the refund and recovery shall be the amount overpaid. If the Insured Person or the Hospital, Physician or other provider of services or supplies does not promptly make any such refund to the Company, the Company may, in addition to any other rights or remedies available to it (all of which are reserved): (i) reduce or deduct from the amount of any future claim that is otherwise eligible for coverage or payment under this insurance, to the full extent of the refund due to the Company; and/or (ii) cancel this Certificate and all further coverage of the Insured Person under the Master Policy by giving thirty (30) days advance written notice by mail to the Insured Person at his/her last known residence or mailing address, and offset against the amount of any pro-rata refund of Premium due the Insured Person to the full extent of the refund due to the Company.

**(22) EXTENSION COVERAGE:** The Insured Person can request an Extension of Coverage under the Returned Peace Corps Volunteers' plan after the initial thirty (30) days of coverage. The Insured can extend coverage for an additional two (2) months for a maximum of three (3) months of continuous coverage. A Period of Coverage may not exceed three (3) months. If any Period of Coverage under this insurance has lapsed or terminated for any reason, coverage under the Returned Peace Corps Volunteers plan cannot be extended or repurchased.

**(23) EXPLANATION OR VERIFICATION OF BENEFITS:** In the event of any verbal or telephone inquiry, every attempt will be made to help the Insured Person and his/her healthcare providers and suppliers understand the status, scope and extent of available benefits and coverages under this insurance; provided, however, that no statement made by any agent, employee or representative of the Company or the Plan Administrator will be deemed or construed as an actionable representation, promise, or an estoppel, or will create any liability against the Company or the Plan Administrator or be deemed or construed to bind the Company or to modify, replace, waive, extend or amend any of the Terms of the Master Policy or this Certificate, unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Actual eligibility determinations, benefit verifications, final coverage decisions and claim adjudications, and final payments and/or reimbursements of benefits or claims shall be determined and adjudicated only after or at the time a proper and complete Application and/or Proof of Claim is submitted (as the case may be), an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder received, and all facts and supporting information, including relevant data, information and medical records when deemed necessary or appropriate by the Company, are presented in writing. Appealed claims may be further investigated and/or reviewed. The Terms of the Master Policy govern all available coverages and payments made or to be made. If a definite answer to a specific benefits or coverage question is required for any reason, the Insured Person or his/her healthcare providers may submit a written request to the Company, including all pertinent medical information and a statement from the attending Physician (if applicable), and a written reply will be sent by the Company and kept on file. If the Company elects to verify generally and/or preliminarily to a provider or the Insured Person that an Injury, Illness, diagnosis or proposed Treatment is or may be covered under this insurance, or that benefits for same are or may be available as outlined in this Certificate, any such verification of benefits does not guaranty either payment of benefits or the amount or eligibility of benefits. Final eligibility determinations, coverage decisions, claim appeals, and actual reimbursement or payment of claims or benefits are subject to all Terms of this insurance, including without limitation filing a proper and complete Proof of Claim.

**D. ELIGIBILITY:** If a Primary Insured Person is not eligible; this Certificate is void ab initio and all premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a Returning Peace Corps Volunteer must:

- (1) complete and sign an Application as the Insured Person (or be listed thereon by proxy as an applicant and proposed Insured Person), and/or be listed as the Insured Person's Spouse and/or Dependent Child; and
- (2) Primary Insured Person must be a Returning Peace Corps Volunteer and have completed service in Peace Corps outside the United States at the time of Application
- (3) be a Dependent Child at least fourteen (14) days old and under twenty-six (26) years of age; and
- (4) pay the required Premium on or before the Effective Date of Coverage.

**E. PRE-CERTIFICATION REQUIREMENTS:** Pre-Certification requires the Insured Person, or someone on their behalf, contact the Administrator as soon as possible, but not less than forty-eight (48) hours prior to the date of a scheduled Hospital admission or within forty-eight (48) hours after an Emergency Hospital admission anywhere in the world. Additionally, any Surgery or Surgical procedure to be rendered must be Pre-Notified in the same manner. Pre-Certification is a general determination of Medical Necessity, only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or his/her relatives, guardians and/or healthcare providers at the time of Pre-Certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-Certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-Certified by the Company does not guarantee the payment of benefits, the availability of coverages, or the amount of or eligibility for benefits. The Company's consideration and determination of a Pre-Certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all the Terms of the Master Policy and this Certificate, including exclusions for Pre-existing Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual, Reasonable and Customary. Also, any consideration or determination of a Pre-Certification request shall not be deemed or considered as the Company's approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalves) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Insured Person, or to make any diagnosis or medical Treatment decisions on behalf of the Insured Person, and all such decisions must be made solely

and exclusively by the Insured Person and/or his/her family members or guardians, treating Physicians and other healthcare providers. If the Insured Person and his/her healthcare providers comply with the Pre-Certification requirements of the Master Policy and this Certificate, and the Treatment or supplies are Pre-Certified as Medically Necessary, the Company will reimburse the Insured Person for Eligible Medical Expenses incurred in relation thereto, subject to all Terms of this insurance, including the Deductible and Coinsurance. Eligibility for and payment of benefits are subject to all the Terms of this insurance.

(1) **Specific Requirements:** The following Treatments and/or supplies must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator:

- (a) Inpatient Admission
- (b) any Surgery or Surgical procedure
- (c) any Treatment in an Extended Care Facility
- (d) any Home Nursing Care
- (e) Covered Transplants

(2) **General Requirements:** To comply with the Pre-certification requirements of this insurance for the Treatments and/or supplies listed in the SPECIAL REQUIREMENTS provision above, the Insured Person or his/her Physician or healthcare provider must:

- (a) contact the Company through the Plan Administrator at the telephone numbers printed on the Insured Person's ID card, as soon as possible before the Treatment or supply is to be obtained, as follows:

Inside the United States:	855.731.9442	E-mail:	PCcare@imglobal.com
Outside the United States:	317.927.6825 (Collect if necessary)	Website	peacecorps.imglobal.com; and

- (b) comply with the instructions of the Company and submit any information or documents required by the Company; and
- (c) notify all Physicians, Hospitals and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.

(3) **TRANSPLANT PRE-CERTIFICATION REQUIREMENTS:** To comply with the Transplant Pre-certification Requirements, the Insured Person must contact the Company through the Plan Administrator as soon as possible but always within seventy-two (72) hours of becoming a candidate for a Covered Transplant; and comply with the instructions of the Company and submit any information or documents required by the Company; and notify all Physicians, Hospitals and other healthcare providers that this insurance contains Pre-certification requirements and ask them to cooperate fully with the Company.

Refer to the TRANSPLANT (Transplant Pre-certification) provision for further requirements.

(4) **LOSS OF COVERAGE/BENEFITS FOR NON-COMPLIANCE OF PRE-CERTIFICATION REQUIREMENTS:** If the Insured Person or his/her healthcare providers do not comply with the foregoing Pre-certification requirements, all Eligible Medical Expenses incurred with respect to said Treatments and/or supplies will first be reduced up to the amount shown in the BENEFIT SUMMARY, the applicable Deductible will be subtracted from the reduced amount, the Coinsurance will then be applied to the remainder of the reduced amount as applicable, and further benefits, if any, will be available only for the remaining balance of the reduced amount thereafter.

(5) **CONCURRENT REVIEW:** For Inpatient Treatment of any kind, the Company will Pre-certify a limited number of days of confinement based upon the disclosed medical condition. Thereafter, Pre-certification must again be requested and approved if additional days of Inpatient Treatment are necessary.

(6) **APPEAL PROCESS:** If the Insured Person disagrees with a Pre-certification decision of the Company, the Insured Person may in writing ask the Company to reconsider the decision and may supply additional documentation to support the appeal. The Company may reconsider its decision based on review of the additional documentation and facts, if any. The Company will advise the Insured Person of its decision within a reasonable time frame following receipt of additional documentation and facts.

Submission of the appeal and additional documentation may be submitted by facsimile to:

Fax: 1.855.731.9443; Attn: Peace Corps Pre-Certification Appeals

Email: [PCcare@imglobal.com](mailto:PCcare@imglobal.com); Attn: Peace Corps Pre-Certification

To follow-up with the appeal submission, call 317.927.6825.

**F. UNITED STATES PREFERRED PROVIDER ORGANIZATION (PPO):**

(7) **SPECIAL BENEFITS:** If Treatment or supplies eligible for coverage under this insurance are received directly from the Company's approved list of independent Preferred Provider Organization (PPO) providers while the Insured Person is in the United States, the Company will adjust the Deductible and/or Coinsurance applicable to such claims according to the amount shown in the BENEFIT SUMMARY. However, all claims for Treatment or supplies received in the United States

from a non-PPO provider will remain subject to the applicable Deductible and Coinsurance, whether or not the Insured Person may be eligible for the foregoing special benefit relating to Treatment or supplies received from PPO providers.

**(8) PPO INFORMATION:** The Company, through the Plan Administrator, endeavors to maintain a contractual arrangement with an independent Preferred Provider Organization (PPO) that has established and maintains a network of U.S.-based Physicians, Hospitals and other healthcare and health service providers who are contracted separately and directly with the PPO and who may provide re-pricings, discounts or reduced Charges for Treatment or supplies provided to the Insured Person. Neither the Company nor the Plan Administrator has any authority or control over the operations or business of the PPO, or over the operations or business of any provider within the independent PPO network. Neither the PPO nor provider within the PPO network nor any of their respective agents, employees or representatives has or shall have any power or authority whatsoever to act for or on behalf of the Company or the Plan Administrator in any respect, including without limitation no power or authority to:

- (a) approve Applications or enrollments for initial, renewal or reinstated coverage under this insurance plan or to accept Premium payments, or
- (b) Accept risks for or on behalf of the Company, or
- (c) act for, speak for, or bind the Company or the Plan Administrator in any way, or
- (d) waive, alter or amend any of the Terms of the Master Policy or this Certificate, or waive, release, compromise or settle any of the Company's rights, remedies, or interests thereunder or hereunder, or
- (e) determine Pre-certification, coverage eligibility, verification of benefits, or make any coverage, benefit or claim adjudications or decisions of any kind. It is not a requirement of this insurance that the Insured Person seek Treatment or supplies exclusively from a provider within the independent PPO network. However, the Insured Person's use or non-use of the PPO network may affect the scope and extent of benefits available under this insurance, including without limitation any applicable Deductible, Coinsurance and benefit reduction, as set forth above.

An Insured Person may contact the Company through the Plan Administrator and request a PPO directory for the area where the Insured Person will be receiving consultation or Treatment (therein listing the Physicians, Hospitals and other healthcare providers within the PPO network by location and specialty), or an Insured Person may visit the Plan Administrator's website at <http://myimg.imglobal.com> to obtain such information.

**G. ELIGIBLE MEDICAL EXPENSES:** Subject to the Terms of this insurance, including without limitation the Deductible, Coinsurance, and the various limits and sub-limits set forth in the Schedule of Benefits/Limits, herein, and the Exclusions set forth below, the Company will reimburse the Insured Person for the following costs, Charges and expenses incurred by the Insured Person during the Period of Coverage or any applicable Benefit Period with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses"):

**(1) Charges incurred at a Hospital for:**

- (a) daily room and board and nursing services not to exceed the average semi-private room rate; and
- (b) Private Rooms:
  - (i) The Usual, Reasonable and Customary cost of a Private Room, if the Insured Person's Physician documents the necessity of isolation for the health of the patient or other patients.
  - (ii) Room Charges made by a Hospital having only Private Rooms will be allowed at the average Private Room rate; and
- (c) daily room and board and nursing services in an Intensive Care or Coronary Care Unit; and
- (d) use of operating, Treatment or recovery room; and
- (e) services and supplies which are routinely provided by the Hospital to persons for use while Inpatient; and
- (f) Emergency Treatment of an Injury or Illness, even if Hospital confinement is not required; and

**(2) Charges incurred for Surgery at an Outpatient Surgical facility, including services and supplies; and**

**(3) Charges by a Physician for professional services rendered, including Surgery; provided, however, that Charges by or for an assistant surgeon will be limited and covered at the rate of twenty percent (20%) of the Usual, Reasonable and Customary charge of the primary surgeon; and provided, further, that standby availability of a Physician or surgeon will not be deemed to be a professional service and is not eligible for coverage; and**

**(4) Charges incurred for:**

- (a) dressings, sutures, casts or other supplies that are Medically Necessary; and
- (b) diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, behavioral and educational testing are not included); and

- (c) Implant devices that are Medically Necessary; however, any Implants provided by a non-PPO provider are limited to payment of no more than one hundred fifty percent (150%) of the established invoice price and/or list price for that item; and
- (d) basic functional artificial limbs, eye or larynx or breast prostheses, but not the replacement or repair thereof; and
- (e) hemodialysis and the Charges by a Hospital for blood and the processing and administration of blood or blood components; and
- (f) oxygen and other gasses and their administration; and
- (g) anesthetics and their administration by a Physician; and
- (h) drugs which require prescription by a Physician for Treatment of Illness or Injury, up to the amount shown in the BENEFIT SUMMARY but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs; and
- (i) care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital; and
- (j) Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital; and
- (k) Emergency Local Ambulance Transport necessarily incurred in connection with an Injury or Illness; and
- (l) Accident-related Dental Treatment and Dental Surgery, as necessary to restore or replace sound natural teeth lost or damaged in an Accident leading to an Injury that is covered under this insurance; and
- (m) physical therapy prescribed by a Physician and performed by a professional physical therapist, and necessarily incurred to continue recovery from a covered Injury or covered Illness; and
- (n) Medically Necessary use of Durable Medical Equipment; and.
- (o) Treatment of Mental Health Disorders for Returning Peace Corps Volunteers only; and
- (p) Treatment of HIV for Returning Peace Corps Volunteers only, who are reported to be HIV positive upon entering the Peace Corps program; and
- (q) Treatment for Sexually Transmitted Diseases for Returning Peace Corps Volunteers only.

**H. Emergency Medical Evacuation:** Subject to the applicable Maximum Limit set forth in the Benefit Summary, and the other Terms of this insurance, including the Exclusions the Conditions and Restrictions set forth below, the Company will reimburse the Insured Person for the following transportation costs, when the Company or Plan Administrator arranges such transportation, and expenses incurred by the Insured Person arising out of or in connection with an Emergency Medical Evacuation occurring while this Certificate is in effect and during the Period of Coverage:

- (1) Emergency air transportation to a suitable airport nearest to the Hospital where the Insured Person will receive Treatment; and
- (2) Emergency ground transportation necessarily preceding Emergency air transportation and from the destination airport to the Hospital where the Insured Person will receive Treatment; and
- (3) Return ground and air transportation, upon medical release by the attending Physician, to the country where the evacuation initially occurred or to the Insured Person's Home Country up to the amount shown in the BENEFIT SUMMARY, at the Insured Person's option.

**Conditions and Restrictions:** To be eligible for coverage for Emergency Medical Evacuation benefits the Insured Person must be in compliance with all Terms of this insurance. The Company will provide Emergency Medical Evacuation benefits only when the condition, Illness, Injury or occurrence giving rise to the Emergency Medical Evacuation is covered under the Terms of this insurance, subject to the provisions of subparagraph (f)(ii), below. The Company will provide Emergency Medical Evacuation benefits only when all of the following conditions and restrictions are met:

- (a) Medically Necessary Treatment cannot be provided locally; and
- (b) transportation by any other means or methods would result in loss of the Insured Person's life or limb based upon a reasonable medical certainty; and
- (c) Emergency Medical Evacuation is recommended by the attending Physician who certifies to the matters in subparagraphs (a) and (b), above; and
- (d) Emergency Medical Evacuation is agreed to by the Insured Person or a Relative of the Insured Person; and
- (e) Emergency Medical Evacuation is provided by designated, licensed, qualified, professional emergency personnel acting within the scope of such license and approved in advance and all arrangements are coordinated by the Company; and
- (f) the condition, Illness, Injury or occurrence giving rise to the need for the Emergency Medical Evacuation:



- (i) occurred suddenly, Unexpectedly, and spontaneously, and without: (1) advance warning, (2) advance Treatment, diagnosis or recommendation for Treatment by a Physician, and (3) prior manifestation of symptoms or conditions which would have caused a reasonably prudent person to seek medical attention prior to the onset of the Emergency, and
  - (ii) was not a Pre-existing Condition for any non- Peace Corp Volunteer; and
- (g) The Company will cover reimbursement for the above-described costs and expenses and will arrange Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary Treatment to prevent the Insured Person's loss of life or limb. The Insured Person may select a different Hospital at his/her option, but in such event, shall be solely responsible for all costs and expenses in excess of the amounts that would have been incurred to the nearest qualified Hospital. If a Hospital other than the nearest qualified Hospital is selected by the Insured Person, the attending physician, Insured Person, or a relative of the Insured Person shall certify to the Company the Insured Person's understanding and acknowledgement of such responsibility for excess costs and expenses in addition to the matters set in the Conditions and Restrictions above. In all cases the Company will make the necessary arrangements for the Emergency Medical Evacuation, and will use its best efforts to arrange with independent, third-party contractors any Emergency Medical Evacuation within the least amount of time reasonably possible. By acceptance of this Certificate and request for Emergency Medical Evacuation benefits hereunder, the Insured Person understands, acknowledges and agrees that the timeliness, duration, occurrences during, and outcome of an Emergency Medical Evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of the Company, including but not limited to: the availability, limitations, physical condition, reliability, maintenance and training schedules and procedures, and performance or non-performance of competent transportation equipment, supplies and/or staff of such third-party contractors; delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes, and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further injuries or illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above. The Insured Person further agrees that upon seeking an Emergency Medical Evacuation, he or she will cooperate fully as required by the CONDITIONS AND GENERAL PROVISIONS. Failure to so cooperate and/or failure to use or accept Emergency Medical Evacuation once it has been arranged by the Company or Plan Administrator will require the Insured Person to reimburse the Company for costs incurred for any Emergency Medical Evacuation that was arranged, but not used, by the Insured Person. Furthermore, the Insured Person may be required to arrange for payment of any subsequent Emergency Medical Evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent Emergency Medical Evacuation.

**I. EMERGENCY REUNION:** Subject to the Terms of this insurance, including without limitation the Conditions and Restrictions set forth below, Emergency Reunion expenses will be reimbursed to an Insured Person up to the amount shown in the BENEFIT SUMMARY, in cases where there has been an Emergency Medical Evacuation covered under the Terms of this insurance. Subject to the applicable Deductible and Coinsurance and other limits and sub-limits as specified in the BENEFIT SUMMARY, and subject to the Conditions and Restrictions set forth below, the following costs and expenses incurred in respect of travel by a Relative or friend of the Insured Person will be reimbursable to the Insured Person upon the recommendation and prior approval of the Company:

- (1) the cost of a round-trip economy air ticket for one Relative or friend from the airport nearest to the location of the Relative or friend at the time of the Emergency to the airport serving the area where the Insured Person is Hospitalized as a result of the Emergency or is to be Hospitalized as a result of the Emergency Medical Evacuation (to be determined pursuant to the Terms of subsection (c) of the Conditions and Restrictions, below), and return from whichever of such locations is actually selected to the point of the original departure; and
- (2) reasonable and necessary travel costs, transportation, meals and accommodations (up to the amount shown in the BENEFIT SUMMARY, excluding entertainment), expenses incurred in relation to the Emergency Reunion.

**Conditions and Restrictions:**

- (a) The allowable period of coverage for the Emergency Reunion shall not exceed ten (10) days, including travel days, and all costs and expenses incurred beyond such period of coverage shall be retained for the sole account and responsibility of the Insured Person, Relative, or friend; and
- (b) the Emergency Reunion must be due to an Emergency Medical Evacuation covered under the Terms of this insurance; and
- (c) the Insured Person must be so seriously ill that the attending Physician deems it necessary and recommends the presence of a Relative or friend at either the location where the Insured Person is being evacuated from or the destination of the evacuation, whichever is considered by the attending Physician and the Company to be the more reasonable; and

- (d) all Emergency Reunion travel, transportation and accommodation arrangements and benefits must be coordinated and approved in advance by the Company to be eligible for coverage under this insurance; and
  - (e) The Insured Person, Relative and/or friend must submit to the Company upon completion of the Emergency Reunion travel legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses so incurred for which reimbursement is sought.
- J. RETURN OF MORTAL REMAINS:** In the event of the death of the Insured Person during the Period of Coverage as a result of an Illness or Injury covered under this insurance while the Insured Person is outside of his/her Home Country, the Company will reimburse the authorized personal representative or the estate of the Insured Person up to the amount shown in the BENEFIT SUMMARY for the costs and expenses incurred to return the Insured Person's Mortal Remains to his/her Home Country and thereafter to the place of burial or other final disposition (but not including any costs of burial or other disposition); provided, however, that the Company must approve all costs and expenses related to the return of the Insured Person's Mortal Remains in advance as a condition to the availability of this benefit. Cover is not provided for burial and cremation costs incurred for religious practitioners, flowers, music, food or beverages.
- K. EMERGENCY DENTAL:** When the Insured Person incurs covered Emergency Dental expenses, the Company will pay Usual, Reasonable and Customary Charges in excess of the Deductible as stated in the BENEFIT SUMMARY. In no event, shall the Company's maximum liability exceed the Maximum Limit stated in the BENEFIT SUMMARY during the Period of Coverage. For the purpose of this provision, only such expenses, incurred as the result of an eligible Emergency Dental condition caused by a covered Accident, in which medical services or medications are prescribed, performed, or ordered by a Physician will be covered and as stated below:
- (a) An eligible Dental condition shall mean emergency Dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.
  - (b) Treatment must be completed within the Period of Coverage or soon as reasonably possible as determined by the treating Physician.
- L. PRE-EXISTING CONDITIONS:** Conditions which are any Injury or Illness which meet the following criteria:
- (1) Returning Peace Corps Volunteers:**
- (a) Pre-Existing Conditions will be considered Eligible Medical Benefits unless the Pre-Existing Condition(s) is deemed to be an Occupational Disease. Occupational Diseases will be the responsibility of Federal Employee' Compensation Act (FECA); and
  - (b) Expenses for Pregnancy in which conception occurred prior to the Returning Peace Corps Volunteer's Close of Service Date with Peace Corps or prior to the Effective Date of coverage under this plan; and
- (2) Non-Returning Peace Corps Volunteers:**
- (a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or Treatment during the twelve (12) months prior to the Effective Date of coverage; and
  - (b) condition(s) for which manifestation, medical advice, diagnosis, care or Treatment was recommended received, noticed, self-treated or noticed during the twelve (12) months prior to the Effective date of coverage; and
  - (c) Pre-Existing Conditions will not be considered Eligible Medical Benefits for Dependents
- M. EXCLUSIONS:** All Charges, costs, expenses and/or claims incurred by the Insured Person and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:
- (1) War; Military Action:** Subject to the Terms of the ELIGIBLE MEDICAL EXPENSES provision above, and the EXCLUSIONS provisions, below, the Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or events (collectively, "Occurrences"):
- (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
  - (b) mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power;
  - (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type;
  - (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege; or
  - (e) any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).

Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or Occurrences; and

- (2) **Terrorism:** The Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
- (a) the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism; and/or
  - (b) any act of Terrorism that takes place in a location, post, area, territory or country for which the United States Department of State, Bureau of Consular Affairs issued a Travel Warning that was in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country; and/or
  - (c) any act of Terrorism that takes place in a location, post, area, territory or country for which the United States Department of State, Bureau of Consular Affairs issues a Travel Warning that becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country
- (3) **Maternity and Newborn Care:** Charges incurred by all non- Returning Peace Corps Volunteers for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or complications of Newborns; and
- (4) Charges incurred by all non- Returning Peace Corps Volunteers for Treatment of Mental or Nervous Disorders; and
- (5) Charges for any Treatment or supplies that are:
- (a) not incurred, obtained or received by an Insured Person during the Period of Coverage; and/or
  - (b) not presented to the Company for payment by way of a complete Proof of Claim within ninety (90) days of the date such Charges are incurred; and/or
  - (c) not administered or ordered by a Physician; and/or
  - (d) not Medically Necessary; and/or
  - (e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable; and/or
  - (f) Charges in excess of Usual, Reasonable, and Customary; and/or
  - (g) Charges incurred by a non-Returning Peace Corps Volunteer who was HIV + on or before the Effective Date of this insurance relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions; whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status;
  - (h) Charges incurred by a Returning Peace Corps Volunteer who did not report to be HIV positive upon entering the Peace Corps program for HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions /or
  - (i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician; and/or
  - (j) performed or provided by a Relative of the Insured Person; and/or
  - (k) not expressly included as Eligible Medical Expenses as defined in the ELIGIBLE MEDICAL EXPENSES provision; and/or
  - (l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home; and/or
  - (m) required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply excluded from coverage or which is otherwise not covered under this insurance; and
  - (n) for Congenital Disorders and conditions arising out of or resulting there from for all non-Volunteers; and
- (6) Charges incurred for telephone consultations except Telemedicine consultations through an established Telemedicine protocol system will be considered individually based on medical necessity and appropriateness as determined by the Company under the plan; and
- (7) Charges incurred due to a failure to keep a scheduled appointment; and
- (8) Charges incurred for Surgeries or Treatment or supplies which are:
- (a) Investigational, Experimental, Clinical Trials or for research purposes, and/or

- (b) related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine pre-disposition, provide genetic counseling, or administration of gene therapy; and
- (9)** Charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care unless otherwise addressed in the BENEFIT SUMMARY; and
- (10)** Charges incurred for any Surgery, Treatment or supplies relating to, arising from or in connection with, for, or as a result of:
  - (a) weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling; and/or
  - (b) modification of the physical body to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof); and/or
  - (c) elective Surgery or Treatment of any kind which has not been deemed Medically Necessary; and/or
  - (d) cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance; and/or
  - (e) any Illness or Injury sustained while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee; and
  - (f) any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity; and/or
  - (g) any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider; and/or
  - (h) Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse, motor or motorcycle, scuba diving involving underwater breathing apparatus – unless PAID, NAUI, UMCA, SSI OR PDIC certified; and
  - (i) Land and/or sea rescues; and
  - (j) any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse; and/or
  - (k) any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, “vehicle” shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required; and/or
  - (l) Commission or attempt to commit a felony offense or from the Insured Person being engaged in an illegal occupation or activity;
  - (m) any willfully Self-inflicted Injury or Illness; and/or
  - (n) any testing for the following: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS; and/or
  - (o) any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations; and/or
  - (p) any Substance Abuse; and/or
  - (q) speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy; and/or
  - (r) orthoptic, visual therapy or visual eye training; and/or
  - (s) any Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails; provided, however, that claims for Treatment or supplies for the feet may be eligible for coverage under this insurance at the sole option of the Company and subject to all other Terms of this insurance when related to:
    - (i) an Injury to the foot arising from an Accident covered hereunder; or
    - (ii) an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of Treatment; and/or

- (t) hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician; and/or
  - (u) any sleep disorder, including without limitation sleep apnea; and/or
  - (v) any exercise program, whether or not prescribed or recommended by a Physician; and/o
  - (w) any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s); and/or
  - (x) any artificial or mechanical devices designed to replace human organs temporarily or permanently; and/or
  - (y) any efforts to keep a donor alive for a transplant procedure; and/or
- (11) Charges incurred for any Treatment or supply that promotes or attempts to promote conception or birth; including but not limited to: artificial insemination. Treatment for infertility or impotency; vasectomy or reversal of vasectomy; sterilization or reversal of sterilization; surrogacy or abortion; and
- (12) Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction; and
- (13) Charges incurred for Dental Treatment, except for Accident-related Dental Treatment and Dental Surgery necessary to repair or replace sound natural teeth lost or damaged in an Accident leading to an Injury covered hereunder, or as necessary treatment of sudden, unexpected pain to sound natural teeth, and subject to the limits set forth in the BENEFIT SUMMARY; and
- (14) Charges incurred for eyeglasses, contact lenses, hearing aids, hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason; and
- (15) Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism; and
- (16) Charges incurred for Treatment of the temporomandibular joint; and
- (17) Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance; and
- (18) Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the U.S. Food and Drug Administration or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician; and
- (19) Vaccinations, inoculations, routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Covered Event established by a prior call or attendance of a Physician, unless otherwise covered under this plan; and
- (20) Purchase or rental of durable medical equipment not prescribed by a Physician; and
- (21) Treatment, services and supplies for Extended Care, Hospice and Home Health Care which exceeds the amount shown in the BENEFIT SUMMARY; and
- (22) Newborn Children who are not approved by the Administrator and not covered under the Pregnancy Benefit.

**N. DEFINITIONS:** Certain words and phrases used in this Certificate are defined below. Other words and phrases may be defined elsewhere in this Certificate, including where they are first used.

**Accident:** An Unexpected occurrence directly caused by external, visible means, and resulting in physical Injury to the Insured Person.

**AIDS:** Acquired Immune Deficiency Syndrome, as that term is defined by the United States Centers for Disease Control.

**Amateur Athletics:** An amateur or other non-professional sporting, recreational, or athletic activity that is organized, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games and/or competitions (collectively, "organized athletic activities"). This definition does not include non-organized athletic activities that are non-contact and engaged in by the Insured Person solely for recreational, entertainment or fitness purposes.

**Application:** The fully answered and signed individual or Family Application/enrollment form submitted by or on behalf of the Insured Person for acceptance into this insurance plan, which Application shall be incorporated in and become part of this Certificate. Any insurance agent/broker or other person or entity assigned to, soliciting, or assisting with the Application is the agent and representative of the applicant/Insured Person and is not and shall not be deemed or considered as an agent or representative for or on behalf of the Company or the Plan Administrator.

**ARC:** AIDS related complex, as that term is defined by the United States Centers for Disease Control.

**Associated Representative:** An individual who is not an Employee and who is officially affiliated with the Participating Organization as a volunteer or other representative of the Participating Organization, whether compensated or non-compensated, whose principal endeavors are to represent, work with, or work for (as a non-employed representative) the Participating Organization.

**Assured:** The Global Medical Services Group Insurance Trust, c/o Mutual Wealth Management Group, Carmel, IN.

**Certificate:** This document, including any Riders, as issued to the Insured Person, which describes and provides an outline and evidence of eligible insurance coverages and benefits payable to or for the benefit of the Insured Person under the Master Policy. The Application and the Declaration are incorporated herein by this reference and made a part hereof.

**Charges:** Any cost, fee or tax incurred for Eligible Medical Expenses incurred in the treatment of an Injury or Illness.

**Coinsurance:** The payment by or obligations of the Insured Person for payment of Eligible Medical Expenses at the percentage specified in the BENEFIT SUMMARY contained herein, and exclusive of the applicable Deductible.

**Company:** The "Company," as referred to in the Master Policy and this Certificate, is Sirius International Insurance Corporation (publ), headquartered in Stockholm, Sweden. This insurance and its risks are underwritten by the Company as the insurer and carrier, and the Company is solely obligated and liable for the coverage and benefits provided by this insurance.

**Complications of Pregnancy:** any or all of the following conditions which are made worse by, occur during, or are caused by Pregnancy: acute nephritis, nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, ectopic Pregnancy that is ended, non-elective cesarean section, preeclampsia, gestational diabetes, spontaneous end of Pregnancy which occurs when a viable birth is not possible, and other medical problems of similar severity.

**Congenital disorder:** Physical abnormality that is present at birth.

**Copayment:** The amount of Eligible Benefits, which is the responsibility of each Insured Person(s) and must be paid by each Insured Person(s), before benefits under this Certificate are payable by the Company. The Co-payment amount is stated in the Schedule of Benefits and does not accrue towards the Insured Person(s) Deductible or Coinsurance amounts.

**Custodial Care:** Those types of Treatment, care or services, wherever furnished and by whatever name called, that are designed primarily to assist an individual in activities of daily life.

**Cytological Screening:** a pap test to detect cervical cancer through the simple microscopic examination of cells scraped from the surface of the cervix.

**Declaration:** The Declaration of Insurance issued by the Plan Administrator for and on behalf of the Company to the Insured Person contemporaneously with this Certificate evidencing the Insured Person's insurance coverage under the Master Policy as evidenced by this Certificate, which Declaration shall be incorporated in and become a part of this Certificate.

**Deductible:** The dollar amount of Eligible Medical Expenses, as selected on the Application and specified in the Declaration, that the Insured Person must pay per Period of Coverage prior to receiving benefits or coverages under this insurance, and exclusive of Coinsurance.

**Dental Treatment:** Treatment or supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

**Dependent Child:** A natural or adopted child of the named Insured Person, who is unmarried, financially dependent upon the Insured Person and/or Spouse, and living with the named Insured Person and/or such Spouse, who is under the age of twenty-six (26) years old but older than thirteen (13) days and otherwise eligible for this insurance pursuant to the ELIGIBILITY provision, and who has been properly listed and identified on the Application and for whom the proper Premium has been timely paid.

**Dependent Spouse:** The named Insured Person's spouse who is eligible for this insurance pursuant to the ELIGIBILITY provision, and who has been properly listed and identified on the Application and for whom the proper Premium has been timely paid.

**Disabled:** A person who has a congenital or acquired mental or physical defect that interferes with normal functioning of the body system or the ability to be self-sufficient.

**Durable Medical Equipment (DME):** A standard basic hospital bed; and/or a standard basic wheel chair, scooter, crutches, shower seat, and other items prescribed by a physician as needed for rehabilitation of a covered accident, injury or illness.

**Educational or Rehabilitative Care:** Care for restoration (by education or training) of a person's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes but is not limited to job training, counseling, vocational, or occupational therapy.

**Effective Date; Effective Date of Coverage:** The date coverage for the Insured Person begins under the Terms of the Master Policy as evidenced by this Certificate, as indicated on the Declaration.

**Emergency:** A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours, based upon a reasonable medical certainty. Immediate medical intervention and attention is required as a result of severe, life threatening or potentially disabling condition.

**Emergency Medical Evacuation:** Emergency transportation from the Hospital or medical facility where the Insured Person is located to a non-local Hospital or medical facility, recommended by the attending Physician who certifies to a reasonable medical certainty that the Insured Person has experienced

- (a) a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours; and
- (b) where Medically Necessary Treatment cannot be provided locally, either in the facility of the attending Physician or another local facility.

**EST:** United States Eastern Standard Time.

**Experimental:** Any Treatment that includes completely new, untested drugs, procedures, or services, or the use of which is for a purpose other than the use for which they have previously been approved; new drug procedure or service combinations; and/or alternative therapies which are not generally accepted standards of current medical practice.

**Extended Care Facility:** An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing twenty-four (24) hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active Treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse, Custodial Care, nursing care, or for care of Mental or Nervous Disorders or the mentally incompetent.

**Family:** A Primary Insured Person and his/her spouse who is covered as an insured person under this insurance plan and his/her natural Child or Children who are under the age of twenty-six (26) and covered as insured persons under this insurance plan.

**FECA:** The Federal Employees' Compensation Act (FECA) is the law that provides compensation for individuals who are injured or develop conditions while on duty with the federal government. Peace Corps Volunteers' service-related conditions are covered by FECA, which is administered by the United States Department of Labor Office of Workers' Compensation Programs

**HIV:** Human Immunodeficiency Virus, as that term is defined by the United States Centers of Disease Control.

**HIV +:** Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

**Home Country:** the country where an Insured Person(s) has his or her true, fixed and Permanent Residence.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law; and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation and Treatment prescribed by a Physician.

**Home Nursing Care:** Services and/or Treatment provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is Medically Necessary and in lieu of Medically Necessary Inpatient care, and not primarily for Custodial Care or rehabilitative purposes.

**Hospice Care:** An institution which operates as a hospice; and is licensed by the state or country in which it operates; and operates primarily for the reception, care and palliative control of pain for terminally ill persons who have, as certified by a Physician, a life expectancy of not more than six (6) months.

**Hospital:** An institution which operates as a Hospital pursuant to law; and is licensed by the state or country in which it operates; and operates primarily for the reception, care, and Treatment of sick or injured persons as Inpatients; and provides twenty-four (24) hour nursing service by Registered Nurses on duty or call; and has a staff of one (1) or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and Treatment of acute medical, surgical or mental/nervous conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care, or convalescent home, a place for the aged, drug addicts or abusers, alcoholics or runaways; or similar establishment.

**Hospitalized:** Confined and/or treated in a Hospital as an Inpatient.

**Illness:** A sickness, disorder, illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical or health condition. Provided, however, that Illness does not include learning disabilities, attitudinal disorders, or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**Implant:** Any device, object, or medical item that is surgically imbedded, inserted, or installed for medical purposes within or on a patient's body, including for orthotic or prosthetic reasons.

**Injury:** Bodily injury resulting or arising directly from an Accident. All Injuries resulting or arising from the same Accident shall be deemed one (1) Injury.

**Inpatient:** A person who has been admitted to and charged by a Hospital for bed occupancy for purposes of receiving inpatient hospital services. Generally, a patient is considered an inpatient if billed by the Hospital for Charges as an inpatient, and formally admitted as an inpatient with the expectation he will occupy a bed and (1) remain at least overnight or (2) is expected to need hospital care for twenty-four (24) hours or more.

**Insured Person:** The person named as the Insured Person on the Declaration.

**Intensive Care Unit:** A cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units.

**Investigational:** Treatment that includes drugs not yet released for distribution by the United States Food and Drug Administration and/or procedures or services which are still in the clinical stages of evaluation.

**Local Ambulance Transport; Local Ambulance Expense:** Transportation and accompanying Treatment provided by designated, licensed, qualified, professional emergency personnel from the location of an accident or acute illness to a Hospital or other appropriate health care facility. Local ambulance transport does not include subsequent inter-facility transfers of admitted patients.

**Mammogram Screening:** A low dose x-ray used to visualize the internal structure of the breast.

**Manifest, Manifested or Manifesting Symptoms:** The demonstration of the presence of a sign, symptom, or alteration, especially one that is associated with a disease(s) process.

**Master Policy:** The applicable Master Policy for Returned Peace Corps Volunteers short-term medical insurance for Close of Service volunteers and family, as issued by the Company to the Assured, and under which insurance coverage and benefits are provided by the Company to the Insured Person, subject to the Terms thereof, and as outlined and evidenced by this Certificate and subject to the Terms hereof. The Company, as insurance carrier and underwriter of the Master Policy, is solely liable and responsible for the coverages and benefits provided thereunder.

**Maximum Limit:** The cumulative total dollar amount of benefit payments and/or reimbursements available to an Insured Person under this insurance during the Insured Person's Period of Coverage. When the Maximum Limit is reached, no further benefits, reimbursements or payments will be available under this insurance during the Insured Person's Period of Coverage.

**Medically Necessary; Medical Necessity:** A Treatment, service, medicine or supply which is necessary and appropriate for the diagnosis or Treatment of an Illness or Injury based on generally accepted standards of current medical practice as determined by the Company. By way of example but not limitation, a service, Treatment, medicine or supply will not be considered Medically Necessary or a Medical Necessity if it is provided or obtained only as a convenience to the Insured Person or his/her provider; and/or if it is not necessary or appropriate for the Insured Person's Treatment, diagnosis or symptoms; and/or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate diagnosis or Treatment.

**Mental or Nervous Disorders:** Any mental, nervous, or emotional Illness which generally denotes an Illness of the brain with predominant behavioral symptoms; or an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental or Nervous Disorders include without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; learning disabilities and attitudinal or disciplinary problems; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the United States Department of Health and Human Services; and those psychiatric and other mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Disorder does not include learning disabilities, attitudinal disorders, disciplinary problems, or Substance Abuse.

**Newborn:** An infant from the moment of birth through the first thirty-one (31) days of life.

**Occupational Diseases:** A Disease(s) arising out of employment that is caused by a hazard recognized as peculiar to a particular trade, process, occupation or employment as a direct result of continuous exposure to the normal working conditions of such employment. Occupational Disease(s) is not a contagious Disease(s) resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not ordinary Disease(s) of life to which the general public is equally exposed, unless such Disease(s) follows as a complication and a natural Incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such Disease(s) a hazard inherent in such occupation.

For the purposes of this Certificate Insured Person's shall be considered "employed" twenty-four (24) hours a day, seven (7) days a week for the purpose of access to the Federal Employees Compensation Act (FECA) benefits. Additionally, for the purposes of this Certificate, if the Returning Peace Corps Volunteer is deemed to be HIV negative upon entry into the Peace Corps program and then upon their return is deemed to be HIV positive, the HIV Illness shall be considered an Occupational Disease.

**Outpatient:** A person who receives Medically Necessary Treatment by a Physician or other healthcare provider and is not an Inpatient, regardless of the hour that the person arrived at the hospital, whether a bed was used, or whether the person remained in the hospital past midnight.



**Period of Coverage:** The period beginning on the Effective Date of Coverage of this Certificate and ending on the earliest of the following dates: (a) the termination date specified in the Declaration, or (b) the termination date as determined in accordance with ELIGIBILITY provision. The Period of Coverage can be no more than three (3) consecutive months.

**Permanent Residence:** The country where an Insured Person(s) has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

**Physician:** A duly educated, trained and licensed practitioner of the medical arts. A Physician must be currently and appropriately licensed by the state or country in which the services are provided, and the services must be within the scope of that license, training, experience, competence, and health professions standards of practice

**Plan Administrator:** The Plan Administrator for this insurance is International Medical Group®, Inc., 2960 N. Meridian Street, Indianapolis, Indiana, 46208 Telephone Number 317.927.6825, or 1.855.731.9442, Fax Number 1.855.731.9442, Website: <http://www.imglobal.com>, Email: info@imglobal.com. As the Plan Administrator, International Medical Group, Inc., acts solely as the disclosed and authorized agent and representative for and on behalf of the Company, and does not have, and shall not be deemed, considered or alleged to have any, direct, indirect, joint, several, separate, individual, or independent liability, responsibility or obligation of any kind under the Master Policy, the Declaration, or this Certificate to the Insured Person or to any other person or entity, including without limitation to any Physician, Hospital, Extended Care Facility, Home Health Care Agency, or any other health care or medical service provider or supplier.

**Pre-Certification; Pre-Certify:** A general determination of Medical Necessity, only, made by the Company in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or the Insured Person's healthcare or medical service providers, guardians, Relatives and/or proxies at the time thereof. Pre-certification is not an assurance, authorization, pre-authorization or verification of coverage, a verification of benefits, or a guarantee of payment. Refer to the PRE-CERTIFICATION REQUIREMENTS provision for further details.

**Pre-existing Condition:** Any Injury, Illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. Refer to the EXCLUSIONS and PRE-EXISTING provision for further details.

**Pregnancy; Pregnant:** The process of growth and development within a woman's reproductive organs of a new individual from the time of conception through the phases where the embryo grows and fetus develops to birth.

**Premium:** The premium payments required to effectuate and maintain the Insured Person's insurance coverage and benefits under this insurance, in the amounts and at the times ("Due Dates") established by the Company in its sole discretion from time to time.

**Primary Health Plan:** An individual, group or governmental health plan, which is in effect prior to the Effective Date and continuing during the Period of Coverage, designed to be the first payor of claims for an Insured Person. Such plans must have coverage limits no less than fifty thousand dollars (\$50,000) per incident or per plan year. Medicaid and Veterans Affairs (VA) health plans do not qualify as they are not first payor plans. Medicare is a Primary Health plan when the Insured Person reaches the age of sixty-five (65) and meets Medicare enrollment requirements.

**Professional Athletics:** A sport activity, including practice, preparation, and actual sporting events, for any individual or organized team that is a member of a recognized professional sports organization, is directly supported or sponsored by a professional team or professional sports organization, is a member of a playing league that is directly supported or sponsored by a professional team or professional sports organization; or has any athlete receiving for his or her participation any kind of payment or compensation, directly or indirectly, from a professional team or professional sports organization.

**Proof of Claim:** Duly completed and signed claim form, authorization to release medical information, Physician, Hospital and other healthcare provider's statement detailing out the cost and services rendered and proof of payment for services rendered. Refer to the PROOF OF CLAIM provision for further details.

**Qualified Facility:** A medical facility that can perform the needed procedure or Treatment.

**Registered Nurse:** A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his or her name.

**Relative:** A parent, legal guardian, spouse, son, daughter, or immediate Family member of the Insured Person.

**Rider:** Any exhibit, schedule, attachment, amendment, endorsement, Rider or other document attached to, issued in connection with, or otherwise expressly made a part of or applicable to, the Master Policy, this Certificate, the Declaration, or the Application.

**Routine Physical Examination:** Examination of the physical body by a Physician for preventative or informative purposes only, and not for the Treatment of any previously manifested, symptomatic, diagnosed or known Illness or Injury.

**Schedule of Benefits/Benefit Summary:** The summarized schedule of benefits, coverages, limits and sub-limits as set forth for ease of reference in the SUMMARY OF BENEFITS of this Certificate, all of which are subject to the full Terms of this insurance.

**Self-inflicted:** Action or inaction by the Insured Person that the Insured Person consciously understands will or may cause or contribute, directly or indirectly, to his or her personal Injury or Illness. Self-inflicted specifically includes failure of an Insured Person to follow his or her doctor's orders, complete prescriptions as directed, or follow any health care protocol or procedures designed to return or maintain his or her health.

**Spouse:** An Insured Person's legal spouse. Such spouse must have met all requirements of a valid marriage contract in the state of marriage of such parties. The term "Spouse" shall exclude: a spouse who is legally separated or divorced from the Insured Person so long as all requirements have been met of a valid separation agreement or divorce decree in the state granting such separation or divorce; and/or spouse who is on active military duty; and/or a spouse who is covered under this insurance as an Employee or Associated Representative.

**Substance Abuse:** Alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency.

**Surgery or Surgical Procedure:** An invasive diagnostic or surgical procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Telemedicine:** The use of medical information (beyond a verbal history) exchanged from one healthcare provider site to another via electronic communications to improve patients' health status. Videoconferencing, transmission of still images, and remote monitoring of vital signs are all considered part of Telemedicine. Telemedicine services that would be considered for Medical Necessity and appropriateness by the Company under the plan would include without limit:

- (a) Specialist referral services which typically involves of a specialist assisting a general practitioner in rendering a diagnosis to guide Treatment.
- (b) Patient consultations using telecommunications to provide medical data, which may include audio, still or live images, between a patient and a Physician or other healthcare provider for use in rendering a diagnosis and Treatment plan. This might originate from a remote clinic to a Physician's office using a direct transmission link or may include communicating electronically.
- (c) Remote patient monitoring using devices to remotely collect and send data from a medical facility to a monitoring station for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG.

**Terms:** Terms, provisions, conditions, definitions, deductibles, coinsurance, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications and/or exclusions.

**Terrorism:** Criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government of international organization to do or to abstain from doing an act.

**Treated; Treatment:** Any and all undertakings, services and/or procedures rendered or employed with respect to the management and/or care of an Insured Person for the purpose of identifying, testing for, analyzing, diagnosing, treating, curing, resolving, preventing, monitoring, attending to, caring for, controlling and/or combating any Illness or Injury or the symptoms or manifestations thereof, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic or laboratory testing or evaluation of any kind, pharmacotherapy or other medication, and/or Surgery.

**Unexpected:** Sudden, unintentional, not expected, and unforeseen.

**Usual, Reasonable, and Customary:** A typical and reasonable amount of reimbursement for similar services, medicines, or supplies within the area in which the charge is incurred. In determining the typical and reasonable amount of reimbursement, the Company may, in its reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider; the amount charged by similar providers or providers in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or service as compared to national standards and/or benchmarks; the severity or nature of the Illness or Injury being treated; and such other factors as the Company, in the reasonable exercise of its discretion, determines are appropriate.

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**Thank you for your service!**



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**Attention: Peace Corps Care**

**Mailing Address: P.O. Box 88506, Indianapolis, IN 46208-0500**

**Street Address: 2960 N. Meridian Street, Indianapolis, IN 46208**

**Phone: 855.731.9442 or Collect: 317.927.6825 | Fax: 855.731.9443 | Email: [PCcare@imglobal.com](mailto:PCcare@imglobal.com)**

**[peacecorps.imglobal.com](http://peacecorps.imglobal.com)**